

**GREEN LAKE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**HEALTH & HUMAN SERVICES**

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

FAX: 920-294-4139

Email: [glcdhhs@co.green-lake.wi.us](mailto:glcdhhs@co.green-lake.wi.us)



**FOX RIVER INDUSTRIES**

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

VOICE: 920-361-3484

FAX: 920-361-1195

Email: [fri@co.green-lake.wi.us](mailto:fri@co.green-lake.wi.us)

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**Post Date: 11/15/19**

**Following documents for the Commission on Aging Advisory  
Committee meeting held on Wednesday, November 11, 2019**

- September and October Program Information Report
- 85.21 Grant Draft Proposal
- 2020 Aging Budget

**AGING REPORT - 2019**

Mealsites - Berlin Senior Center, Dartford Bay Apartments, Grand River Apartments																							
HOMEBOUND									CONGREGATE						MEAL PROGRAM								
Berlin		Green Lake/Prince.		Markesan		HDM TOTAL		HDM TOTAL		Berlin		GL/Princeton		Markesan		CG TOTAL		CG TOTAL		TOTAL		TOTAL	
HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	CONG	DONATION	CONG	DONATION	CONG	DONATION	CG TOTAL	CG TOTAL	TOTAL	TOTAL	TOTAL	TOTAL		
	AMOUNT		AMOUNT		AMOUNT		AMOUNT	MEALS	DONATION	# SERVED	AMOUNT	# SERVED	AMOUNT	# SERVED	AMOUNT	MEALS	DONATION	MEALS	DONATION	MEALS	DONATION		
<b>January</b>	541	\$2,499.94	570	\$1,502.16	294	\$870.00	1,405	\$4,872.10	249	\$543.00	87	\$526.00	42	\$12.00	378	\$1,081.00	1,783.00	\$5,953.10					
<b>February</b>	587	\$2,921.34	574	\$2,135.25	302	\$906.00	1,463	\$5,962.59	185	\$681.00	92	\$144.00	55	\$116.00	332	\$941.00	1,795.00	\$6,903.59					
<b>March</b>	752	\$2,320.30	691	\$2,468.27	396	\$1,521.00	1,839	\$6,309.57	275	\$963.00	125	\$172.00	44	\$80.00	444	\$1,215.00	2,283.00	\$7,524.57					
<b>April</b>	697	\$3,283.17	600	\$1,802.63	382	\$975.00	1,679	\$6,060.80	263	\$904.00	104	\$258.00	49	\$104.00	416	\$1,266.00	2,095.00	\$7,326.80					
<b>May</b>	752	\$3,457.25	575	\$2,739.60	392	\$1,468.00	1,719	\$7,664.85	229	\$609.10	108	\$142.00	43	\$64.00	380	\$815.10	2,099.00	\$8,479.95					
<b>June</b>	572	\$2,391.85	517	\$1,955.04	340	\$1,221.00	1,429	\$5,567.89	260	\$1,146.00	82	\$221.00	59	\$72.00	401	\$1,439.00	1,830.00	\$7,006.89					
<b>July</b>	562	\$975.35	601	\$993.00	422	\$457.00	1,585	\$2,425.35	287	\$1,059.68	88	\$194.00	72	\$120.00	447	\$1,373.68	2,032.00	\$3,799.03					
<b>August</b>	537	\$3,200.46	525	\$2,640.97	360	\$1,507.00	1,422	\$7,348.43	245	\$836.75	100	\$1,412.00	55	\$60.00	400	\$2,308.75	1,822.00	\$9,657.18					
<b>September</b>	531	\$1,556.24	511	\$2,201.68	383	\$1,902.00	1,425	\$5,659.92	271	\$984.25	77	\$204.00	50	\$60.00	398	\$1,248.25	1,823.00	\$6,908.17					
<b>October</b>																							
<b>November</b>																							
<b>December</b>																							
<b>TOTALS</b>	5531	\$22,605.90	5164	\$18,438.60	3271	\$10,827.00	13,966	\$51,871.50	2264	\$7,726.78	863	\$3,273.00	469	\$688.00	3596	\$11,687.78	17,562.00	\$63,559.28					



# 2020 APPLICANT INFORMATION FORM

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For additional information on this Application Workbook,  
please refer to the §85.21 Application Guidelines for CY2020

**County of** Green Lake

**Primary Contact for this grant program**

*Name* **Betty Bradley**

*Telephone Number* **920-294-4070**

**Extension**

*Email Address* bbradley@co.green-lake.wi.us

**Application Preparer** *(if different than primary contact)*

*Name* **Betty Bradley**

*Organization* **Green Lake County Health and Human Services**

*Telephone Number* **920-294-4070**

**Extension**

*Email Address* bbradley@co.green-lake.wi.us

**Applicant Status**

*Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a county government, or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 45.82(1)(a)3. are not eligible to apply for this grant.*

BB
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**Organization Info**

*Place your initials in box certifying all organization information, including contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your ability.*

BB
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**Federal Grant Match**

*Please place an "X" next to any federal grant that will be using §85.21 funds as local match.*

<b>5310</b>	<input checked="" type="checkbox"/>	<b>5307</b>	<input type="checkbox"/>
<b>5311</b>	<input type="checkbox"/>	<b>Other</b> <i>(Please explain)</i>	

**Coordination**

*Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived from*

<b>Title of Coordinated Plan:</b>	2019 - 2023 Green Lake County Human Services Public Transportation Coordinated Plan
<b>The goal(s) and/or strategies from which your project is included:</b>	goal E: Expand services in Green Lake and Princeton areas; goal J: Continue to pursue grants/funds for projects; goal K Expand wheelchair accessibility services.
<b>Page number(s) of the Coordinated plan in which the goals may be referenced:</b>	

**Assessability**

*Please indicate whether or not §85.21 state aid be used for the transportation of persons you cannot walk or who walk with assistance during the calendar year.*

<b>YES</b>	<input checked="" type="checkbox"/>	
<b>NO</b>	<input type="checkbox"/>	<i>If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.</i>



## THIRD PARTY PROVIDERS

County of **Green Lake**

**Instructions:** Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the "Resources" tab.  
*(If there are no projects or vehicles that are contracted or leased out, please put "None" in the first grey box.)*

Project Name	Anticipated or Known Contractor Name	Type of Agreement <i>("Lease" or "Contract")</i>	Bidding Required <i>"Yes" or "No"</i>	Start Date <i>(MM/DD/YY)</i>	Expiration Date <i>(MM/DD/YY)</i>
<b>City of Berlin</b>	Jodi Olson City Administrator	<b>Contract</b>	<b>no</b>	<b>1-1-2020</b>	<b>12-31-2020</b>
Southern Green Lake County Sr. Transportation	<b>Judy Bender</b>	<b>Contract</b>	<b>no</b>	<b>1-1-2020</b>	<b>12-31-2020</b>
<b>Fox River Industries</b>	<b>Ed Schuh</b>	<b>Contract</b>	<b>no</b>	<b>1-1-2020</b>	<b>12-31-2020</b>
<b>City of Green Lake</b>	Barb Dugenske City Clerk	<b>Contract</b>	<b>no</b>	<b>1-1-2020</b>	<b>12-31-2020</b>
<b>City of Princeton</b>	Mary Neubauer City Clerk	<b>Contract</b>	<b>no</b>	<b>1-1-2020</b>	<b>12-31-2020</b>

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.  
*\*Right click on tab, select "Move or Copy", select "Vehicle Inventory", check the box to "Create a copy", click "OK".*

## TRUST FUND SPENDING PLAN

County of **Green Lake**

Instructions: Please record your plan on how your county will spend down their trust fund over the next three years.  
Be as specific as possible. Do NOT include 2019 purchases made with trust funds.

Expenditure Item <small><i>If non-vehicle capital purchase, please provide description on second page below.</i></small>	Planned year of purchase (YYYY)	Project Cost
Maintenance/repair of 5310 vans	2020	\$5,000
Maintenance/repair of 5310 vans	2021	\$5,000
Maintenance/repair of 5310 vans	2022	\$5,000
Match for Van purchased through 5310 grant	2022	\$3,500
<b>Total projected cost of 3-year plan</b>		<b>\$ 18,500.00</b>

**Estimated amount state aid to be held in trust on 12/31/2019      \$33,426.73**

<small><i>Will auto calculate based on year entered above</i></small>	<small><i>Enter amount of funds planning to add for the next 3 years. If none, enter "0"</i></small>		
Spending plan for 2020 = \$ 5,000.00	Funds added for 2020 = _____	Est. balance on 12/31/20 =	\$ 28,426.73
Spending plan for 2021 = \$ 5,000.00	Funds added for 2021 = _____	Est. balance on 12/31/21 =	\$ 23,426.73
Spending plan for 2022 = \$ 8,500.00	Funds added for 2022 = _____	Est. balance on 12/31/21 =	\$ 14,926.73

**Date complete      10/28/19**

**Prepared by      Betty Bradley**

**Narrative for non-vehicle equipment purchases.** *\*Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received (Hint: Use "ALT" and "Enter" to start a new paragraph.)*

Trust fund funds will be used for major unexpected repairs to the 5310 vans that are used to provide rides in the 85.21 program. \$5,000.00 is set aside each year for such unplanned repairs. \$3,500.00 will be used in 2022 as match for a 5310 grant to assist in the purchase of a new van for the City of Berlin Project.



For additional space to complete your narrative. Please scroll down to second page.

## TRUST FUND SPENDING PLAN

*Continued*

County of 0

**Narrative for non-vehicle equipment purchases continued.**

*(Hint: Use "ALT" and "Enter" to start a new paragraph.)*

# PROJECT 1 DESCRIPTION

County of **Green Lake**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name City of Berlin

Third Party Provider City of Berlin

Date contract last updated 1-1-2019

**Type of Service** *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<b>x</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	<b>Flexible route door to door servces.</b>		

**General Project Summary** *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

**The City of Berlin Project provides service to elderly (over age 55) and handicapped persons living in the City of Berlin and within a five mile radius around the City. Service is provided with a four(4) passenger, wheelchair accessible mini van. This is a flexible route, door to door service. Individuals wishing to schedule a ride must call the Berlin Senior Center to schedule the ride. Medical trips take priority over all others. All rides are scheduled on a first come first serve basis. This is a fee based transportation service. The fee can be reduced or waived by the project manager in cases where the rider is unable to pay. The primary funding source for this service is 85.21 funding, along with City of Berlin funds, County funds, rider fees and contributions.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)*

The city of Berlin and those living within a five mile radius in Green Lake County.

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project)*

Anyone wanting to use the service must call the Berlin Sr. Center. The project manager will then schedule a ride and arrange for the pickup time with the rider. Service priority areas are medical, nutrition related, employment and recreational reasons.

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 55, or handicapped may request the service.

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Trips within the City of Berlin are charged \$2.00 per ride, if the wheelchair lift is needed to be used the rider is charged \$10.00. Fees for out of town trips are: Ripon - \$20.00; Oshkosh - \$40.00; Wautoma - \$40.00; Wild Rose - \$50.00; Appleton - \$50.00; Fond du Lac - \$50.00; Montello - \$50.00; Madison - \$100.00. Fees can be waived or reduced by the Project manager if the rider cannot afford to pay. Fees are collected by the driver at the time of the trip.

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$39,050

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

*\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation	Total from A.	\$24,583
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$3,800
D. Passenger Revenue	Total from D.	\$4,000
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$6,667

*(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.	City of Berlin	Total	\$6,667
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** **\$39,050**

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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## PROJECT 2 DESCRIPTION

County of **Green Lake**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name **Southern Green Lake County Senior Transportation**

Third Party Provider Southern Green Lake County Senior Transportation

Date contract last updated 1/1/2019

**Type of Service** *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<b>X</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	<b>Flexible route, door to door van service.</b>		

**General Project Summary** *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

**Southern Green Lake County Senior Transportation provides a respond to call, door to door transportation service to the elderly and handicapped persons who live in Southern Green Lake County. Two, five passenger minivans are wheelchair accessible and volunteer drivers also use private vehicles to transport clients when all vans are committed to trips. Service is provided Monday through Friday and occasionally on weekends in an emergency. A two day or more notice is required for local trips and five days notice is required for out of town trips. Any person over the age of 55 or handicapped may request the service. Medical trips take priority over all other trips. This is a fee based transportation service. The fee may be lowered or waived by the project manager for individuals who are unable to pay. The primary funding source for this project is 85.21 funding, along with County funding, rider fees and contributions.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)*

**Green Lake County, Markesan, Marquette, Manchester, Kingston, Dalton, Mackford, Princeton, Green Lake, and rural Southern Green Lake County.**

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description  
*(if applicable)*

**On occasion weekend trips can be arranged if there is a driver available.**

**Service Requests** *(Briefly describe how your service is requested for this project)*

**Riders may call the project manager or the van drivers directly to schedule a ride. Two days advance notice is required for local rides, and five days advance notice is required for out of town travel. Service priority areas are medical, nutrition related, employment and recreational reasons.**

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project)*

**Anyone over the age of 55 or handicapped may use the service. Individuals who are not elderly or handicapped may ride on a space available basis only.**

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project)*

**This is a fee based service. Fees are collected at the time of the trip. Fees are; Markesan - \$12.00; Green Lake - \$18.00; Princeton - \$20.00; Ripon - \$20.00; Waupun - \$20.00; Berlin - \$25.00; Beaver Dam - \$25.00; Appleton - \$60.00; Fond du lac - \$35.00; Madison - \$60.00; Milwaukee - \$70.00; Neenah - \$48.00; Oshkosh - \$44.00. There is a \$10.00 per hour fee for trips over 4 hours. Fees can be waived or reduced by the project manager if the rider cannot afford the charge.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$49,844

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

*\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation	Total from A.	\$23,613
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$3,965
D. Passenger Revenue	Total from D.	\$17,766
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	
G. Other funds <i>(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)</i>	Total from G.	\$4,500
1. <span style="border: 1px solid black; padding: 2px;">CMO Contract</span>	Total	\$4,500
2. <span style="border: 1px solid black; padding: 2px;"></span>	Total	
3. <span style="border: 1px solid black; padding: 2px;"></span>	Total	
4. <span style="border: 1px solid black; padding: 2px;"></span>	Total	
5. <span style="border: 1px solid black; padding: 2px;"></span>	Total	
6. <span style="border: 1px solid black; padding: 2px;"></span>	Total	
<b>Revenue Total</b>		<b>\$49,844</b>

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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## PROJECT 3 DESCRIPTION

County of **Green Lake**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name **Fox River Industries**

Third Party Provider Fox River Industries

Date contract last updated 1-1-2019

**Type of Service** *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<b>x</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	<b>This is a fixed route door to door service.</b>		

**General Project Summary** *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

**Fox River Industries provides a fixed route door to door bus/van service twice daily. Services are generally provided weekdays only with fixed routes running from 6:30 am to 9:30 am and 3:00 pm to 5:30 pm. On-call rides will be provided between 9:30 am and 2:30 pm each day. Persons requesting pickup on route must call in at least one day in advance. Call-ins are served as time and available drivers permit. Reservations for total use of a vehicle must be called in at least 5 days in advance. Primary transportation target group is the developmentally disabled, although the elderly(over 55) and handicapped of any age are encouraged to ride. Fox River Industries has 9 vans and busses, seven of which are wheelchair accessible. These vehicles, when not in use by Fox River Industries are available for rental to the general public needing a accessible vehicle. The primary source of revenue for this project is 85.21 funds, County funds and passenger co-pays.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)*

**Green Lake County, Berlin, Green Lake, Princeton, Markesan, Kingston, Dalton, Marquette, Manchester and all rural areas of the County.**

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	
End Time		5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm	

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project)*

**Each day the fixed routes run morning and evening to pick up developmentally disabled individuals for work and day programs. The busses/vans are also used through out the day for medical and recreational trips for the developmentally disabled. All rides are coordinated by the project manager at Fox River Industries. Community members wishing to schedule use of a vehicle would call Fox River Industries.**

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project)*

**Primary passenger group is the developmentally disabled, although elderly and handicapped individuals are also eligible to ride.**

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project)*

**The co-pays for those using the fixed routes are: \$.75 per oneway trip in town; and \$1.25 per oneway trip out of town. For those wishing to rent a vehicle the charge is \$.75 per mile with a \$20.00 minimum.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$19,241

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

*\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation	Total from A.	\$12,633
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$4,508
D. Passenger Revenue	Total from D.	\$2,100
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0

*(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$19,241

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 4 DESCRIPTION

County of **Green Lake**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name

**City of Green Lake**

Third Party Provider

City of Green Lake

Date contract last updated

1-1-2019

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<b>x</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	<b>This a flexible route dor to door service.</b>		

**General Project Summary** *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

**The City of Green Lake Transportation Program is a respond to call, door to door transportation service for the elderly age 55 or older and handicapped individuals in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The volunteer drivers are paid on a mileage plus stipend wage. A two day notice for short trips is required and a one week notice for out of town trips is required. Service is available 5 days per week. The service is available to anyone over the age of 55 or handicapped. To arrange a ride the individual must call Green Lake City Hall and speak to the project manager. The project is funded by 85.21 funds, County funds and rider co-payments.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)*

The City of Green Lake and those living within a 5 mile radius in Green Lake County.

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project)*

Services are requested by calling the project manager at Green Lake City Hall.

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 55 or handicapped is eligible to use the service

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Fees are collected by the driver at the time of the ride. Current fees are: Green Lake; \$2.00; Princeton - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. The project manager can waive or reduce the fee if the rider cannot afford to pay.

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$8,124

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

*\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation	Total from A.	\$6,388
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$1,236
D. Passenger Revenue	Total from D.	\$500
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0

*(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$8,124

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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## PROJECT 5 DESCRIPTION

County of **Green Lake**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name

**City of Princeton**

Third Party Provider

City of Princeton

Date contract last updated

1-1-2019

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<b>x</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	This is a flexible rout door to door service.		

**General Project Summary** *(Provide a brief description of this project Use "ALT" and "Enter" to start a new paragraph.)*

**The City of Princeton is a respond to call, door to door transportation service for the elderly and handicapped persons in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The vlounteers are paid mileage and a stipend for each trip. A two day notice is required for short trips and a one week notice is required for long trips out of the area. Anyone over the age of 55 or handicapped is eligible to use the service. To request service the individual must call the project manager in Princeton. The primary source of funding for this project is 85.21 funds along with County funds and passenger copayments.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)*

The City of Princeton and those living within a five mile radius in Green Lake County.

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project)*

Individuals must call the project manager to arrange a ride

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 55 or handicapped is eligible to request the service.

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Fees are collected by the driver at the time of the service. Fees are: local - \$2.00; Green Lake - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Markesan - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. Fees can be reduced or waived by the project manager if the rider cannot afford the fee.

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$17,141

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

*\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation	Total from A.	\$12,672
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$2,469
D. Passenger Revenue	Total from D.	\$2,000
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0

*(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$17,141

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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**COUNTY ELDERLY TRANSPORTATION  
2020 PROJECT BUDGET SUMMARY**

County of **Green Lake**

Project Name	City of Berlin	Southern Green Lake County Senior Transportation	Fox River Industries	City of Green Lake	City of Princeton	0	0	0	Totals
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**Project Expenses**

Total Project Expenses	\$39,050.00	\$49,844.00	\$19,241.00	\$8,124.00	\$17,141.00	\$0.00	\$0.00	\$0.00	<b>\$133,400.00</b>
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**Project Revenue by Funding Source**

\$85.21 Annual Allocation	\$24,583.00	\$23,613.00	\$12,633.00	\$6,388.00	\$12,672.00	\$0.00	\$0.00	\$0.00	<b>\$79,889.00</b>
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
County funds	\$3,800.00	\$3,965.00	\$4,508.00	\$1,236.00	\$2,469.00	\$0.00	\$0.00	\$0.00	<b>\$15,978.00</b>
Passenger Revenue	\$4,000.00	\$17,766.00	\$2,100.00	\$500.00	\$2,000.00	\$0.00	\$0.00	\$0.00	<b>\$26,366.00</b>
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
Total from other funds	\$6,667.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$11,167.00</b>
1.	\$6,667.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$11,167.00</b>
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>

<b>Expenses - revenue =</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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Overall Grand Totals										
360 Green Lake Co	Budget									
Service / Expenditure Category	Title III Expenses	NSIP Expenses	Cash Match Expenses	In-Kind Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	Total Expenses - Including In-Kind
01-Administration	\$ 9,928	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,928	\$ 14,928
02-Personal Care	\$ 700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 700	\$ 700
03-Homemaker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
04-Chore	\$ 6,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,500	\$ 6,500
05-Home-Delivered Meals	\$ 16,501	\$ 11,682	\$ 30,000	\$ 2,000	\$ -	\$ -	\$ -	\$ 60,000	\$ 118,183	\$ 120,183
06-Adult Day Care/Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
07-Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
08-Congregate Meals	\$ 72,365	\$ 5,000	\$ 20,000	\$ 1,500	\$ -	\$ -	\$ -	\$ 13,000	\$ 110,365	\$ 111,865
09s-Nutrition Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10p-Assisted Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11p-Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12-Legal Services	\$ -	\$ -	\$ 3,135	\$ -	\$ -	\$ 31,490	\$ -	\$ -	\$ 34,625	\$ 34,625
13s-Nutrition Education	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000	\$ 3,000
14-Information and Assistance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23a-Health Promotion - Evidence-Based	\$ 3,426	\$ -	\$ -	\$ 300	\$ -	\$ -	\$ -	\$ -	\$ 3,426	\$ 3,726
23b-Health Promotion - Non-Evidence-Based	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000	\$ 1,000
15s-Outreach	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16a-Public Information	\$ 2,500	\$ -	\$ 700	\$ -	\$ -	\$ 5,736	\$ -	\$ -	\$ 8,936	\$ 8,936





7500-Administration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7502-Adult Day Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7502-General Respite	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7502-Homemaker/Chores	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7502-In-Home General Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7502-In-Home Personal Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7502-Overnight Facility Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7504-Other Goods and Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7506-Outreach	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7508-Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7510-Support Group	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7514-Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,856	\$ -	\$ -	\$ 10,856	\$ 10,856	\$ 10,856
Total:	\$ 129,749	\$ 16,682	\$ 64,435	\$ 3,800	\$ 4,542	\$ 48,082	\$ -	\$ 73,000	\$ 336,490	\$ 340,290	

Orange: Standard Service Expenses  
 Green: NFCSP Service Expenses  
 Blue: AFCSP Service Expenses  
 Red: Elder Abuse Service Expenses