

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A

Green Lake WI 54941

VOICE: 920-294-4070

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Email: glcdhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

VOICE: 920-361-3484

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**The following documents are included in the packet for Aging Advisory Committee
Meeting held on Wednesday November 17, 2021**

- November 17, 2021 Commission on Aging Agenda
- September 22, 2021 Commission on Aging Advisory Committee Meeting draft Minutes
- September 22, 2021 Commission on Aging Advisory Public Hearing draft Minutes
- Aging Unit Report
- 2022 85.21 Transportation 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

Health & Human Services Commission on Aging Advisory Committee Meeting Notice

**Date: November 17, 2021 Time: 10:30 AM
Green Lake County Government Center Room County Board Room #0902
571 County Road A Green Lake WI 54941**

AGENDA

Committee Members

*Robert Dolgner
Darlene Krentz
Gloria Lichtfuss
Parkis Waterbury
Judith Street*

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Introductions
5. Minutes: (9/22/2021)
6. Senior Dining Sites Reopening
7. 85.21 Transportation Grant
8. Health & Human Services Board Report
9. Advocacy
10. Year-to-Date Program Information
11. Committee Discussion
 - Future Meeting Date: January 19, 2022
 - 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:

Green Lake County HHS Admin is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

<https://us06web.zoom.us/j/84801361075?pwd=UU1HM3ZVT2RVczRiQkxkNVROa1Q2Zz09>

Meeting ID: 848 0136 1075

Passcode: 162652

One tap mobile

+19294362866,,84801361075# US (New York) 13017158592,,84801361075# US
+(Washington DC)

Dial by your location

+1 929 436 2866 US (New York)

+1 312 626 6799 US (Chicago)

Meeting ID: 848 0136 1075

Find your local number: <https://us06web.zoom.us/j/84801361075?pwd=UU1HM3ZVT2RVczRiQkxkNVROa1Q2Zz09>

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled

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.

COMMISSION ON AGING ADVISORY MINUTES

September 22, 2021

Present in Person: Judith Street, Betty Bradley, Kayla Yonke, Harley Reabe, Gloria Lichtfuss, Dawn Wuerch and Jason Jerome.

Excused: Robert Dolgner, Parkis Waterbury, and Darlene Krentz

CALL TO ORDER:

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

Motion/Second (Street/Reabe) to nominate Gloria Lichtfuss to run the meeting

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

PLEDGE OF ALLEGIANCE: The Pledge of Allegiance was recited.

ACTION ON MINUTES: Motion/second (Reabe/Street) to approve the July 28, 2021 meeting minutes as presented. All ayes. Motion carried.

Senior Picnic: Bradley Stated the Senior Picnic was held on September 10th at St Johns. Bradley reported it was a success. Discussion Followed.

2022-2025 Aging Plan: Motion/Second (Street/Lichtfuss) to approve and move the 2022-2025 Aging Plan on to the HHS Committee for final approval as presented during the Aging Public Hearing and Aging Committee. All ayes. Motion carried. Discussion Followed

Senior Dining Site Reopening: Bradley reported Green Lake and Markesan Dining site are open with very few people are attending at these meal sites. Bradley reported the Berlin site will reopen November 1st, 2021 due to road construction around the Berlin dining site. Discussion Followed.

Health and Human Services Board Report: Jerome reported September Health and Human Services board meeting was 9/13/2021. Jerome stated the 2022 Budget has been submitted to county administrator. Jerome reported Public Health officer reported on COVID. A text policy was put together and approved for Health and Human Services.

Advocacy: No Report

Year-to-Date Program Information: Bradley reviewed the Aging report and the report was put on file. Discussion Followed.

Committee Discussion: No Discussion

Future Meeting Date: The next meeting will be held on November 17, 2021 at 10:30AM.

Future Agenda Items for Action and Discussion: 85.21 Transportation grant and Dining Site BIDS.

Lichtfuss adjourned the meeting at 10:51.

DRAFT

COMMISSION ON AGING ADVISORY PUBLIC HEARING MINUTES

September 22, 2021

Present: Gloria Lichtfuss, Judith Street, and Harley Reabe (10:05)

Others Present: Betty Bradley, Dawn Wuerch, and Kayla Yonke

Requirements of Open Meeting Law have been met.

CALL TO ORDER:

The public hearing was called to order at 10:00 a.m. by Bradley at the Green Lake County Government Center.

PLEDGE OF ALLEGIANCE:

The Pledge of Allegiance was recited.

Public Hearing 2022-2025 Aging Plan: Bradley presented the draft 2022-2025 Aging plan for review. No public were in attendance. Discussion Followed.

Bradley adjourned the meeting at 10:23 a.m.

COUNTY ELDERLY TRANSPORTATION 2022 PROJECT BUDGET SUMMARY

County of

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Project Name

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

Total Project Expenses	\$42,059.00	\$50,765.00	\$32,941.00	\$6,200.00	\$17,141.00	\$0.00	\$0.00	\$0.00	\$149,106.00
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Project Revenue by Funding Source

§85.21 Annual Allocation	\$26,007.00	\$24,613.00	\$12,633.00	\$3,964.00	\$12,672.00	\$0.00	\$0.00	\$0.00	\$79,889.00
§85.21 Trust Fund	\$0.00	\$0.00	\$13,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,600.00
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	\$3,000.00	\$16,187.00	\$2,200.00	\$1,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$24,387.00
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	\$9,252.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,252.00
1.	\$9,252.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,252.00
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
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2022 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2022

County of Green Lake

Primary Contact for this Grant Program

<i>Name</i>	Betty Bradley		
<i>Telephone Number</i>	920-294-4070	Extension	
<i>Email Address</i>	bbradley@co.green-lake.wi.us		

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	Extension	
<i>Email Address</i>	bbradley@co.green-lake.wi.us		

Applicant Status

Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a county government or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 46.82(1)(a)3 are not eligible to apply for this grant.

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.

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

5310	<input checked="" type="checkbox"/>	5307	<input type="checkbox"/>	5311	<input type="checkbox"/>
Other <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.*

<i>Title of Coordinated Plan:</i>	2019 - 2023 Green Lake County Human Services Public Transportation Coordinated Plan
<i>The goal(s) and/or strategies from which your project is included:</i>	2019 - 2023 Green Lake County Human Services Public Transportation Coordinated Plan
<i>Page number(s) of the Coordinated plan in which the goals may be referenced:</i>	

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.*

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

APPLICANT CHECKLIST

County of

Required Components	Complete
Update Contact Information in BlackCat Online Grant Management System	10/22/2021
Upload completed application workbook:	
Application Information Form	10/1/2021
Complete Vehicle Inventory (<i>regardless of funding source</i>)	10/15/2021
Third Party Contracts	10/15/2021
Trust Fund Plan (for counties with a signed board resolution)	12-Oct
Project Descriptions and Budgets	10/15/2021
Review Summary Tab	10/15/2021
Upload Transmittal Letter	10/22/2021
Upload Public Hearing and Notice	
Upload Local Review Form	
<i>If applicable</i> : Upload Third Party Contracts &/or Leases to the Resources Tab	10/22/2021

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 2021 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 of 5310 vans	2022	\$5,000.00
Match for van purchased through 5310	2022	\$8,600.00
Maintenance of 5310 vans	2023	\$5,000.00
Maintenance of 5310 vans	2024	\$5,000.00
Total projected cost of 3-year plan		\$ 23,600.00

Estimated amount of state aid to be held in trust on 12/31/2021	\$37,381.72
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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>		
Spending plan for 2022 = \$ 13,600.00	Funds added for 2022 =	\$-	Estimated balance on 12/31/22 = \$ 23,781.72
Spending plan for 2023 = \$ 5,000.00	Funds added for 2023 =	\$-	Estimated balance on 12/31/23 = \$ 18,781.72
Spending plan for 2024 = \$ 5,000.00	Funds added for 2024 =	\$-	Estimated balance on 12/31/24 = \$ 13,781.72

Date complete 10-12-21

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. \$8,600.00 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. The area is currently blank.

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 **1-1-2021**

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

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	Flexible route door to door service		

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

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

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

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

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

Additional description
(if applicable)

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

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

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

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

Total Expenses \$42,059

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.	\$26,007
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.	\$3,000
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.	\$9,252

(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	\$9,252
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$42,059

Expenditures should equal revenue	\$0
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PROJECT 2 DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt 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 Green Lake County Senior Transportation

Date contract last updated 1-1-2021

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

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

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced 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 drivers directly to schedule a ride. Two days advance notice is required for local rides, and five days advance notice is required for out of town travel. Service priority areas are medical, nutrition related, employment and recreational reasons.

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

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

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

This is a fee based service. Fees are collected at the time of the trip. Fees are; Markesan - \$12.00; Green Lake - \$18.00; Princeton - \$20.00; Ripon - \$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 BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

Total Expenses \$50,765

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.	\$24,613
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.	\$16,187
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$6,000

(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.	MCO payments	Total	\$6,000
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$50,765

Expenditures should equal revenue	\$0
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PROJECT 3 DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt 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 1-1-2021

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

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	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.

PROJECT DESCRIPTION, Continued

Geography of Service

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

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

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

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

Additional description
(if applicable)

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

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

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

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

Total Expenses \$32,941

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.	\$12,633
B. \$85.21 funds from trust fund	Total from B.	\$13,600
C. County Match Funds	Total from C.	\$4,508
D. Passenger Revenue	Total from D.	\$2,200
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0

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

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

Revenue Total \$32,941

Expenditures should equal revenue	\$0
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PROJECT 4 DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt 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 Lake**

Date contract last updated **1-1-21**

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

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	This a flexible route dor to door service.		

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

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

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

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

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

Additional description
(if applicable)

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

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

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

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

Total Expenses \$6,200

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.	\$3,964
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	Total from G.	\$0

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

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

Revenue Total \$6,200

Expenditures should equal revenue	\$0
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PROJECT 5 DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt 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 Princeton**

Date contract last updated **1-1-21**

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

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

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

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

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

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

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

Additional description
(if applicable)

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

Individuals must call the project manager to arrange a ride

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

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

Total Expenses \$17,141

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

Annual Revenue

Enter the amount for **each** funding source that will be used 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.	\$12,672
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$2,469
D. Passenger Revenue	Total from D.	\$2,000
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0

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

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

Revenue Total \$17,141

Expenditures should equal revenue	\$0
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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 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 through this project. Use ALT and Enter to start a new line.)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description
(if applicable)

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

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 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 Total from G. \$0

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

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total **\$0**

Expenditures should equal revenue	\$0
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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

Type of Service

(Place an "x" next to the type 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 through this project. Use ALT and Enter to start a new line.)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description
(if applicable)

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

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

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

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

Enter the amount of **total** expenditures for this project.

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 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 **Total from G.**

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

1.
 Total

2.
 Total

3.
 Total

4.
 Total

5.
 Total

6.
 Total

Revenue Total

Expenditures should equal revenue	<input style="width: 100%; height: 20px; background-color: #e0ffff;" type="text" value="\$0"/>
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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 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 through this project. Use ALT and Enter to start a new line.)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description
(if applicable)

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

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 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** Total from G. \$0

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

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$0

Expenditures should equal revenue	\$0
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