GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A

Green Lake WI 54941 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: 11/5/2020

The following documents are included in the packet for Commission on Aging Advisory Committee Meeting held on Wednesday November 18, 2020

- November 18, 2020 Commission on Aging Advisory meeting agenda
- September 23, 2020 Commission On Aging Advisory Draft Minutes
- 85.21 2021 Grant Application
- Aging Unit Report



GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 FAX: 920-294-4139 Email: glcdhhs@co.green-lake.wi.us

Health & Human Services Commission on Aging Advisory Committee Meeting Notice

Date: November 18, 2020 Time: 10:30 AM Green Lake County Government Center Room #1159 571 County Road A Green Lake WI 54941

AGENDA

Committee Members

Robert Dolgner Darlene Krentz Gloria Lichtfuss Parkis Waterbury Vacant

- 1. Call to Order
- 2. Certification of Open Meeting Law
- 3. Pledge of Allegiance
- 4. Introductions
- 5. Minutes: (09/23/2020)
- 6. 85.21 Grant
- 7. Nutrition Program Catering
- 8. Health & Human Services Board Report
- 9. Advocacy
- 10. Year-to-Date Program Information
- 11. Committee Discussion
- Future Meeting Date/meal sign-up
- Future Agenda items for action & discussion
- 12. Adjourn

Kindly arrange to be present, if unable to do so, please notify our office. Sincerely, Betty Bradley, Aging/Long Term Care Unit Manager

Due to the COVID-19 pandemic, this meeting will be conducted and available through in person attendance (6 ft. social distancing required) or audio/visual communication. Remote access can be obtained through the following link:

Join Zoom Meeting

https://zoom.us/j/94046024164?pwd=dnNrQjd2QTk5blJ0WHpOajhlMjhRdz09

Meeting ID: 940 4602 4164

Passcode: 784811 One tap mobile

+19294362866,,94046024164# US (New York) 13017158592,,94046024164# US

+(Washington D.C)

Dial by your location

+1 929 436 2866 US (New York)

+1 301 715 8592 US (Washington D.C)

+1 312 626 6799 US (Chicago)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 940 4602 4164

Find your local number: https://zoom.us/u/adwekGMPJo

COMMISSION ON AGING ADVISORY MINUTES

September 23, 2020

Present: Gloria Lichtfuss, Harley Reabe

By Phone: Darlene Krentz

Others Present: Betty Bradley, Karen Davis

By Zoom: Jason Jerome, Kayla Yonke

Excused: Parkis Waterbury

Requirements of Open Meeting Law have been met.

CALL TO ORDER:

The meeting was called to order at 10:30 a.m. by Bradley at the Green Lake County Government Center.

<u>CERTIFICATION OF OPEN MEETING LAW:</u> The requirements of the Open Meeting Law have been met.

PLEDGE OF ALLEGIANCE:

The Pledge of Allegiance was recited.

ACTION ON MINUTES:

Motion/second (Krentz/Lichtfuss) to approve the November 13, 2019 minutes. All ayes. Motion carried.

85.21 Grant: Bradley explained that the 85.21 grant provides for transportation throughout the county in the amount of \$79,889.00. Bradley reported that the County match - \$15,978.00. If all funds are not utilized the excess funds are put into a trust fund to be utilized when needed. Bradley is working on the grant for 2021. There will be a public hearing in November to review and approve.

<u>Catering Bids:</u> Bradley reported that every 3 years bids have to be put out to provide meals for the mealsites/homebound for nutrition meals. Berlin Senior Center submitted a bid for City of Berlin for mealsite/homebound for \$5.50. Feil's Catering submitted a bid of \$5.84 which is an increase of 3% for the other mealsites. Discussion followed.

These bids will be forwarded to the Health & Human Services Board for approval.

3 year Plan Review: Bradley explained the 3 year plan that is required by

the State. There is a phone call review each year to review the goals, etc. Bradley reported that a letter was received from the State that Green Lake County has met the requirements and making any changes. Some goals have been adjusted because of COVID 19 and will be working on when possible.

HEALTH & HUMAN SERVICES BOARD REPORT No aging matters were discussed at the last Health & Human Services Board meeting.

<u>Advocacy:</u> Bradley distributed information regarding voting and ways to do this. Information was reviewed and placed on file.

November is National Alzheimer's Awareness months. Information was provided regarding programs available. Handouts reviewed and placed on file.

Year-to-Date Program Information: Bradley provided the year-to-date Program reports for Committee review. Discussion followed. The report is on file.

Bradley reported regarding vacant positions in the ADRC in other counties that Green Lake County staff will help cover duties.

<u>Service Provision Changes Due to COVID-19:</u> Bradley reported that mealsites are not open for seniors at this point yet.

Senior Centers are open on limited basis depending on the individual centers: Berlin - limited programs; Princeton - October 1st depending on COVID.

COMMITTEE DISCUSSION No discussion.

<u>Future Meeting Date:</u> The next meeting of the Commission on Aging Advisory Committee will be Wednesday, November 18, 2020 at the Green Lake County Government Center at 10:30 a.m.

Future Agenda Items for Action and Discussion: Advocacy; 85.21 Grant

Bradley adjourned the meeting at 10:56 a.m.

2021 APPLICANT INFORMATION FORM

For additional information on this Application Workbook, please refer to the §85.21 Application Guidelines for CY2021

County of	Green Lake							
Primary Contact for this G	Grant Program							
Name	Betty Bradley							
Telephone Number	920-294-4070		Extension					
Email Address	bbradley@co.green-lake.	.wi.us						
Application Preparer (if diff	fferent than primary contact)							
Name	Betty Bradley							
Organization	Green Lake County							
Telephone Number	920-294-4070		Extension					
Email Address	bbradley@co.green-lake	.wi.us						
Applicant Status	county government or an agency	ht to certify your eligibility - You are of the county department. Private n /is. Stat. 46.82(1)(a)3 are not eligibl	non-profits or Aging Units	ВВ				
Organization Info		Place your initials in the box certifying all organization information, including contacts and titles, have een updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the est of your knowledge.						
Federal Grant Match	Please place an "X" next to any fe	ederal grant that will be using §85.2	1 funds as local match.					
	5310 X	5307	5311					
	Other (Please explain)							
Coordination	Please identify the county's coord derived.	inated plan name, goal(s) and page	number(s) in which your §85.21 pro	oject(s) is/are				
	Title of Coordinated Plan:	2019 - 2023 Green Lake Transportation Coordinate	County Human Services P	ublic				
The goal(s) and/or s	strategies from which your	•	County Human Services P	ublic				
3 ()	-	Transportation Coordinate						
	Coordinated plan in which							
tne	goals may be referenced:							
	ate whether or not §85.21 state aid	will be used for the transportation of	of persons who cannot walk or perso	ons who walk				
YES X								
NO	(If no, please explain how the Ame ambulatory and non-ambulatory p		requirements for equivalency of serv	ice between				

APPLICANT CHECKLIST

County of

Required Components	Complete
Update Contact Information in BlackCat Online Grant Management System	
Upload completed application workbook:	
Application Information Form	10/29/2020
Complete Vehicle Inventory (regardless of funding source)	10/12/2020
Third Party Contracts	10/12/2020
Trust Fund Plan (for counties with a signed board resolution)	27-Oct
Project Descriptions and Budgets	10/27/2020
Review Summary Tab	10/29/2020
Upload Transmittal Letter	10/22/2020
Upload Public Hearing and Notice	
Upload Local Review Form	
If applicable: Upload Third Party Contracts &/or Leases to the Resources Tab	

VEHICLE INVENTORY

County of

Instructions: Please provide your **entire** specialized transit vehicle inventory. (Include all vehicles used to transport seniors or individuals with disabilities.)

Vehicle Type	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions	Sou	undir rce (r vith X	nark	Place "X" in I indicate if veh	icle is
(Minivan, Medium Bus, etc.)		-	(Ambulatory/Non-Ambulatory)		5310 85.21 Other		party.	
minibus	2018	55,168	6/2	X			Х	
minibus	2018	40,854	6/2	X			Х	
minibus	2010	148,307	10/1	X			Х	
minibus	2011	95,385	10/1	X			Х	
minibus	2011	146,568	12/0	X			Х	
minibus	2013	100,458	12/0	X			X	
minibus	2013	96,008	10/1	X			Х	
minivan	2010	181,376	3/2	X			X	
minivan	2013	142,661	3/2	X			X	
minivan	2016	82,428	3/2	X			X	
minivan	2016	47,977	3/2	X			X	
minivan	2019	12,906	3/2	X			X	
minibus	2020	7,984	12/0	X			Х	
								<u></u>
								<u> </u>

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

THIRD PARTY PROVIDERS

County of

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 gray 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	1-1-2021	12-31-2021
outhern Green Lake County Sr. Transportation	Judy Bender	Contract	no	1-1-2021	12-31-2021
Fox River Industries	Ed Schuh	Contract	no	1-1-2021	12-31-2021
City of Green Lake	Barb Dugenske City Clerk	Contract	no	1-1-2021	12-31-2021
City of Princeton	Mary Neubauer City Clerk	Contract	no	1-1-2021	12-31-2021

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 2020 purchases made with trust funds.

If non-vehicle capital	Planned year of purchase (YYYY)	Proj	ect Cost			
Maintenance/repair o	2021		\$5,000.00			
Maintenance/repair o	of 5310 vans			2022	\$5,000.00	
Maintenance/repair o	of 5310 vans	2023		\$5,000.00		
Match for Van purcha	ased through 53	10 grant		2022		\$3,500.00
			Total projecte	d cost of 3-year plan	\$	18,500.00
Estimated amou	nt of state aid to b 12/31/2020	e held in trust on	\$37,364.42]		
Will auto calculate based on	year entered above	Enter the amount of funds next three years. If r		1		
Spending plan for 2021 =	\$ 5,000.00	Funds added for 2021 =		Estimated balance on 12/31/21 =		\$32,364.42
Spending plan for 2022 =	\$8,500.00	Funds added for 2022 =		Estimated balance on 12/31/22 =		\$23,864.42
Spending plan for 2023 =	\$ 5,000.00	Funds added for 2023 =		Estimated balance on 12/31/23 =		\$ 18,864.42
Dat	te complete	10/27/20				
F	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 Southern Green Lake County Senior Transportation.

TRUST FUND SPENDING PLAN

Continued

County of	of	0						
Narrative for (Hint: Use "ALT" a	non-v	ehicle eq	uipment p	ourchases ^{h.)}	continued	l.		



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 and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	City of Berlin	ľ					
Third Party Provider	City of Berlin						
Date contract last updated	1-1-2020						
Гуре of Service	(Place an "x" ne	ext to the type of	f service you will	be providi	ng for this projec	et.)	
V	olunteer Driver/	Х	Voucher	Program			
Ve	ehicle Purchase		Managem	ent Study			
	Planning Study		Brief description of Study				
Other (provid	de explanation)	Flexible route	door to door se	rvice			
	-						

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.

Ga	oars	nhv	٥f	901	vico
Ge	ugra	pny	OI	Sei	vice

,	List the counties,	ac wall	ac cities/area	c that are	carviced thou	ah this project	IICA AIT	and Enter to sta	ort a new line)
(LIST THE COUNTES,	as well	as cilies/aiea	s illat alt	seiviceu liiou	gri tilis proj e ct	. USE ALI	and Line to se	ail a liew iiie.)

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	

Additiona	al 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 (eliaibility requiremen	ts for this project
-------------------------	------------------------------	------------------------	---------------------

•	Englishing (Energy marcate paccerings) englishing requirements for time project.)
	Anyone ever the age of EE or handisenned may request the convice
	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 BUDGE	ET		
Section Description			Amount
Annual Expenditures			
Enter the amount of <u>total</u> expenditures for this project.			_
Total	Expenses	\$39	,800
*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 <u>each</u> funding source that will be used for this proj		avenue equale CO	
*When complete, please scroll to bottom of this page to ensure the <u>Expenditu</u>	<u>ires minus re</u>	<u> </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		Total from G.	\$7,417
(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 6		
1. City of Berlin	Total_	\$7,417	
2.	Total		
]		
3.	Total		
	<u> </u>		
4.	Total		
5.	Total		
J	TOTAL		
6.	Total		
	o Total	¢an	,800
Revenu	e i otai	фээ	,000

Expenditures should equal revenue

\$0

PROJECT 2 DESCRIPTION

County of G

Green Lake

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Southern Green Lake County Senior Transportation							
Third Party Provider	Southern Gree	Southern Green Lake County Senior Transportation						
Date contract last updated	1-1-2020							
Type of Service (Place an "x" next to the type of service you will be providing for this project.)								
V	olunteer Driver	X	Voucher Program					
Ve	ehicle Purchase		Management Study					
	Planning Study		Brief description of Study					
Other (provid	de explanation)	Flexible route	door to door dervice.					
	L							

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.

Geography o	of Service
-------------	------------

(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	

(if applicable)

Additional description 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 - \$30.00; Waupun - \$30.00; 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 BUDGE	Т	
Section Description		Amount
Annual Expenditures		
Enter the amount of total expenditures for this project.		
	Expenses \$46	5,770
*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 <u>each</u> funding source that will be used for this proje *When complete, please scroll to bottom of this page to ensure the <u>Expenditur</u>		
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.	\$14,692
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.	\$4,500
(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. CMO Payments	Total \$4,500	
2.	Total	
2.	Total	
3.	Total	
4.	Total	
5.	Total	
6.	Total	
Revenu	ue Total \$46	6,770

Expenditures should equal revenue

\$0

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 and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Fox River Industries							
Third Party Provider	Fox River Industries							
Date contract last updated	1-1-2020							
Type of Service	(Place an "x" ne	ext to the type o	f service you will	be providi	ng for this project.)		
V	olunteer Driver/	X	Voucher Program					
Ve	ehicle Purchase		Management Study					
		Brief description of Study						
Other (providence)	This is a fixed route door to door service.							

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.

Ge	<u> </u>	ıra	nh	v	۰f ۹	مع	rvi	2
Ge	:00	II a	มแ	νι	" '	ЭE	IVI	CE

(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	f the Co	unty.						

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 BUDG	ET	
Section Description		Amount
Annual Expenditures		
Enter the amount of <u>total</u> expenditures for this project.	\$ 5 manage \$	31,241
*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.		<u> </u>
Annual Revenue		
Enter the amount for <u>each</u> funding source that will be used for this pr *When complete, please scroll to bottom of this page to ensure the <u>Expend</u>	-	
A. §85.21 funds from annual allocation	Total from A.	\$12,633
B. §85.21 funds from trust fund	Total from B.	\$8,500
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 (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.)	Total from G.	\$3,500
Southern Green Lake County match for 5310 vehicle	Total \$3,500	
2.	Total	
3.	Total	
4.	Total	
5.	Total]
6.	Total	1
Reve	enue Total \$	31,241

Expenditures should equal revenue \$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 and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	City of Green Lake						
Third Party Provider	City of Green	City of Green Lake					
Date contract last updated	1-1-2020	1-1-2020					
Type of Service	(Place an "x" ne	ext to the type of	f service you will	l be providii	ng for this project	t.)	
V	/olunteer Driver	X	Vouche	er Program			
Ve	ehicle Purchase		Management Study				
	Planning Study		Brief description of Study				
Other (providence)	de explanation)	This a flexible	route dor to do	or service			
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.

						nter to start a new li n Lake County.	ne.)
	·		·				
Service H	ours (Indicate	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		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
Addi	tional description (if applicable)						
	Services are re	equested by ca	lling the projec	ct manager at (Green Lake C	City Hall.	
				requirements for			
	Anyone over the	ne age of 55 or	handicapped	is eligible to us	se the servic	e	
Passenge	r Revenue (B	riefly describe pa	ssenger revenue	requirements for	this project.)		
	This is a fee ba Green Lake; \$2	ased service. F 2.00; Princeton lu Lac - \$25.00;	ees are collec - \$10.00; Berli Appleton - \$3	ted by the driv n - \$15.00; Rip 5.00; and Madi	er at the time on - \$15.00;	e of the ride. Cu Waupun - \$25.00 . The project ma	

PROJECT I	BUDGET		
Section Description			Amount
Annual Expenditures			
Enter the amount of <u>total</u> expenditures for this project.	Total Evenance	¢.	8,624
*Please note: Breakdown of expenses is not required at this time. You provide the breakdown of actual expenses in the Annual Financial Re you will submit at the end of the calendar year.		Ψ	5,024
Annual Revenue			
Enter the amount for <u>each</u> funding source that will be used fo *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.	\$1,000
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 box to the right of the description. Include sources such as grants and/or programs.)		Total from G.	\$0
1.	Total		
2.	Total]
3.	Total]
4.	Total		
5.	Total		
6.	Total]
	Revenue Total	\$6	8,624
Expenditures should equal re-			\$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 and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	City of Princeton					
Third Party Provider	City of Princet	ton				
Date contract last updated	1-1-2020					
Type of Service	<i>(Place an "x" ne</i> /olunteer Driver	ext to the type of	ı	<i>be providii</i> r Program	ng for this project	:.)
Ve	ehicle Purchase		Managem	nent Study		1
Planning Study			Brief description of Study			
Other (providence)	de explanation)	This is a flexib	le rout door to	door servi	ice.	

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.

(List the co						nter to start a new l en Lake County.	
Service H	ours (Indicate	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		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
Addi	tional description (if applicable)						
Service R							
	Service Requests (Briefly describe how your service is requested for this project.) Individuals must call the project manager to arrange a ride						
Passenge	er Eligibility <i>(B</i>	riefly indicate pas	ssenger eligibility	requirements for	this project.)		
	Anyone over th	e age of 55 or	handicapped i	is eligible to re	quest the se	rvice.	
Passenge	er Revenue (Br	riefly describe pa	ssenger revenue	requirements for	this proiect.)		
	This is a fee ba \$2.00; Green La	sed service. F ake - \$10.00; B u Lac - \$25.00;	ees are collecterlin - \$15.00; Appleton - \$3	ted by the driv Ripon - \$15.00; 5.00; and Madi	er at the tim ; Markesan -	\$15.00; Waupui	Fees are: local - n - \$25.00; Oshkosh educed or waived

PROJECT BUDG	ET			
Section Description			Amount	
Annual Expenditures				
Enter the amount of total expenditures for this project.	Г		= 444	
	al Expenses	\$1	7,141	
*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.	t			
Annual Revenue				
Enter the amount for <u>each</u> funding source that will be used for this pr *When complete, please scroll to bottom of this page to ensure the <u>Expend</u>		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. Include sources such as other		Total from G.		\$0
grants and/or programs.) 1.	Total			
2.	Total			
3.	Total			
4.	Total			
5.	Total			
6.	Total			
Reve	enue Total	\$1	7,141	
Expenditures should equal revenue			\$0	

PROJECT 6 DESCRIPTION

County of Green Lake

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	
Third Party Provider	
Date contract last updated	
Type of Service (Place an "x" next to the type o	of service you will be providing for this project.)
Volunteer Driver	Voucher Program
Vehicle Purchase	Management Study
Planning Study	Brief description of Study
Other (provide explanation)	
General Project Summary (Provide a brief description of	this project. Use ALT and Enter to start a new paragraph.)

PROJECT DESCRIPTION, Continued								
Geography of Service (List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)								
			. ,			·		
H <mark>ours</mark> (Indicate	your general hou	urs of service for	this project.)					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
litional description (if applicable)								
Requests (Brief	fly describe how	your service is re	quested for this pi	roject.)				
Service Requests (Briefly describe how your service is requested for this project.)								
e <u>r Eligibility <i>(E</i></u>	3riefly indicate pa	ssenger eligibility	/ requirements for	this project.)				
er Revenue (B	riefly describe pa	ssenger revenue	requirements for	this project.)				
	Hours (Indicate Sunday Sunday Requests (Brief Retails (Brief)	Hours (Indicate your general hours Sunday Monday Monday Monday Monday Monday Monday) Requests (Briefly describe how) er Eligibility (Briefly indicate pa	Hours (Indicate your general hours of service for Sunday Monday Tuesday ditional description (if applicable) Requests (Briefly describe how your service is reservice) er Eligibility (Briefly indicate passenger eligibility)	Hours (Indicate your general hours of service for this project. U. Sunday Monday Tuesday Wednesday Ilitional description (if applicable) Requests (Briefly describe how your service is requested for this project.) Project. U. Sunday Monday Tuesday Wednesday Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Indicate your service is requested for this project.) Requests (Briefly describe how your service is requested for this project.)	Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday intional description (if applicable) Requests (Briefly describe how your service is requested for this project.) er Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday littonal description (if applicable) Requests (Briefly describe how your service is requested for this project.) er Eligibility (Briefly indicate passenger eligibility requirements for this project.)		

PROJECT BUDGET		
Section Description		Amount
Annual Expenditures		
Enter the amount of total expenditures for this project.		
*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 for this project. *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.	
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	
D. Passenger Revenue	Total from D.	
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	Total from G.	\$0
box to the right of the description. Include sources such as other grants and/or programs.)		
1.	Total	
]	7
2.	Total	_
3.	Total]
		7
4.	Total	J
5.	Total]
6.	Total	
Reve	nue Total	\$0
Expenditures should equal revenue		\$0

PROJECT 7 DESCRIPTION

County of Green Lake

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name								
Third Party Provider								
Date contract last updated								
Date contract last apacted								
Type of Service	(Place an "x" ne	ext to the type of	^r service you will	l be provid	ing for this	; project.)		
	/olunteer Driver			er Program				
Ve	ehicle Purchase		_	nent Study				
	Planning Study		Brief description of Study					
Other (providence)	de explanation)							
General Project Summar	rv (Provide a brie	ef description of t	his project. Use A	LT and Ent	er to start a	a new para	agraph.)	
	y (1 101100 5 1011		110 project. 332				<i>grap,</i>	

	PROJECT DESCRIPTION, Continued												
eography o		_	_			_							
		cities/areas that a	are serviced thou	ıgh this project. U	se ALT and Er	iter to start a new	line.)						
ervice Hour		your general hou			Ι , [T 2						
Start	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday						
Time End													
Time													
Addition	al description												
	(if applicable)												
ervice Requ	unete (Brief	fly describe how i	your sonvice is re	quested for this pi	roignt)								
HVICE INEQU	Jesis (Dilei	Ily describe now y	OUI SEIVICE IS IE	questeu ioi tilis pi	OJECI.)								
assenge <u>r E</u>	ligibility (E	Briefly indicate pa	ssenger eligibility	/ requirements for	this project.)								
		,,											
assenger R	evenue (B	riefly describe pa	ssenger revenue	requirements for	this project.)								

PROJECT BUDGET				
Section Description			Amount	
Annual Expenditures				
Enter the amount of <u>total</u> expenditures for this project.	ſ			
*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.	xpenses			
Annual Revenue				
Enter the amount for <u>each</u> funding source that will be used for this project *When complete, please scroll to bottom of this page to ensure the <u>Expenditure</u>		Revenue equals \$0		
A. §85.21 funds from annual allocation		Total from A.		
B. §85.21 funds from trust fund		Total from B.		
C. County Match Funds		Total from C.		
D. Passenger Revenue		Total from D.		
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		Total from G.		\$0
box to the right of the description. Include sources such as other grants and/or programs.)				
1.	Total			
2.	Total]	
			-	
3.	Total		J	
4.	Total]	
5.	Total]	
6.	Total			
Revenue	e Total		\$0	
				-1
Expenditures should equal revenue			\$0	

PROJECT 8 DESCRIPTION

County of Green Lake

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	
Third Party Provider	
Date contract last updated	
Type of Service (Place an "x" next to the type o	of service you will be providing for this project.)
Volunteer Driver	Voucher Program
Vehicle Purchase	Management Study
Planning Study	Brief description of Study
Other (provide explanation)	
General Project Summary (Provide a brief description of	this project. Use ALT and Enter to start a new paragraph.)

			PROJECT	DESCRIPTION	ON, Contin	ued	
	ny of Service unties, as well as	cities/areas that	are serviced thou	ıgh this project. U	se ALT and Er	nter to start a new	line.)
Camilaa II	Cours (Indicate			this project			
Service H	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time End							
Time							
Addi	tional description (if applicable)						
Service R	equests (Brie	fly describe how y	our service is red	quested for this p	roject.)		
Passenge	er Eligibility (£	Briefly indicate pa	ssenger eligibility	requirements for	this project.)		
Passenge	er Revenue (B	Briefly describe pa	ssenger revenue	requirements for	this project.)		

PROJECT BUDG	ET	
Section Description		Amount
Annual Expenditures		
Enter the amount of total expenditures for this project.		
	I 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 <u>each</u> funding source that will be used for this pro *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.	
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	
D. Passenger Revenue	Total from D.	
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	Total from G.	\$0
box to the right of the description. Include sources such as other grants and/or programs.)		
1.	Total	
]	7
2.	Total	_
3.	Total]
		7
4.	Total	J
5.	Total]
6.	Total	
Reve	nue Total	\$0
Expenditures should equal revenue		\$0

COUNTY ELDERLY TRANSPORTATION 2021 PROJECT BUDGET SUMMARY

County of												
Project Name	Name City of Berlin Southern Green Lake County Senior Fox River Inc. Transportation		Fox River Industries	City of Green Lake	City of Princeton	0	0	0	Totals			
Project Expenses												
Total Project Expenses	\$39,800.00	\$46,770.00	\$31,241.00	\$8,624.00	\$17,141.00	\$0.00	\$0.00	\$0.00	\$143,576.00			
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	\$79,889.00			
§85.21 Trust Fund	\$0.00	\$0.00	\$8,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00			
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	\$14,692.00	\$2,100.00	\$1,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$23,792.00			
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	\$7,417.00	\$4,500.00	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,417.00			
1.	\$7,417.00	\$4,500.00	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,417.00			
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			

AGING REPORT - 2020

ı	Mealsites -	Berlin Senior	Center, Da	artford Bay A	partments,	Grand River A	Apartments											
				но	MEBOUN	D				CONGREGATE 2020								
		Berlin	Green Lak	e/Prince.	Ma	rkesan			Ве	erlin	GL/Prince	ton	Mari	kesan			MEAL PF	ROGRAM
	HDM #	DONATION			HDM #			HDM TOTAL		DONATION		DONATION				CG TOTAL	TOTAL	TOTAL
		AMOUNT		AMOUNT		AMOUNT	MEALS	DONATION	# SERVED	AMOUNT	# SERVED	AMOUNT	# SERVED	AMOUNT	MEALS	DONATION	MEALS	DONATION
lam.com/	010	d2.450.00	504	Ć4 700 40	462	Ć4 455 00	4.005	ÅE 224 E4	200	#4.040.00	407	#00.00	50	400.00	475	#4.404.00	2 242 22	dc 4== =4
January	819	\$2,158.08	584	\$1,708.43	462	\$1,455.00	1,865	\$5,321.51	296	\$1,046.00	127	\$68.00	52	\$20.00	475	\$1,134.00	2,340.00	\$6,455.51
February	651	\$2,541.31	452	\$1,886.50	401	\$1,312.32	1,504	\$5,740.13	285	\$853.00	122	\$63.00	50	\$40.00	457	\$956.00	1,961.00	\$6,696.13
March	833	\$2,678.23	543	\$1,885.82	485	\$1,793.32	1,861	\$6,357.37	309	\$1,165.00	173	\$132.00	62	\$44.00	544	\$1,341.00	2,405.00	\$7,698.37
April	813	\$3,180.58	528	\$1,734.32	433	\$1,503.00	1,774	\$6,417.90	474	\$1,671.00	133	\$22.00	51	\$24.00	658	\$1,717.00	2,432.00	\$8,134.90
		70,200.00		7-7:0:::01		+ = / = / = / = / = / = / = / = / = / = 		+ = , = =		¥ 1,01 1100		7==:00		*=		4 1,1 11 10 0		70,20
Мау	731	\$2,437.00	508	\$2,357.70	411	\$1,833.00	1,650	\$6,627.70	455	\$1,720.00	144	\$50.00	51	\$32.00	650	\$1,802.00	2,300.00	\$8,429.70
June	732	\$3,098.83	573	\$1,907.86	543	\$1,209.00	1,848	\$6,215.69	488	\$1,683.00	134	\$83.00	45	\$36.00	667	\$1,802.00	2,515.00	\$8,017.69
July	777	\$2,351.88	562	\$2,186.78	550	\$2,027.00	1,889	\$6,565.66	379	\$1,286.00	106	\$49.00	52	\$32.00	537	\$1,367.00	2,426.00	\$7,932.66
August	733	\$2,439.68	545	\$2,003.40	505	\$2,418.00	1,783	\$6,861.08	367	\$1,430.00	99	\$58.00	56	\$32.00	522	\$1,520.00	2,305.00	\$8,381.08
September	727	\$2,494.28	512	\$1,647.36	502	\$1,900.00	1,741	\$6,041.64	322	\$1,109.00	111	\$54.00	44	\$56.00	477	\$1,219.00	2,218.00	\$7,260.64
October	764	\$2,435.24	494	\$1,949.36	502	\$1,585.00	1,760	\$5,969.60	377	\$1,245.00	101	\$0.00	45	\$0.00	523	\$1,245.00	2,283.00	\$7,214.60
November	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0.00	\$0.00
December	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0.00	\$0.00
TOTALS	7580	\$25,815.11	5301	\$19,267.53	4794	\$17,035.64	17,675	\$62,118.28	3752	\$13,208.00	1250	\$579.00	508	\$316.00	5510	\$14,103.00	23,185.00	\$76,221.28

AGING REPORT - 2020

		ELDER AE	HISE			Eldorly Bo	nofit Sprci	alist Progra	m	2020			DBS				
			REPORTED	REPORTED		Liderly De	I&A	alist Frogra		2020		LY REPORTS	DB3				
	FOOD		ELD ABUSE		ADRC	TRNG	CALLS FOR		OUTREACH		NEW	CLIENT \$	OPEN				
	PANTRY	CASES	CASES	CASES	CONTACTS		EBS	SPEAKING	HOURS	ADRC	CASES	SAVED	CASES				
		07.020	07.020	27.020				0		7.27.0	07.020	5 /(122	07.020				
January	176	48	9	0	356	5	137	0	9	0	17	\$225,486.00					
												,					
February	166	49	4	0	291	7	138	0	6	0	15	\$117,204.00					
March	194	50	2	0	294	3	112	1	1	0	13	\$161,708.00					
										TOTALS	45	\$504,398.00					
April	171	50	4	1	280	20	66	0	0	0	7	\$71,660.00					
				•													
May	218	53	3	3	214	18	67	0	0	0	7	\$69,344.00	68				
ļ																	
June	224	50	3	1	223	19	124	0	U	0	14	\$48,501.00					
										TOTALS	73	\$693,903.00					
July	190	53	3	1	289	24	122	0	0	0			75				
Avenuet	100				000	47											
August	199	54	6	1	333	17	60	1	0	0			56				
September	252	53	0	0	322	18	108	0	2	0			59				
September	202	55	U		322	10	100	0		0			39				
October					331					0							
October					331					0							
November										0							
November										0							
December		0	0	0	0					0							
TOTAL	1790	460	34	7	2933	131	934	2	18	0	191	\$693,903.00					
													1		1	1	
														1			
																	
																	