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



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

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, Da	artford Bay A	partments,	Grand River A	partments											
				НО	MEBOUN	ID					CONGR	REGATE						
		Berlin	Green Lak	e/Prince.	Ma	rkesan			Ве	erlin	GL/Princet	on	Mai	rkesan			MEAL PF	ROGRAM
	HDM#	DONATION			HDM #		HDM TOTAL			DONATION		DONATION		DONATION			TOTAL	TOTAL
		AMOUNT		AMOUNT		AMOUNT	MEALS	DONATION	# SERVED	AMOUNT	# SERVED	AMOUNT	# SERVED	AMOUNT	MEALS	DONATION	MEALS	DONATION
January	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
February	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
March	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
April	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
Мау	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
June	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
July	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
August	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
September	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
October																		
November																		
December																		
TOTALS	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

AGING REPORT - 2019

		ELDER AE	NIOE .			EL DE . 70.	A DOOD DEA	IEEE ODEO	IALIST PROC	2018					
			REPORTED	REPORTED		ELDE+ZZ:	I&A	NEFII SPEC	IALIST PROC			LY REPORTS			
	FOOD				4000	TDNO			OUTDE A OU						
	PANTRY	CASES	ELD ABUSE CASES		ADRC CONTACTS	TRNG	CALLS FOR EBS	SPEAKING	OUTREACH HOURS	ADRC	NEW CASES	CLIENT \$ SAVED			
	PANIKI	CASES	CASES	CASES	CONTACTS	HOURS	EB2	SPEAKING	HOURS	ADRC	CASES	SAVED			
January	129	35	6	1	341	1	148	0	10.5	0	0	\$0.00			
January	129	33	6	ı	341	· · ·	140	U	10.5	0	U	\$0.00			
February	142	36	7	2	289	7	142	0	15.5	0	0	\$0.00			
1 Colual y	172	30	,		209		142	0	13.5	0	U	φ0.00			
March	150	38	6	0	332	2	114	2	17	0	0	\$0.00			
	100	- 30		0	332		, , , ,		17	- 0		ψ0.00			
April	147	40	4	1	323	8	118	2	23	0	0	\$0.00			
		70	7	'	020		1.0		20			ψ0.00			
May	130	43	3	0	175	7	76	0	27.5	0		\$0.00			
												*			
June	201	45	6	0	261	19	111	0	14	0		\$0.00			
July	172	43	3	0	289	3	136	1	19	0		\$0.00			
August	151	43	6	1	280	13	101	1	12	0		0			
September	152	45	2	2	286	6	120	4	15	0		\$0.00			
October	0	47	10	0	299										
NI			_		_										
November	0	0	0	0	0										
December					0										
December		0	0	0	0										
TOTAL	1374	415	53	7	2875	66	1066	10	153.5	0	0	\$0.00			
		.10	00	,	2010	- 00	1000	10	100.0			ψ0.00			

2020 APPLICANT INFORMATION FORM

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 g	grant program			
Name	Betty Bradley			
Telephone Number	920-294-4070	1.5.1	Extension	
Email Address	bbradley@co.green-lake	e.wi.us		
Application Preparer (if di	ifferent than primary contact)			
Name	Betty Bradley			
Organization	Green Lake County He	alth and Human S	ervices	
Telephone Number	920-294-4070		Extension	· ·
Email Address	bbradley@co.green-lake	.wi.us		
Applicant Status	oounty government, or an agency organized as a non-profit under V	y of the county department Mis. Stat. 46.82(1)(a)3. are	r - You are certifying that the applicant is a t. Private non-profits or Aging Units a not eligible to apply for this grant.	ВВ
Organization Info	Place your initials in box certifying updated in the BlackCat Online Go of your ability.	g all organization informati Brant Management System	ion, including, contacts and titles, have been (GMS) and are true and correct to the best	8B
Federal Grant Match	Please place an "X" next to any for	ederal grant that will be us	ing §85.21 funds as local match.	
	5310 X	5307	5311	
	Other (Please explain)			
Coordination	derived from		and page number(s) in which your §85.21 pro n Lake County Human Services Pu	
The goal(s) and/or s		goal E: Espand se goal J: Continue t	ervices in Green Lake and Princeto to pursue grants/funds for projects ir accessibility services.	
	Coordinated plan in which goals may be referenced:			
	ate whether or not §85.21state aid during the calendar year.	be used for the transports	ation of persons you cannoth walk or who walk	with
YES x	lung the calendar year.			
NO	If no. please explain how the Am ambulatory and non-ambulatory o	ericans with Disabilities Ac passengers will be met.)	ct (ADA) requirements for equivalency of servi	e between

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 ("Lease" or "Contract")	Bidding Required "Yes" or "No"	Start Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
City of Berlin	Jodi Olson City Administrator	Contract	no	1-1-2020	12-31-2020
Southern Green Lake County Sr. Transportation	Judy Bender	Contract	no	1-1-2020	12-31-2020
Fox River Industries	Ed Schuh	Contract	no	1-1-2020	12-31-2020
City of Green Lake	Barb Dugenske City Clerk	Contract	no	1-1-2020	12-31-2020
City of Princeton	Mary Neuebauer City Clerk	Contract	no	1-1-2020	12-31-2020
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Miles Als (Aug E) glob Miles A N - All or Mary "Redulfamilies dank yill symphopic development was as sometime as a manager and white productions and the complete and the compl					
		The second of th			
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THE VICTORIAN PROPERTY IN COLUMN THE PROPERTY OF THE PROPERTY	Management of the state of the				
					<u> </u>
44,414					
The second secon			- 10- 10- p -		

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 <u>next three years</u>.

Be as specific as possible. Do NOT include 2019 purchases made with trust funds.

Expen- If non-vehicle capital purchase, please	diture Item provide description on seco	nd page bəlow.	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 5	310 grant		2022	\$3,500
A STATE OF THE STA				
		*		
N LEADER AND DATA LAKE (STATE AND THE STATE				
		T		
	1	Total projected	d cost of 3-year plan	\$ 18,500.00
Estimated amount state aid to be hel	d in trust on 12/31/2019	\$33,426.73		
Will auto calculate based on year entered above	Enter amount of funds pla			
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

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 co	impiete ali 3 pages	s for each pr	<u>oject.</u>			
Project Name	City of Berlin					
ı						
Third Party Provider	City of Berlin					
Date contract last updated	1-1-2019					· .
Гуре of Service	(Place an "x" next i	to the type of	service you will be	providing for thi	s project)	
V	olunteer Driver	x	Voucher Pre	ogram		
Ve	hicle Purchase		Management	Study		
	Planning Study		Brief description of Study			
Other (provid	le explanation) Fle	exible route o	door to door serve	es.		· · · · ·
General P <u>roject Summar</u>	y (Provide a brief d	lescription of th	nis project. Use "ALT"	and "Enter" to sta	art a new paragra	iph.)
The City of Ber	in Project provid	les service to	o elderly (over age	55) and handid	capped person	s living in the
			ound the City. Ser			
			xible route, door to enter to schedule			
others. All ride	es are scheduled (on a first cor	ne first serve basis	s. This is a fee	based transp	riority over all
			y the project mana			

pay. The primary funding source for this service is 85.21 funding, along with City of Berlin funds, County

85.21 County Elderly and Disabled Transportation Assistance

funds, rider fees and contributions.

	The city of be	rlin and those I				Enter" to start a ne	
ervice H	ours (Indicate	e your general hou	urs 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	
	nutrition relate	ed, employmen	t and recreation	onal reasons.			
assenge	r Eligibility <i>(l</i>	Briefly indicate pa	ssenger eligibility	/ requirements for	this project)		
		Briefly indicate par he age of 55, or					
	Anyone over t	he age of 55, or	r handicapped	may request t	he service.		
assenge	Anyone over t	he age of 55, or	r handicapped	may request to	this project)	\$2.00 per ride, i	f the wheelchair lif

PROJECT DESCRIPTION, Continued

PROJECT BUDG	ET	
Section Description	Am	ount
Annual Expenditures		
Enter the amount of total expenditures for this projects	I Expenses \$39,05	:0
*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.	I Expenses \$39,05	
Annual Revenue		
Enter the amount for <u>each</u> funding source that will be used to for this when complete, please scroll to bottom of this page to ensure the <u>Expendit</u>		
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 (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.)		\$6,667
1. City of Berlin	Total \$6,667	
2.	Total	
3.	Total	
4.	Total	
5.	Total	
6.	Total	
Revenu	re Total \$39,05	0
Expenditures should equal re	venue \$0	

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 G	Green Lake C	County Senior	Transpo	ortation	
Third Party Provider	Southern Gre	en Lake County	y Senior Transpor	rtation		
Date contract last updated	1/1/2019					
Type of Service	(Place an "x" ne	ext to the type o	f service you will	be providi	ng for this projec	et)
V	olunteer Driver	Х	Vouche	r Program		7
Ve	hicle Purchase		Managem	ent Study		7
	Planning Study		Brief description of Study			
Other (provid	le explanation)	Flexible route	, door to door va	an service).	
transportation Two, five pass to transport cli occasionally o days notice is the service. M The fee may be	n Lake County service to the enger minivans ents when all ver weekends in required for ouedical trips take lowered or was	Senior Transpelderly and has are wheelcharans are comman emergency to fown trips e priority over aived by the pr	nortation provide ndicapped perse air accessible an nitted to trips. S v. A two day or r . Any person ov all other trips.	es a respons who lind volunte ervice is provided the age of the ag	ond to call, door ive in Southern er drivers also oprovided Mondace is required for e of 55 or handifiee based transpuals who are un	r to door Green Lake County. use private vehicles ay through Friday and or local trips and five icapped may request portation service. hable to pay. The

PROJECT DESCRIPTION, Continued

c	eoa	ran	hv	of	Sa	mil	-0
u	eoa	rau	пv	OΙ	ъe	rvi	æ

(List the counties, as well as cities/areas that are serviced though 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 dirvers 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.

Annual Expenditures Enter the amount of total expenditures for this projects Total Expenses *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 A. §85.21 funds from annual allocation B. §85.21 funds from trust fund C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (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.)	\$49	Amount 0,844
Total Expenses **Total Expenses** **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 Ri* A. §85.21 funds from annual allocation B. §85.21 funds from trust fund C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include),844
Total Expenses **Total Expenses** **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 Ri* A. §85.21 funds from annual allocation B. §85.21 funds from trust fund C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include),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 Ri. A. §85.21 funds from annual allocation B. §85.21 funds from trust fund C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include		J,844
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 Riverset A. §85.21 funds from annual allocation B. §85.21 funds from trust fund C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include	O2 steung gungve	
 B. §85.21 funds from trust fund C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include 	volude editals 30	-
C. County Match Funds D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include	Total from A.	\$23,613
 D. Passenger Revenue E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include 	Total from B.	
 E. Older American Act (OAA) funding F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include 	Total from C.	\$3,965
F. §5310 Operating or Mobility Management funds G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include	Total from D.	\$17,766
G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Include	Total from E.	
(provide пате and/or description and record total amount in the box to the right of the description. Include	Total from F.	
oddroco oddri do otrici granto dilaror programo.)	Total from G.	\$4,500
1. CMO Contract Total	\$4,500	
2. Total		
3. Total		
4. Total		
5. Total		
6. Total		
Revenue Total	\$49	,844
Expenditures should equal revenue	\$	

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 In	dustries					
Third Party Provider	Fox River Indu	stries		_			
Date contract last updated	1-1-2019						
	Г	kt to the type o	f service you will	·	,	roject)	
Vol	unteer Driver	X	Vouche	r Program			
Vehi	cle Purchase		Managen	nent Study			
	anning Study		Brief description of Study				
Other Insertide	explanation)	his is a fixed	route door to d	oor servic	e.		

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

Goo	aranl	nv of	f Sa	nzica

(List the counties, as well as cities/areas that are serviced though 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 developementally 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 B	UDGET		
Section	Description		Amount	
Annual	Expenditures			
	he amount of total expenditures for this projects			
provid	ase note: Breakdown of expenses is not required at this time. You wanted the breakdown of actual expenses in the Annual Financial Reposition in the end of the calendar year.		\$19,241	
Enter th	Revenue he amount for <u>each</u> funding source that will be used to for complete, please scroll to bottom of this page to ensure the		uals \$0	
A. §8	85.21 funds from annual allocation	Total fro	om A.	12,633
B. §8	85.21 funds from trust fund	Total fro	m B.	
C. C	ounty Match Funds	Total fro	m C.	\$4,508
D. Pa	assenger Revenue	Total fro	m D.	\$2,100
E. O	lder American Act (OAA) funding	Total fro	m E.	
F. §	5310 Operating or Mobility Management funds	Total fro	om F.	
G. 0	ther funds (provide name and/or description and record total amount in the box to the right of the description. In	Total fron	m G.	\$0
1.	sources such as other grants and/or programs.)	Total		
2.		Total		
3.		Total		
4.		Total		
5.		Total		
6.		Total		
		Revenue Total	\$19,241	
- 5	Expenditures should equal reve	enue	\$0	

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 co	omplete all 3 pag	les for each p	oroject.		
Project Name	City of Gree	n Lake	W- 27-		
Third Party Provider	City of Green L	_ake			<u></u>
Date contract last updated	1-1-2019				
Type of Service	(Place an "x" nex	xt to the type c	of service you will be providi	ng for this project)	
\	/olunteer Driver	х	Voucher Program		
Ve	ehicle Purchase		Management Study		
	Planning Study		Brief description of Study		
Other (provid	de explanation)	his a flexible	route dor to door service	t.	
	Ĺ			- · · · · · · · · · · · · · · · · · · ·	
General P <u>roject Summa</u> r	r y (Provide a brief	f description of	this project. Use "ALT" and "E	nter" to start a new ¡	oaragraph.)
			gram is a respond to call, oped individuals in the are		
			e service. The volunteer		
			ips is required and a one eek. The service is availab		
handicapped.	To arrange a rid	le the individ	ual must call Green Lake	City Hall and spe	ak to the project
manager. The	project is tunde	:a by 85.21 TU	inds, County funds and ric	aer co-payments.	

			PROJECT	DESCRIPTION	ON, Contin	ued	
Geograpi	ny of Service						
List the co		s cities/areas that reen Lake and t				<i>"Enter" to start a ne</i> n Lake County.	w line.)
		icen Lake and t	nose niving wi	ann a o mile ra	alas III Gicci	r Luke County.	
Service H	lours (Indicat	e your general ho	urs 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	-	5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
Time	l		· · · · · · · · · · · · · · · · · · ·				
Addi	itional description						
	(if applicable)) [
Service R		efly describe how				Nitra Walf	
	Services are r	requested by ca	illing the proje	ct manager at	Green Lake (ық пан.	
assenge?		Briefly indicate pa the age of 55 or				•	
	Anyone over	the age of 33 of	nanuicappeu	is eligible to u	26 (116 261 AIC	C	
Passenge		Briefly describe pa					
						e of the ride. Cu Waupun - \$25.00	
							anager can waive c
		e if the rider car			-	• •	<u> </u>

PROJECT	BUDGET		
Section Description	·		Amount
Annual Expenditures			
Enter the amount of total expenditures for this projects			
	Total Expenses	\$8	3,124
*Please note: Breakdown of expenses is not required at this time. You provide the breakdown of actual expenses in the Annual Financial Reyou will submit at the end of the calendar year.			
Annual Revenue Enter the amount for <u>each</u> funding source that will be used to *When complete, please scroll to bottom of this page to ensure the		evenue 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 (provide name and/or description and record total amount in the box to the right of the description.		Total from G.	\$0
sources such as other grants and/or programs.) 1.	Total		
2.	Total		
3.	Total		
4.	Total		
5.	Total		
6.	Total		
	Revenue Total	\$8	3,124
Expenditures should equal rev	/enue		\$0

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.

· De suie to ce	mpiete an 5 pag	es for each p	roject.			
Project Name	City of Princ	eton				
Third Party Provider	City of Princeto	on .				
Date contract last updated	1-1-2019					
Гуре of Service	(Place an "x" nex	kt to the type of	f service you will	be providir	ng for this project)
V	olunteer Driver	x	Voucher	Program		
Ve	ehicle Purchase		Managem	ent Study		
	Planning Study		Brief description of Study			
Other (provid	de explanation) T	his is a flexib		loor servi	ce.	
	L					
General Project Summar						
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						
						dual must call the
project manag	er in Princeton.	The primary				funds along with
County lunds a	and passenger o	opayments.				

			PROJECT	DESCRIPTION	ON, Contin	ued	
	ny of Service unties, as well as	s cities/areas that	are serviced thou	ugh this project. U	Ise "ALT" and	"Enter" to start a ne	ew line.)
•						en Lake County.	
							101
Service H	ours (Indicate	e your general ho	urs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
time End		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
Time	L.	3.00 pm	3.00 pm	3.00 pm	3.00 pm	5.00 pm	
Service R		fly describe how y ust call the pro					
Passanda	r Fligibility (Briefly indicate pa	ssenger eligibility	v requirements fo	r this project)		
		he age of 55 or				ervice.	
		-					
Doggana-	ur Bayranus //	Driofly docariba ==	on an	roquiromente fo	r thin neninat)		
		Briefly describe pa				e of the service	. Fees are: local -
							n - \$25.00; Oshkosh

\$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. Fees can be reduced or waived

85.21 County Elderly and Disabled Transportation Assistance

by the project manager if the rider cannot afford the fee.

PROJECT BUDGET										
Section Description			Amount							
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 we provide the breakdown of actual expenses in the Annual Financial Rep you will submit at the end of the calendar year.										
Annual Revenue										
Enter the amount for <u>each</u> funding source that will be used to *When complete, please scroll to bottom of this page to ensure the		evenue 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 (provide name and/or description and record total amount in the box to the right of the description. I	nclude	Total from G.	\$0							
sources such as other grants and/or programs.)										
1.	Total									
2.	Total									
			*							
3.	Total									
4.	Total									
	Total									
5.	Total									
6.	Total									
	Revenue Total	\$17	,141							
Expenditures should equal rev	ADUA .		30							

COUNTY ELDERLY TRANSPORTATION 2020 PROJECT BUDGET SUMMARY

County of	Green L	ake	<u>.</u>						
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
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	\$133,400.00
Project Revenue by	Funding So	urce							
§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	\$79,889.00
§85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$3,800.00	\$3,965.00	\$4,508.00	\$1,236.00	\$2,469.00	\$0.00	\$0.00	\$0.00	\$15,978.00
Passenger Revenue	\$4,000.00	\$17,766.00	\$2,100.00	\$500.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$26,366.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$6,667.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,167.00
1.	\$6,667.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,167.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Overall Grand Totals										S.
360 Green Lake Co	Budget	Į.	BUDGET							e.
			Remaining	\$ -				+		
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 - Incluiding In-Kind
01-Administration	10.0					gu sa u		17.		
the statement between	\$ 9,928	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,928	\$ 14,928
02-Personal Care	\$ 700	s	s -	\$ -	s -	\$ -	\$ -	· s -	\$ 700	\$ 700
03-Homemaker	\$ -	\$ -	\$ -	s -	s -	\$ -	\$	s	\$ -	\$ -
04-Chore	\$ 6,500		\$ -	\$ -	\$ -	s -	s	\$ -	\$ 6,500	\$ 6,500
05-Home-Delivered Meals	\$ 16,501			\$ 2,000		\$ -	s	\$ 60,000		\$ 120,183
06-Adult Day Care/Health	\$ -	\$ -	\$ -	\$ -	\$ -	s -	s	- s -	\$ -	\$ -
07-Case Management	s -	s -	\$ -	s -	s	\$ -	\$	- S	\$ -	\$
08-Congregate Meals	\$ 72,365	77.000 00 0000		\$ 1,500		\$ -	\$	\$ 13,000	\$ 110,365	\$ 111,865
09s-Nutrition Counseling	\$ -	\$ -	\$ -	s -	\$ -	s -	s	- s	s -	\$
10p-Assisted Transportation	\$ -	\$ -	s -	s -	\$ -	\$ -	\$	- s -	s -	\$
11p-Transportation	\$ -	s -	s -	s -	s	s -	s	- Is -	s -	s -
12-Legal Services	s -	s	\$ 3,135	\$ -	\$ -	\$ 31,490		- \$ -	\$ 34,625	\$ 34,625
13s-Nutrition Education	\$ 3,000	(iii	\$ -	\$ -	\$	\$ -	III .	- \$ -	\$ 3,000	\$ 3,000
14-Information and Assistance	\$ -	\$ -	\$ -	s -	s -	s -	\$	- \$ -	\$ -	\$
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	\$ -	\$ -	s -	\$ -	\$ -	\$	\$	- \$ -	\$ -	\$
16a-Public Information	\$ 2,500	Ì	\$ 700	11 11 11 11	s -	\$ 5,736	s	- s	\$ 8,936	\$ 8,936

17c-Counseling													
17c-Counseling	\$. \$	- s		\$	- 8		\$	- s	- s	- \$	- \$	
17t-Training		1			•							Ť	
	\$	s	- s	_	\$	- \$	-	\$	- \$	- \$	- \$	- \$	10000
48-Support Groups		1			1 18	Ť							
	\$. \$	- \$		\$	- \$	-	\$	- \$	- \$	- \$	- \$	+
18-Temporary Respite Care (III-B)											0.90		
	\$	\$	- \$	_	\$	- \$	-	\$	- \$	- \$	- \$	- \$	-
19s-Medication Management		11							11-11-21				
	\$. \$	- \$	-	\$	- \$		\$	- \$	- \$	- \$	- \$	-
20-Advocacy Leadership													
Development	\$	\$	- \$	-	\$	- \$	-	\$	- \$	- \$	- \$	- \$	-
21s-Insurance/Benefits				100								4.540	4.540
	\$.	\$	- \$	-	\$	- \$	4,542	\$	- \$	- \$	- \$	4,542 \$	4,542
24-Assistive Devices/Technology								•			- \$	- s	
31-Volunteer Guardianship - DANE	\$. \$	- \$		\$	- \$	-	\$	- \$	- \$	- 0	- 2	
ONLY	\$. \$	- \$		s	- \$		\$	- s	- s	- \$	- S	
33-Consumable Supplies	\$. 1 2	- 0		Φ	- 1		Φ	- p	-	- 3	- 	
33-Consumable Supplies	\$ 350	\$	- s		\$	- s	_	\$	- \$	- s	- \$	350 \$	350
38-Home Repair and Modifications	a 330	7 1 4	- W	_	Ψ	- W		Ψ	- *	- 4		000 \$	
oo-nome repair and mounications	\$. \$	- \$	_	\$	- \$		\$	- s	- l s	- S	- \$	
40-Home Security and Safety		+							<u> </u>	T T			
,	\$ 700) s	- \$	-	\$	- \$	- 80	\$	- \$	- \$	- \$	700 \$	700
42c-Recreation/ Socialization					•								
	\$ 2,000	\$	- \$	2,000	\$	- \$	-]	\$	- \$	- \$	- \$	4,000 \$	4,000
50-Visiting													
	\$	- \$	- \$	-	\$	- \$	-	\$	- \$	- \$	- \$	- \$	+
64-Caregiver Case Management	Will Mills		11125				AND PROPERTY.		Market Street	National Property of			
Many Charles and the second	\$ 4,200	\$	- \$	3,600	\$	- \$		\$	- \$	- \$	- \$	7,800 \$	7,800
6501s-Caregiver Counseling		STATE STATE			Mark sin			Wiles Net					
	\$	- \$	- \$	-	\$	- \$	-	\$	- \$	- \$	- \$	- \$	
6502s-Caregiver Training	La												
2500	\$	- \$	- \$	2 (in 1001=2	\$	- \$	ACCOUNT OF	\$	- \$	- \$	- 3	- \$	<u>-</u>
6503s-Caregiver Support Groups	\$ 1,000		- \$		\$	- \$		s	- \$	- s	\$	1,000 \$	1,000
66a-Respite Care, In Home	\$ 1,000) 3	- 3		Þ	- 5	STATE OF THE PARTY	4	tile (Cooper to the co	- J	- v	1,000 \$	1,000
l l l l l l l l l l l l l l l l l l l	\$ 3,000	S	- S		\$	- \$		s	- s	- 8	C	3,000 \$	3,000
66b-Respite Care, Facility Based	5,000		- Ψ	3700	4	PAGESTICAL	7.767 10 15 1	Creation and a state	Electrical and	See A SECTION	TO SEE SE	σ,σσσ φ	0,000
Day	\$	- s	- s		S	- S		\$	- \$	- \$	- s	- s	
66c-Respite Care, Facility Based	1000	3 0000		1 1 10		United States	FIENNY	The second second		0.000	WELL N	·	
Overnight	\$	- \$	- \$	100	\$	- \$		\$	- \$	- \$	- \$	- \$	
67-Supplemental Services	HADINE WIEL	g garanta	METALLINE.	EX337.11	Marker (State)		Will Date	Total Control of the	at an en ar	E EV DEIDWER			
	\$ 2,000) \$	- \$	E C D	\$	- \$		\$	- \$	- \$	\$	2,000 \$	2,000
69-Information & Assistance (Access	\$25 m	V#ENT I	****	Z = E" 1	TO STATE		耐火油酸	Nº 17 TI DE 118	A James I	sv Februára	303000		
Assistance)	\$	- \$	- \$		\$	- \$	The state of	\$	- \$	- \$	\$ \$	- \$	
68-Information Services	- WORLDAY 1				530	153	W I	122					
	\$ 579	\$ \$	1 1 1 S	=0 = 3.	\$	- \$		\$	- \$	- \$	- \$	579 \$	579

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Parties and Tro-res a work	Disc Control	100	Harris III To the Control	The year of the	THE CHEST STATES	1523/KB1=B1IW		institution of the	Contract of the second		
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	\$	- \$		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ <u>-</u>
7504-Other Goods and Services	\$	- \$		\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7506-Outreach	\$	- \$		\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$ -	\$
7508-Public Awareness	\$	- \$		\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
7510-Support Group	\$	- \$		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
7514-Case Management	\$	- \$		\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$	- \$		\$	\$ -	\$ -	\$ 10,856	\$	\$	\$ 10,856	\$ 10,856
Total:	\$ 129,7	49 \$	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