

**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](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:  
11/2/2020**

**The following documents are included in the packet for Transportation  
Committee Meeting held on Thursday November 19, 2020**

- November 19, 2020 Transportation Committee meeting agenda
- Public Hearing Notice
- November 19, 2019 Transportation Committee meeting draft minutes
- 85.21 2021 Grant Application



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

Office: 920-294-4070 FAX: 920-294-4139 Email: [glcdhhs@co.green-lake.wi.us](mailto:glcdhhs@co.green-lake.wi.us)

**Health & Human Services Transportation Committee Meeting Notice**

**Date: November 19, 2020 Time: 9:00 AM**  
**Green Lake County Government Center**  
**571 County Road A, Room #1106 Green Lake, WI**

**AGENDA**

**Committee Members**

*Dick Trochinski*  
*Vacant*  
*Betty Bradley*  
*Judy Bender*  
*Gerald Beuthin*  
*Sara Nighbor*  
*Ed Schuh*  
*Jon Vandeyacht*

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Public Hearing 9:00 – 9:15
5. Minutes: (11/20/19)
6. Correspondence
7. 85.21 Specialized Transportation Association Grant Update
8. 5310 Grant Update
9. Gas/Repair Costs
10. Committee Discussion
  - Future Meeting Date
  - Future Agenda items for action & discussion
11. Adjourn

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

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

Join Zoom Meeting

<https://zoom.us/j/91352668914?pwd=UE1JVW1iOTZjNWNHTTRsZFVqNmRvQT09>

Meeting ID: 913 5266 8914

Passcode: 573405

One tap mobile

+13017158592,,91352668914# US (Germantown) 13126266799,,91352668914#

US

+(Chicago)

Dial by your location

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

Meeting ID: 913 5266 8914

**Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.**

## PUBLIC HEARING

The 2021 Specialized Transportation Association Grant Application Public Hearing will be held on November 19, 2020 at 9:00 am at the Green Lake County Government Center Room 1159, 571 County Road A, Green Lake WI 54941, which is handicapped accessible.

The purpose is for receiving comments for Green Lake County's proposed 2021 Plan and spending of the allocation authorized under Section 85.21 of the Wisconsin Statutes to implement elderly and handicapped transportation programs.

You may share your comments at a Public Hearing on November 19, 2020 at the Green Lake County government Center Room 1159 at 9:00 am or via zoom. Zoom participation is encouraged.

Persons unable to attend the Hearing and wishing to submit comments in advance may do so by mailing their comments prior to the Hearing to Betty Bradley, 571 County Road A, Green Lake WI 54941.

The application will be available for public inspection prior to the Hearing at the above address.

Join Zoom Meeting

<https://zoom.us/j/91352668914?pwd=UE1JVW1iOTZiNWNHTTRsZFVqNmRvQT09>

Meeting ID: 913 5266 8914

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Dial by your location

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

+1 929 436 2866 US (New York)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

Meeting ID: 913 5266 8914

Find your local number: <https://zoom.us/u/am7l1hS9M>

**TRANSPORTATION COMMITTEE MEETING**

At Fox River Industries

November 20, 2019

9:00 a.m.

Present: Schuh, Bradley, Trochinski, Bender, Beuthin, Nighbor

Excused: Bernhagen

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting called to order at 9:00 a.m. by Beuthin.

Pledge of Allegiance: The Pledge of Allegiance was recited.

9:00 - 9:15 PUBLIC HEARING Regarding 2020 Specialized Transportation Association Grant: There was not public present at the public hearing.

Discussion followed regarding the 2020 Specialized Transportation Association Grant.

Motion/second (Trochinski/Schuh) to adjourn the public hearing. All ayes. Motion carried. Public Hearing closed at 9:15 a.m.

Minutes: Motion/second (Trochinski/Nighbor) to approve the minutes of the 4/10/19 meeting. All ayes. Motion carried.

Correspondence: None.

85.21 Specialized Transportation Association Grant Update: The 85.21 Specialized Transportation Association Grant was presented for Committee review. Discussion followed.

Motion/second(Bender/Trochinski) to approve and submit the 85.21 Specialized Transportation Association Grant with the addition of \$3,500.00 in trust funds for vehicle match for the 5310 purchase in 2020. All ayes. Motion carried.

5310 Grant Update: Schuh updated Committee members regarding grant vehicles:

Cycle 43 - 2 vehicles on their way: 1 minivan for Southern Green Lake County; 1 minibus for Fox River Industries should be here by Christmas.  
Cycle 44 - didn't write for any vehicles, just operating funds.

Cycle 45 - Will be writing for vehicles again next year.

Gas/Repair Costs: Schuh reported cost through Green Lake County - Gas - \$2.49 and Diesel - \$2.77.

Committee Discussion: Discussion followed where to hold the meetings. The next meeting will be held at Fox River Industries.

Future Meeting Date: The next meeting will be held on April 16, 2020 at 9:00 a.m. at Fox River Industries in Berlin. Schuh will provide popcorn.

Future Agenda Items After Action and Discussion: 85.21 grant updates; 5310 grant update; Veterans transportation report; discussion on co-pays - what they are and any policies

Adjournment: Beuthin adjourned the meeting at 9:45 a.m.

# 2021 APPLICANT INFORMATION FORM

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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 Grant Program**

<i>Name</i>	Betty Bradley		
<i>Telephone Number</i>	920-294-4070	<b>Extension</b>	
<i>Email Address</i>	<a href="mailto:bbradley@co.green-lake.wi.us">bbradley@co.green-lake.wi.us</a>		

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

<i>Name</i>	Betty Bradley		
<i>Organization</i>	Green Lake County		
<i>Telephone Number</i>	920-294-4070	<b>Extension</b>	
<i>Email Address</i>	<a href="mailto:bbradley@co.green-lake.wi.us">bbradley@co.green-lake.wi.us</a>		

**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. 46.82(1)(a)3 are not eligible to apply for this grant.

BB

**Organization Info** Place your initials in the 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 knowledge.

BB

**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>	X	<b>5307</b>		<b>5311</b>	
<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.

<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>	2019 - 2023 Green Lake County Human Services Public Transportation Coordinated Plan
<b>Page number(s) of the Coordinated plan in which the goals may be referenced:</b>	

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

<b>YES</b>	X	
<b>NO</b>		(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.)

## APPLICANT CHECKLIST

County of

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

# 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 <i>(Minivan, Medium Bus, etc.)</i>	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non-Ambulatory)</i>	Funding Source (mark with X)			Place "X" in box to indicate if vehicle is leased to another party.
				5310	85.21	Other	
<b>minibus</b>	<b>2018</b>	<b>55,168</b>	<b>6/2</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2018</b>	<b>40,854</b>	<b>6/2</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2010</b>	<b>148,307</b>	<b>10/1</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2011</b>	<b>95,385</b>	<b>10/1</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2011</b>	<b>146,568</b>	<b>12/0</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2013</b>	<b>100,458</b>	<b>12/0</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2013</b>	<b>96,008</b>	<b>10/1</b>	<b>X</b>			<b>X</b>
<b>minivan</b>	<b>2010</b>	<b>181,376</b>	<b>3/2</b>	<b>X</b>			<b>X</b>
<b>minivan</b>	<b>2013</b>	<b>142,661</b>	<b>3/2</b>	<b>X</b>			<b>X</b>
<b>minivan</b>	<b>2016</b>	<b>82,428</b>	<b>3/2</b>	<b>X</b>			<b>X</b>
<b>minivan</b>	<b>2016</b>	<b>47,977</b>	<b>3/2</b>	<b>X</b>			<b>X</b>
<b>minivan</b>	<b>2019</b>	<b>12,906</b>	<b>3/2</b>	<b>X</b>			<b>X</b>
<b>minibus</b>	<b>2020</b>	<b>7,984</b>	<b>12/0</b>	<b>X</b>			<b>X</b>

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 <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>1-1-2021</b>	<b>12-31-2021</b>
outhern Green Lake County Sr. Transportation	<b>Judy Bender</b>	<b>Contract</b>	<b>no</b>	<b>1-1-2021</b>	<b>12-31-2021</b>
<b>Fox River Industries</b>	<b>Ed Schuh</b>	<b>Contract</b>	<b>no</b>	<b>1-1-2021</b>	<b>12-31-2021</b>
<b>City of Green Lake</b>	Barb Dugenske City Clerk	<b>Contract</b>	<b>no</b>	<b>1-1-2021</b>	<b>12-31-2021</b>
<b>City of Princeton</b>	Mary Neubauer City Clerk	<b>Contract</b>	<b>no</b>	<b>1-1-2021</b>	<b>12-31-2021</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 2020 purchases made with trust funds.**

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Project Cost
Maintenance/repair of 5310 vans	<b>2021</b>	<b>\$5,000.00</b>
Maintenance/repair of 5310 vans	<b>2022</b>	<b>\$5,000.00</b>
Maintenance/repair of 5310 vans	<b>2023</b>	<b>\$5,000.00</b>
Match for Van purchased through 5310 grant	<b>2022</b>	<b>\$3,500.00</b>
<b>Total projected cost of 3-year plan</b>		<b>\$ 18,500.00</b>

<b>Estimated amount of state aid to be held in trust on 12/31/2020</b>	<b>\$37,364.42</b>
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<i>Will auto calculate based on year entered above</i>	<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	<i>Estimated balance on 12/31/21 =</i>
Spending plan for 2021 = <b>\$ 5,000.00</b>	Funds added for 2021 =	<b>\$ 32,364.42</b>
Spending plan for 2022 = <b>\$ 8,500.00</b>	Funds added for 2022 =	<b>\$ 23,864.42</b>
Spending plan for 2023 = <b>\$ 5,000.00</b>	Funds added for 2023 =	<b>\$ 18,864.42</b>

**Date complete** **10/27/20**

**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.

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

## TRUST FUND SPENDING PLAN

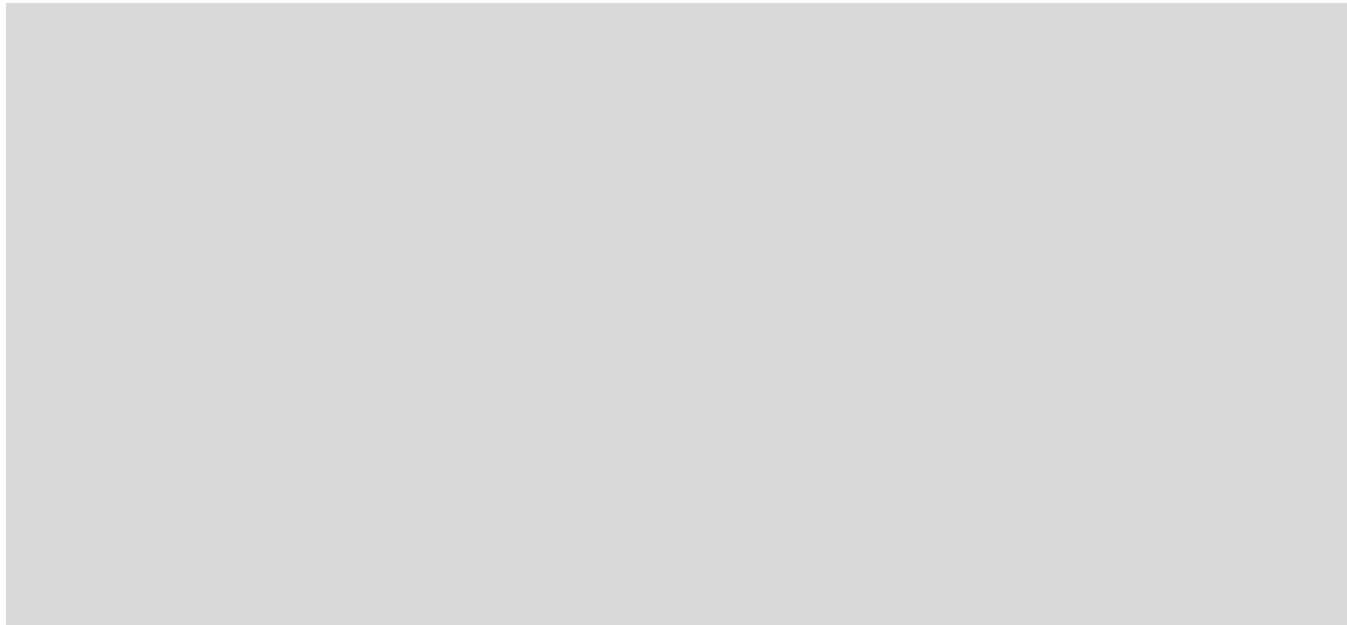
*Continued*

County of **0**

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

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

A large, empty gray rectangular area intended for the user to enter their narrative for non-vehicle equipment purchases.



# 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**

Third Party Provider **City of Berlin**

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.)*

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 service</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
---------------------	--------

## Annual Expenditures

Enter the amount of **total** 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 **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.** \$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. City of Berlin Total \$7,417

2.  Total

3.  Total

4.  Total

5.  Total

6.  Total

**Revenue Total** \$39,800

**Expenditures should equal revenue** \$0



