

# **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)**

---

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

- November 17, 2021 Transportation Agenda
- April 29, 2021 Transportation Committee Meeting draft minutes
- 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](mailto:glcdhhs@co.green-lake.wi.us)

## Health & Human Services Transportation Committee Meeting Notice

**Date: November 17, 2021 Time: 9:00 AM**

**Green Lake County Government Center**

**571 County Road A, County Board Room #0902 Green Lake, WI**

### AGENDA

#### **Committee Members**

*Dick Trochinski  
Chuck Buss  
Betty Bradley  
Judy Bender  
Gerald Beuthin  
Sara Rutkowski  
Ed Schuh  
Jon Vandeyacht*

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.

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. PUBLIC HEARING – 9:00AM
  - Recess for public hearing on the 2022 85.21 Grant at 9AM. Regular business will resume at the conclusion of the public hearing.
5. Minutes: (4/29/2021)
6. Correspondence
7. 85.21 Specialized Transportation Association Grant Update
8. 5310 Grant Update
9. Gas/Repair Costs
10. Veterans Transportation update
11. Committee Discussion
  - Future Meeting Date April 28, 2022
  - Future Agenda items for action & discussion
12. Adjourn

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://us06web.zoom.us/j/87106936844?pwd=NVhhMnBQZC96S2dTOUVsVDh0czJBZz09>

Meeting ID: 871 0693 6844

Passcode: 851034

One tap mobile

+13126266799,,87106936844# US (Chicago)

+19294362866,,87106936844# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 929 436 2866 US (New York)

Meeting ID: 871 0693 6844

Find your local number: <https://us06web.zoom.us/u/kxbNR9qG1>

**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.**

**TRANSPORTATION COMMITTEE MEETING**

April 29, 2021

9:00 a.m.

Present In person: Dick Trochinski, Betty Bradley, Kayla Yonke, Jon Vandeyacht, Judy Bender, Gerald Beuthin, and Ed Schuh

Present Via Zoom: Jason Jerome, Sara Rutkowski

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

Call to Order: The meeting called to order at 9:02 a.m. by Beuthin.

Pledge of Allegiance: The Pledge of Allegiance was recited.

Minutes: Motion/second (Vandeyacht/Trochinski) to approve the minutes of the 11/19/2020 meeting. All ayes. Motion carried.

Correspondence: Bradley announced Older American's Month and Aging and Disability Resource Month.

85.21 Specialized Transportation Association Grant Update: Bradley stated the 85.21 grant for 2021 was accepted and approved. All funding was sent out to the projects. Discussion followed.

5310 Grant Update: Schuh stated Operations funding for 2021 87,000 they approved us at \$41,618. Schuh stated we are going to receive an additional \$17,000 in Corona virus response relief supplemental appropriations act funding. Schuh stated that no vehicles were asked for this year. Discussion followed.

Gas/Repair Costs: Schuh reported cost through the local gas stations and Green Lake County Highway Department. Green Lake County rate are - Gas - \$1.99 and Diesel - \$2.52.

Veterans Transportation Update: Vandeyacht stated there was essentially no rides in 2020. Use of the transportation is down a large amount right now. Vandeyacht stated they are working on increasing the numbers by advertisement to allow people to know this is an offered service through Green Lake County VSO. Discussion followed.

Copay Discussion: Rutkowski stated Berlin transport wanted to know how copays are determined. Discussion followed.

TSA Face Mask Requirement: Bradley stated that any transportation system that has Federal dollars in it are run by TSA. They currently have a mask mandate which means all transports are mask mandated till TSA determines otherwise.

Committee Discussion: None

Future Meeting Date: The next meeting will tentatively be held on Wednesday November 17, 2021 at 9:00 a.m. there will be a public hearing for the 85.21 grant.

Future Agenda Items after Action and Discussion:

Adjournment: Beuthin adjourned the meeting at 9:40 a.m.

DRAFT

## COUNTY ELDERLY TRANSPORTATION 2022 PROJECT BUDGET SUMMARY

County of

--

Project Name

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

### Project Expenses

Total Project Expenses	\$42,059.00	\$50,765.00	\$32,941.00	\$6,200.00	\$17,141.00	\$0.00	\$0.00	\$0.00	<b>\$149,106.00</b>
------------------------	-------------	-------------	-------------	------------	-------------	--------	--------	--------	---------------------

### 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	<b>\$79,889.00</b>
§85.21 Trust Fund	\$0.00	\$0.00	\$13,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$13,600.00</b>
County funds	\$3,800.00	\$3,965.00	\$4,508.00	\$1,236.00	\$2,469.00	\$0.00	\$0.00	\$0.00	<b>\$15,978.00</b>
Passenger Revenue	\$3,000.00	\$16,187.00	\$2,200.00	\$1,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	<b>\$24,387.00</b>
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
Total from other funds	\$9,252.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$15,252.00</b>
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

<b>Expenses - revenue =</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
-----------------------------	--------	--------	--------	--------	--------	--------	--------	--------	---------------

# 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>	<b>Betty Bradley</b>		
<i>Telephone Number</i>	<b>920-294-4070</b>	<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>	<b>Betty Bradley</b>		
<i>Organization</i>	<b>Green Lake County</b>		
<i>Telephone Number</i>	<b>920-294-4070</b>	<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.*

<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	X	
NO		<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 <b>Resources</b> Tab	10/22/2021

# 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	
mini bus	2018	68,291	6/2	x			x <input type="checkbox"/>
mini bus	2018	60,552	6/2	x			x <input type="checkbox"/>
mini bus	2010	148,437	10/1	x			x <input type="checkbox"/>
mini bus	2011	100,611	10/1	x			x <input type="checkbox"/>
mini bus	2011	154,278	12/0	x			x <input type="checkbox"/>
mini bus	2013	108,909	12/0	x			x <input type="checkbox"/>
minibus	2013	105,509	10/1	x			x <input type="checkbox"/>
minivan	2013	153,384	3/2	x			x <input type="checkbox"/>
minivan	2016	104,472	3/2	x			x <input type="checkbox"/>
minivan	2019	31,875	3/2	x			x <input type="checkbox"/>
mini bus	2020	30,377	12/0	x			x <input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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 <small><i>(Lease or Contract)</i></small>	Bidding Required <small><i>(Yes or No)</i></small>	Start Date <small><i>(MM/DD/YY)</i></small>	Expiration Date <small><i>(MM/DD/YY)</i></small>
<b>City of Berlin</b>	Sara Rutkowski City Administrator	<b>Contract</b>	<b>no</b>	<b>1-1-2022</b>	<b>12-31-2022</b>
Southern Green Lake County Sr. Transportation	<b>Judy Bender</b>	<b>Contract</b>	<b>no</b>	<b>1-1-2022</b>	<b>12-31-2022</b>
<b>Fox River Industries</b>	<b>Ed Schuh</b>	<b>Contract</b>	<b>no</b>	<b>1-1-2022</b>	<b>12-31-2022</b>
<b>City of Green lake</b>	Barb Dugenske City Clerk	<b>Contract</b>	<b>no</b>	<b>1-1-2022</b>	<b>12-31-2022</b>
<b>City of Princeton</b>	Mary Neubauer City Clerk	<b>Contract</b>	<b>no</b>	<b>1-1-2022</b>	<b>12-31-2022</b>

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

<b>Estimated amount of state aid to be held in trust on 12/31/2021</b>	<b>\$37,381.72</b>
----------------------------------------------------------------------------	--------------------

<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 = <b>\$ 13,600.00</b>	Funds added for 2022 =	<b>\$-</b>	Estimated balance on 12/31/22 = <b>\$ 23,781.72</b>
Spending plan for 2023 = <b>\$ 5,000.00</b>	Funds added for 2023 =	<b>\$-</b>	Estimated balance on 12/31/23 = <b>\$ 18,781.72</b>
Spending plan for 2024 = <b>\$ 5,000.00</b>	Funds added for 2024 =	<b>\$-</b>	Estimated balance on 12/31/24 = <b>\$ 13,781.72</b>

**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	<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** \$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.*

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$26,007
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$3,800
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	\$3,000
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$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

<b>Expenditures should equal revenue</b>	<b>\$0</b>
------------------------------------------	------------

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

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

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

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

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

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

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

Additional description  
*(if applicable)*

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

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

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

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

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

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

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

## 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.*

<b>A. \$85.21 funds from annual allocation</b>	Total from A.	\$24,613
<b>B. \$85.21 funds from trust fund</b>	Total from B.	
<b>C. County Match Funds</b>	Total from C.	\$3,965
<b>D. Passenger Revenue</b>	Total from D.	\$16,187
<b>E. Older American Act (OAA) funding</b>	Total from E.	
<b>F. \$5310 Operating or Mobility Management funds</b>	Total from F.	
<b>G. Other funds</b>	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

<b>Expenditures should equal revenue</b>	<b>\$0</b>
------------------------------------------	------------

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

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

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

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

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

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

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

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

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
---------------------	--------

## 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.*

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$12,633</span>
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$13,600</span>
<b>C. County Match Funds</b>	<b>Total from C.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$4,508</span>
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$2,200</span>
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>G. Other funds</b>	<b>Total from G.</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>

*(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.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
2.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
3.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
4.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
5.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
6.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>

**Revenue Total** \$32,941

<b>Expenditures should equal revenue</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>
------------------------------------------	-------------------------------------------------------------------------------------------------

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

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

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

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

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

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

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

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

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
---------------------	--------

## 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.*

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$3,964</span>
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>C. County Match Funds</b>	<b>Total from C.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$1,236</span>
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$1,000</span>
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>G. Other funds</b>	<b>Total from G.</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>

*(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.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
2.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
3.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
4.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
5.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
6.	<span style="border: 1px solid black; padding: 2px 10px;"></span>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>

**Revenue Total** \$6,200

<b>Expenditures should equal revenue</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>
------------------------------------------	-------------------------------------------------------------------------------------------------

# 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	<b>X</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	<b>This is a flexible rout 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 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
---------------------	--------

## 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.*

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

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

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

**Revenue Total** \$17,141

<b>Expenditures should equal revenue</b>	<b>\$0</b>
------------------------------------------	------------

# 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
---------------------	--------

## 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**

<b>Expenditures should equal revenue</b>	<b>\$0</b>
------------------------------------------	------------

# 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**

<b>Expenditures should equal revenue</b>	<input style="width: 100px; height: 20px; background-color: #e0ffff;" type="text" value="\$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 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.  \$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

<b>Expenditures should equal revenue</b>	<b>\$0</b>
------------------------------------------	------------