

# GREEN LAKE COUNTY

# 571 County Road A, Green Lake, WI 54941

Original Post Date: 11/06/2024

**Amended Post Date:** 

The following documents are included in the packet for the Health & Human Services Committee Meeting on November 11, 2024:

1) Amended Agenda

2) Minutes: 10/14/2024

3) Unit Reports

4) 2025 Applicant Information Form



# GREEN LAKE COUNTY OFFICE OF THE COUNTY CLERK

Office: 920-294-4005

FAX: 920-294-4009

Elizabeth Otto County Clerk

# Health & Human Services Committee Meeting Notice

Date: Monday, November 11, 2024 Time: 5:00 PM
The Green Lake County Government Center, County Board Room
571 County Road A, Green Lake WI

# \*AMENDED AGENDA

### Committee Members

Joe Gonyo – Chair Mike Skivington – Vice

Chair

Brian Floeter

Christine Schapfel

Richard Trochinski

Mary Hess

Nancy Hoffmann

Vacant Vacant

Elizabeth Otto, Secretary

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.

This agenda gives notice of a meeting of the Health & Human Services Committee It is possible that individual members of other governing bodies of Green Lake County government may attend this meeting for informative

purposes. Members of the Green Lake County Board of Supervisors or its committees may be present for informative purposes but will not take any formal action. A majority or a negative quorum of the members of the Green Lake County Board of Supervisors and/or any of its committees may be present at this meeting. See State ex rel. Badke v. Vill. Bd. of Vill. of Greendale, 173 Wis.2d 553, 578, 494 N.W. 2d 408 (1993).

- 1. Call to Order
- 2. Certification of Open Meeting Law
- 3. Pledge of Allegiance
- 4. Minutes: 10/14/2024
- 5. Director's Report
- 6. VSO Report
- 7. Unit Reports
- 8. Personnel Updates
- 9. 85.21 2025 Grant
- \*2025 Specialized Transportation Assistance Grants, discussion and possible action
- 11. 2025 Budget Updates
- 12. Committee Discussion
  - Future Meeting Dates: December 9<sup>th</sup>, 2024
  - Future Agenda items for action & discussion
- 13. Adjourn

# Microsoft Teams Need help?

# Join the meeting now

Meeting ID: 285 944 756 144

Passcode: RGLTe5

Dial in by phone

+1 920-515-0745,,617542394# United States, Green Bay

Find a local number

Phone conference ID: 617 542 394#

For organizers: Meeting options | Reset dial-in PIN Please accept at your earliest convenience. Thank you!

Org help | Privacy and security

Kindly arrange to be present, if unable to do so, please notify our office.

Elizabeth Otto, County Clerk

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.

### HEALTH & HUMAN SERVICES COMMITTEE MEETING

October 14, 2024

The meeting of the Health & Human Services Committee was called to order by Vice Chair Mike Skivington at 5:00 PM on Monday, October 14, 2024 in person and via remote access at the Government Center, 571 County Road A, Green Lake, WI. The requirements of the open meeting law were certified as being met. The pledge of allegiance was recited.

Present: Brian Floeter Absent: Joe Gonyo

Mike Skivington Mary Hess

Nancy Hoffmann Richard Trochinski

Christine Schapfel

Remote access unavailable due to technical difficulties until 5:17 PM.

Other County Employees Present: Liz Otto, County Clerk; Jason Jerome, HHS Director; Kayla Yonke, HHS Financial Manager; Shelby Jensen, ESU Unit Manager; Ryan Bamberg, Aging Unit Manager (remote – 5:17)

# APPROVAL OF MINUTES – 09/09/2024 MINUTES

*Motion/second* (*Schapfel/Hoffmann*) to approve the minutes of the 09/09/2024 minutes as presented with no additions or corrections. Motion carried with no negative vote.

### **APPEARANCES**

• Shelby Jensen, ESU – Energy Assistance and Unwinding Update

Shelby Jensen, ESU Unit Manager, introduced herself to the committee. Jensen outlined the changes within the unit since the COVID outbreak in 2020. The caseload has increased from approximately 2000 in 2020 to 2900 in 2024. She cited the increased efficiency of remote work for her unit. Discussion held regarding staffing for the increased caseload with Jensen stating that things are going well at this time. Jensen also stated that the county will no longer be providing energy assistance services – that will be done through Advocap from now on.

Jensen left the meeting at 5:28 PM.

### DIRECTOR'S REPORT

HHS Director Jason Jerome stated that the 2025 budget is in the final stages. Work is continuing to transition to a single unit ADRC as of 01/01/2025. Duties are being updated within the Aging unit and Behavioral Health.

### **VSO REPORT**

No report.

# **UNIT REPORTS**

• C&F – Frank J Crisaft Recognition Award

Jason Jerome congratulated Claire Wendt, Juvenile Justice Worker, as the recipient of the Frank J. Crisaft Recognition Award.

# PERSONNEL UPDATES

Jason Jerome stated that one of the Behavioral Health Clinical Therapists has resigned and he is in the process of filling the position. It has worked well recently to fill positions with interns and allow them to work on a part time basis until their schooling is complete.

# **2025 BUDGET UPDATES**

Jason Jerome stated that he met with the County Administrator and Finance Director earlier in the day regarding the budget. There are no major program changes to report.

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Health & Human Services Committee

## MEDICAL RECORDS AND 2025 RATE SCHEDULE

Jason Jerome summarized the 2025 rate schedule in the packet and stated that the Health Unit is now offering the high dose flu vaccine so that charge has been added.

*Motion/second* (*Floeter/Schapfel*) to approve the medical records and 2025 rate schedule as presented. Motion carried with no negative vote.

### 3 YEAR AGING PLAN

Ryan Bamberg, Aging Unit Manager, appeared via Teams to present the 2025-2027 Aging Plan. He summarized the main components of the plan and stated that a major aspect of the plan is to build a more structured volunteer base in the future. Discussion held regarding implementation of that plan and ideas for building volunteers. *Motion/second* (*Hoffmann/Schapfel*) to approve the 3 year Aging Plan as presented. Motion carried with no negative vote.

Jason Jerome stated that the Aging Advisory Committee approved changing mealsite caterers as of 01/01/2025 to Markesan Resident Home for the Markesan, Green Lake, and Princeton sites and the Berlin Senior Center for the Berlin Site based on bids submitted. *Motion/second (Hoffmann/Floeter)* to approve the 2 year bids from Markesan Resident Home and Berlin Senior Center. Motion carried with no negative vote.

### FUTURE AGENDA ITEMS FOR ACTION AND DISCUSSION

Future Meeting Dates – November 11, 2024 @ 5:00 PM Future Agenda Items:

### **ADJOURNMENT**

Vice Chair Skivington adjourned the meeting at 6:05 PM

Submitted by,

Liz Otto County Clerk

# **Director's Report for DHHS**

# 11/11/2024

- Single County ADRC Application Update
- Priorities for 2025

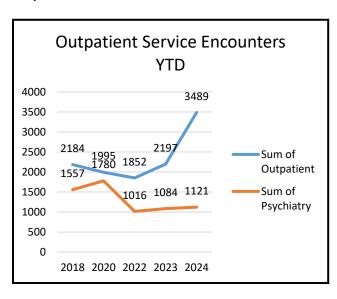
# Behavioral Health Unit— October 2024 (September Data)

# Outpatient Mental Health (MH) & Substance Abuse (SUD) Programs-

### Month at a Glance (August 2024 Outpatient Data\*\*)

| New Outpatient Therapy Intakes | 13 |
|--------------------------------|----|
| New Psychiatry Admissions      | 1  |
| IDP Assessments Completed      | 5  |

# September 2024:



Behavioral Health Unit staff have continued to see high caseload volume across all programs. Our unit had one open position starting in mid-October, however our internship program was able to help mitigate temporarily the impacts of this shortage to clients during the time that we recruited to fill the therapist role.

There is a decline in psychiatric services after 2020 shown in this chart as a result of the retirement of Dr. Baldomero, child psychiatrist.

- Intoxicated Driver Program: Our agency serves as an assessor facility for state-mandated intoxicated driver assessments. Individuals are either referred to traffic safety school or treatment for their Driver Safety Plan.
  - a. This month, we provided assessments to 5 drivers.
  - b. Individuals who receive a court order for an IDP are given 30 days to complete the assessment. We are currently able to accommodate this window with no waiting list.
- 2. School-based offices: Behavioral Health has school-based offices in 3 school districts in the county which helps increase access for students to MH services, decrease missed school for appointments, and reduce barriers such as transportation/ missed work for parents. These offices also improve collaboration with school professionals, enhancing the quality of care for youth outside of the therapy room as well. Two of our school offices have openings for at least 1 new admission, while our Markesan office is at capacity.

### Outpatient Clinic program goals:

- a. Increase use of the patient portal feature of EHR
- b. Continue to increase availability of evidence-based therapy models for county residents
- c. Decrease wait time for intakes and first follow up visit closer to the 14 day target
- d. Collect and analyze date related to "failed appointment" rate to reduce missed visit

Wrap-Around Services- BHU provides three tiers of wrap-around services, allowing us to match individuals with a program that meets the level of need based on their unique situation.

- 1. Targeted Case Management (TCM)— Less intensive case management for clients. This program expanded to include adult clients in summer 2018. It presently serves 16 individuals.
- 2. Comprehensive Community Services (CCS)—Recovery-focused support for clients who may benefit from an intensive level of services for a shorter period of time. This program presently serves 32 individuals.
- 3. Community Support Program (CSP)- Intensive community-based support for individuals with chronic mental illness. This support is intended to be long-term and supports clients to maintain psychiatric stability in the community and to reduce hospitalizations. This program presently serves 21 adults. CSP has begun to re-integrate social skill development and wellness groups into the program.
- 4. Children's Long Term Support Waiver (CLTS)—Medicaid waiver program provides funding for families of children with long-term disabilities (developmental, physical, and/or severe emotional disturbance) to access services such as respite care and service coordination which are otherwise not covered by Medicaid insurance. In 2018, Wisconsin announced the dissolution of the local waitlist and then subsequently the transition to a state-wide waiting list model and subsequently dissolved the state waiting list. Starting in 2021, youth who are screened eligible for CLTS services will automatically be placed into "enrollable" status with the expectation that the waiver agency will then open them within the allotted 30 days. Our current program census is at 69 youth and continuing to grow.

### Wrap around program goals:

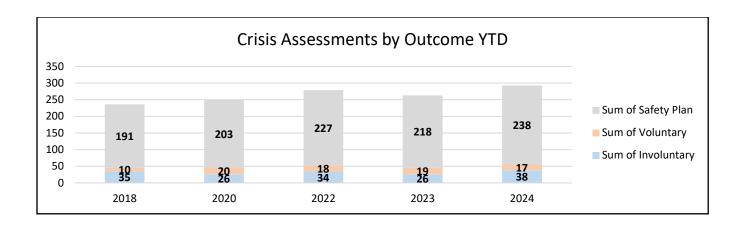
- Increase representation for individuals with substance use or co-occurring MH/Substance use needs within the CCS program
- Improve group skill development and social engagement opportunities within Community Support Program

<u>Crisis Services</u>- Crisis services are available 24/7 including weekends/ holidays for psychiatric and substance use disorder emergencies

**October 2024:** Our crisis call volume rose in 2020 and through 2021, and has fluctuated over the past several years but not returned to pre-2020 rates. Subjectively, we are also noting an increase in crisis calls that involve the use of lethal means or are near-lethal encounters (those requiring life saving medical intervention).

Despite rising call volume, hospitalizations have remained relatively consistent over the past several years. The data represent new crisis calls each month. The crisis team provides additional follow up to clients after initial contacts.

Internally, staff have worked to centralize follow up contacts with a core group of staff specializing in behavioral health crisis. This differs case-by-case, however crisis follow up can last anywhere from 30 days to 6 months. Staff are currently preparing for the transition of Adult Protective Services (APS) responsibilities to our unit beginning in January 2025. We anticipate this will increase our call volumes.



### Crisis Program Goals

- Follow up contact with every client receiving crisis services
- Follow up within 48 hours for each client discharging from a county-facilitated psychiatric inpatient stay.
- Increase visibility of mobile crisis response and crisis debriefing services.
- 100% of Behavioral Health staff trained in lethal means reduction counseling and treatment approaches for suicidality

Zero Suicide Initiative: Our Zero Suicide collaborative team continues to meet monthly to review the learning collaborative training and the results of our workforce survey. Past team accomplishments include a suicide prevention awareness campaign and QPR training and the implementation of caring contact cards sent to each recipient of crisis services. The team continues to review processes for early identification and referral, as we continue to identify that almost all deaths by suicide and near-lethal attempts have involved individuals who had not had any contact with crisis or Health & Human Services at all prior to the suicide/ attempt.

In October, the team reviewed work plan goals established during the initial training collaborative and continued to look at ways to support staff working with clients in potentially high-risk situations. We further explored opportunities for outreach and post-vention strategies including working with youth who have been bystanders during a crisis incident as well as the COMET program which is designed to provide mental health education to rural communities and specifically targeted towards agricultural workers.

# CHILDREN & FAMILY SERVICES UNIT – September 30, 2024

The children and family unit consists of the Unit Manager and 11 staff. The unit is fully staffed and working hard to provide services to all our families in the community.

# **Out-of-Home Care** – as of 09/30/2024

There are levels to Out of Home Care. Those levels are as follows:

- -Court Ordered Relative Care
- -Level 1 Foster Care- specific child license or relative license
- -Level 2 Foster Care-general foster care with no prior relationship
- -Level 3 Treatment Foster Care-private agencies
- -Level 4 Specialized Treatment, Group Home
- -Level 5 Exceptional Treatment, Residential Care Centers

Green Lake County has the following in each form of placement:

Ct. Ordered Relative Care- 1

Level 1-1

Level 2-3

Level 3- 2, these children do not have high needs, but no county foster homes were available for placement.

Level 4-1

Level 5-0

Total Placements = 8

There is one youth placed in a Level 4 placement, which is a Group Home. The youth is in Amery, WI.

Voluntary Kinship Care (\$375.00 month per child)

Thirteen (13) children are in this form of kinship care. They must have a yearly review.

Subsidized Guardianship — Is considered a permanent placement for the children and the county must review the home and placement one time per year.

Six (6) subsidized guardianships.

# **ACCESS REPORTS**

Child Protective Services –

January –15; 2 screened in; 13 screened out.

February- 17; 2 screened in, 15 screened out.
March- 11, 1 screened in, 10 screened out.
April- 11, 6 screened in, 5 screened out.
May- 15, 6 screened in, 9 screened out.
June- 16, 3 screened in, 13 screened out.
July- 15, 2 screened in, 13 screened out.
August- 12, 2 screened in, 10 screened out
September- 20, 6 screened in, 14 screened out

YTD: Total reports 132 reports total- 30 screened in

# Child Services/Welfare -

January –1; 0 screened in; 1 screened out. February- 7; 4 screened in; 3 screened out March- 10, 5 screened in, 5 screened out. April- 5, 2 screened in, 3 screened out. May- 5, 1 screened in, 4 screened out. June – 3, 1 screened in, 2 screened out. July- 3, 1 screened in, 2 screened out. August – 3, 2 screened in, 1 screened out. September- 4, 2 screened in, 2 screened out

YTD: 41 child welfare calls, 18 screened in

# **Youth Justice** –

January – 7

February-6

March-2

April- 5

May - 2

June – 1

July- 2

**August-3** 

September- 4

YTD: 32 referrals

Youth Justice staff have received 6 referrals since school began for the Vaping Group. Staff will begin the groups in October at the Green Lake School and the Markesan School.

# **Birth to Three/C-COP/CLTS**

\*\*Birth to Three had three (3) new children referred to the program in the month of September. Two (2) new Individualized Family Service Plan (IFSP)'s were developed in the month of September. There were Seventeen (17) open children in the program in the month of September that had active IFSP's.

Children's Community Options program (CCOP) has one (1) child enrolled.

Children's Long-Term Support Waiver (CLTS) children are presently also being carried by the Birth to Three program coordinator; Ten (10) cases have been assigned.

# GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

# **HEALTH & HUMAN SERVICES**

571 County Road A Green Lake WI 54941 VOICE: 920-294-4070

FAX: 920-294-4139

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



FOX RIVER INDUSTRIES
222 Leffert St.
PO Box 69
Berlin WI 54923-0069

VOICE: 920-361-3484 FAX: 920-361-1195

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

# September 2024 Health Unit Monthly Report to the Health & Human Services Board

## **Public Health Update:**

- Diabetes Prevention Program update from Nancy and Lisa:
  - o 7th cohort started September 5<sup>th</sup> at the Berlin Senior Center with 7 participants .
  - o Nancy submitted her 4th data submission to the CDC, which was due at the end of September.
- UW-Oshkosh Senior I nursing students began with us on September 5<sup>th</sup> for their Community Nursing fall clinical. They will be with us, typically once a week, through November.
- Bridging Brighter Smiles to hold dental clinic on October 17<sup>th</sup>. This clinic will serve WIC-eligible mothers and children. Still looking for participants to attend this clinic.
- Lauren and Rachel attended the Family Resource Council meeting on September 9<sup>th</sup>. Updated on MCH objective: Adolescent Well-being, and Alliance for WI Youth which includes update on new billboard and substance misuse coalition.
- Rachel & Lauren attended the Community Health Action Team meeting with Thedacare on September 9<sup>th</sup>. This committee continues to focus work on youth mental health and social media. Looking to host a community showing of "Screenagers".
- Held HHS lunch and learn on September 10<sup>th</sup>. Lindsay Loewe from Collaborative Wellness presenting on self-care and what that really means. We had 35 attendees.
- Nancy and Lisa attended the Senior Health Fair on September 11<sup>th</sup>. They had an interactive booth with information on DPP & general health related topics/resources.





- Allison and Lauren attended the Tri-County Plain Community Public Health Coalition in Marquette County on September 11<sup>th</sup>. This coalition was originally with Columbia, Marquette and Green Lake County health departments, but now has expanded to include Waushara, Adams, Fond du Lac and Dodge counties. Coalition will now be renamed as: Central WI Public Health Plain Community Coalition.
- Rachel attended the Northeast Regional WALHDAB (WI Association of Local Health Departments and Boards) on September 12<sup>th</sup> in Combined Locks.
- Lauren attended the Alcohol Policy 101 training hosted by the Alliance for WI Youth on September 12th.
- Allison attended the NE Region Public Health Managers Meeting held in De Pere on September 13<sup>th</sup>.
- Lauren and Rachel attended the East Central Alliance for Nicotine Prevention quarterly meeting on September 16<sup>th</sup>. Looking to potentially start student-led tobacco prevention efforts in the school.
- Nancy presented at the Manchester Senior Center on September 17<sup>th</sup>, presenting on the Diabetes Prevention Program, fall vaccinations, healthy living guide and topics for future presentations.
- Allison attended the Fox Valley Healthcare Emergency Readiness Coalition member meeting on September 17<sup>th</sup> in Appleton at the Fox Valley Training Center in Appleton.
- Nancy attended the 2024 Medicare Diabetes Prevention Program Supplier Summit on September 18<sup>th</sup> and 19<sup>th</sup>, virtually.
- Lauren and Rachel attended the Central WI Health Partnership (CWHP) meeting on September 19<sup>th</sup> at the new Waushara County government building. CWHP is looking to refocus efforts on a joint initiative to move work forward.
- Rachel attended the Tri-County Death Review team meeting on September 19<sup>th</sup>. Waushara presented on 3 cases. Green Lake County will be presented in January 2025.
- Lauren attended that NE Alliance for WI Youth (AWY) meeting, virtually, on September 20<sup>th</sup>. The funding we receive through AWY (State Opioid Response grant) was used on maintaining our Drug Drop boxes, Billboards and banner on 'Dose of Reality' Campaign, Rise Together school/community event, outreach and education.
- Allison and Lauren attended the MCH Learning Community call on Adolescent Well-Being on September 23<sup>rd</sup>. We will be sticking with this same objective through 2025.
- Lauren and Rachel met with Youth Paster Ryan from Terrace Shores church to discuss potential
  partnership and joining efforts for hosting a Community Day in 2025. Event tentatively to be held in July
  at Princeton School. Will meet at the end of 2024/early 2025 to start planning.
- Lisa attended the WI Cancer Summit in Milwaukee on Wednesday September 25<sup>th</sup>- 26<sup>th</sup>. This year's theme was Building Connections. Build connections that will foster new ideas and create new partnerships. This is an opportunity to share stories, learn something new, and network with partners across the state.
- Rachel and Allison attended the Local Emergency Planning Committee (LEPC) meeting on September 26<sup>th</sup>. Tabletop exercise planned for October 15<sup>th</sup>. Full scale exercise to be planned for January/February 2025.
- Quarterly Strategic Planning update meeting held on September 30<sup>th</sup> with educational topic: Public Health Sciences, Public Health 3.0 and Evidence-based practices.

• Lauren and Allison began 4-week "Catch My Breath" vaping prevention class at All Saints school in Berlin on September 30th.

Respectfully submitted,

Rachel Prellwitz, Health Officer

# HEALTH AND HUMAN SERVICE BOARD OF DIRECTORS MEETING UNIT UPDATE



Fostering Relationships for Independence

# HHS November Board Meeting September Unit Update

| Sep-24                        |           |              |       |   |                   |                                 |                          |  |
|-------------------------------|-----------|--------------|-------|---|-------------------|---------------------------------|--------------------------|--|
| Census as of LAST of<br>Month | Full time | Part time    | TOTAL | Wait List                               | DVR/SE/CIE        | Percent Prevoc in<br>DVR/SE/CIE | Days of Service per Week | Notes  |
| FACILITY BASED PREVOCATIONAL  | 8         | 31           | 39    | 15                                      | 14                | 36%                             | 120                      | 1 on medical leave                                 |
| COMMUNITY BASED PREVOCATIONAL | 0         | 22           | 22    | 1                                       | 11                | 50%                             | 39                       | Added Contracted Services to CBPV Service Code     |
|                               |           |              | 61    |   | 25                | 38%                             |                          |  |
| SUPPORTED<br>EMPLOYMENT       | LTC: 18   | DVR: 14      |       | Predicted referrals in n                | ext three months: | 3                               |                          | HIRES: 1 JOB LOSSES: 0                             |
| DAYSERVICE                    | 3         | 15           | 18    | 13                                      | 2                 |                                 | 61                       |  |
|                               | Self Pay  | Managed Care |       |   |                   |                                 |                          |  |
| REPRESENTATIVE PAYEE          | 19        | 56           | 75    | 220 DEATH 0 DISENROLLED LOST BENEFITS 0 |                   |                                 |                          | DEATH 0 DISENROLLED LOST BENEFITS 0 NEW REFERRAL 2 |

### **GREEN LAKE PROGRAM UPDATES**

• Celebrated Direct Support Professional Appreciation on September 10<sup>th</sup> in addition to our county employee appreciation cookout on the 17<sup>th</sup>.

### **OTHER UPDATES**

### Disability Services, Inc.

- Next Board of Directors meeting is scheduled for October 21, 2024.
- Vehicle Inspections by state patrol were completed on September 27, 2024.
- Lease completed and signed for minivan subleases with Green Lake County Senior Transport LLC. (Formally Southern Green Lake County Senior Transport).
- Received Administration approval to begin a rear parking & loading dock improvement project. Highway department personnel are assisting with this project. We are working with the city and had the curb cut.
- Loading dock repair is scheduled for October 9th

### Fox River Industries, Inc.

- Next Board of Directors meeting is scheduled for October 21, 2024.
- Listed the Freightliner Box Truck for Sale on Wisconsin Surplus. Auction ends October 3<sup>rd</sup>. Intend to use proceeds toward a newer used production vehicle for subcontract work demands, deliveries, etc.

# **Personnel Updates**

11/11/2024

BHU:

**Clinical Therapist** 

# 2025 APPLICANT INFORMATION FORM

For additional information on this Application Workbook, please refer to the §85.21 Application Guidelines for CY2025

| County of                     | Green Lake   |  |  |                 |  |  |
|-------------------------------|--|--|--|-----------------|--|--|
| Primary Contact for this G    | Grant Program  |  |  |                 |  |  |
| Name                          | Ryan Bamberg   |  |  |                 |  |  |
| Telephone Number              | 920-294-4070   |  | Extension  |                 |  |  |
| Email Address                 | rbamberg@greenlakecou                                    | <u>ıntywi.gov</u>  |  |                 |  |  |
|                               |  |  |  |                 |  |  |
| Application Preparer (if diff | fferent than primary contact)                            |  |  |                 |  |  |
| Name                          |  |  |  |                 |  |  |
| Organization                  |  |  |  |                 |  |  |
| Telephone Number              |  |  | Extension  |                 |  |  |
| Email Address                 |  |  |  |                 |  |  |
|                               |  |  |  |                 |  |  |
| <b>Applicant Status</b>       |  | ht to certify your eligibility - You are of the county department. Private n   |  | RB              |  |  |
|                               | , ,  | is. Stat. 46.82(1)(a)3 are not eligible  | , 5 5  | ND              |  |  |
| Organization Info             |  | ying all organization information, inc   |  |                 |  |  |
| J                             | been updated in the BlackCat Onlinest of your knowledge. | ine Grant Management System (GN  | AS) and are true and correct to the                          | RB              |  |  |
| Federal Grant Match           | Places place on "Y" post to any fo                       | deral grant that will be using §85.21  | I funda as local match                                       |                 |  |  |
| rederal Grant Match           | 5310   | 5307   | 5311   |                 |  |  |
|                               |  | 3307   | 3311   |                 |  |  |
|                               | Other (Please explain)                                   |  |  |                 |  |  |
| Coordination                  |  | inated plan name, goal(s) and page   | number(s) in which your §85.21 pro                           | oject(s) is/are |  |  |
|                               | derived.  Title of Coordinated Plan:                     | Green Lake County  |  |                 |  |  |
|                               |  |  |  |                 |  |  |
| The goal(s) and/or s          | -  | Goals - A. Central location for all available transportation and combine service providers to make more central. C. Increase |  |                 |  |  |
|                               | project is included.                                     | •  | Efforts for Community to le                                  |                 |  |  |
|                               |  |  | ırces. D. Create Communi                                     | y led           |  |  |
|                               |  | transportation committee   | to assist with solutions for<br>Partner with Shuttle Service | for social      |  |  |
| Page number(s) of the         | Coordinated plan in which                                | · ·  | artici with chattle cervice                                  | , 101 300lai    |  |  |
| ` ,                           | goals may be referenced:                                 |  |  |                 |  |  |
| Accessibility Please indic    | ate whether or not \$85.21 state aid                     | will be used for the transportation o  | of persons who cannot walk or perso                          | ons who walk    |  |  |
| with assistar                 | nce during the calendar year.                            |  | n porocino anno camino, main, en poroc                       |                 |  |  |
| YES X                         | (If no please explain how the Ame                        | ericans with Disabilities Act (ADA) n  | equirements for equivalency of serv                          | ice hetween     |  |  |
| NO                            | ambulatory and non-ambulatory p                          |  | equivalency of conv  | I               |  |  |
|                               |  |  |  |                 |  |  |
|                               |  |  |  |                 |  |  |
|                               |  |  |  |                 |  |  |

# **APPLICANT CHECKLIST**

County of

**Green Lake** 

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

## **VEHICLE INVENTORY**

County of **Green Lake** 

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

| Vehicle Type (Minivan, Medium Bus, etc.) | Full VIN Number   | Model Year | Current Mileage | No. of Ambulatory /<br>Wheelchair Positions<br>(Ambulatory/Non-<br>Ambulatory) | 5310 In |
|--|-------------------|------------|-----------------|--|---------|
| Minibus                                  | 1GB3G2BL1B1179646 | 2011       | 121,874         | 10/1   | х       |
| Minibus                                  | 1FDEE35P39DA90938 | 2010       | 155,972         | 10/1   | х       |
| Minibus                                  | 1GB3G2BLXB1190192 | 2011       | 191,909         | 12/0   | х       |
| Minibus                                  | 1FDEE3FL5DDB12815 | 2013       | 141,700         | 12/0   | х       |
| Minibus                                  | 1FDES8PV7JKA14544 | 2018       | 122,659         | 6/2  | х       |
| Minibus                                  | 1FDES8PV7JKA14545 | 2018       | 103,763         | 6/2  | Х       |
| Minivan                                  | 2C4RDGBG6DR787191 | 2013       | 168,045         | 3/2  | x       |
| Minibus                                  | 1FDEE3FS7KDC55527 | 2020       | 75,547          | 12/0   | x       |
| Minivan                                  | 2C7WDGBGXGR396491 | 2016       | 172,336         | 3/2  | X       |
| SGLCST                                   | SC7WDGB0KR779395  | 2019       | 63,229          | 3/1  | X       |
| SGLCST                                   | 2C4RC1CG5NR224195 | 2022       | 13,030          | 3/1  | X       |
|  |                   |            |                 |  |         |
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## **THIRD PARTY PROVIDERS**

County of Green Lake

**Instructions:** Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the **Resources** tab. (If there are no projects or vehicles that are contracted or leased out, please put **None** in the first gray box.)

| Project Name                     | Anticipated or Known<br>Contractor Name | Type of Agreement (Lease or Contract) | Start Date (MM/DD/YY) | Expiration Date (MM/DD/YY) | Last Bid<br>Date |
|----------------------------------|---|---------------------------------------|-----------------------|----------------------------|------------------|
| Green Lake Senior Transportation | Mark Wilton                             | Contract                              | 01/01/2025            | 12/31/2025                 | N/A              |
| Fox River Industries             | Dawn Brantley                           | Contract                              | 01/01/2025            | 12/31/2025                 | N/A              |
| City of Berlin                   | Rebecca Bays                            | Contract                              | 01/01/2025            | 12/31/2025                 | N/A              |
|                                  |   |                                       |                       |                            |                  |
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If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.

\*Right click on tab, select Move or Copy, select Vehicle Inventory, check the box to Create a copy, click OK.

# TRUST FUND SPENDING PLAN

**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 2024 purchases made with trust funds. Please contact WisDOT Progam Manager(s) for pre-approval prior to spending trust expenditure.

|                         |                                     | Expenditure Item If non-vehicle capital purchase, please provide description on second page below.   |   |   |   |  |
|-------------------------|-------------------------------------|--|---|---|---|--|
| aintenance of 5310 vans |                                     |  |   |   | \$1,000.00  |  |
|                         |                                     |  | 2026  |   | \$1,000.00  |  |
|                         |                                     |  | 2027  |   | \$1,000.00  |  |
|                         |                                     |  |   |   |   |  |
|                         |                                     |  |   |   |   |  |
|                         |                                     |  |   |   |   |  |
|                         | Total pro                           | ojected cost o   | of 3-year plan  | \$  | 3,000.00  |  |
| e held                  | in trust on 12/31/2024              | \$3,127.00   |   |   |   |  |
| bove                    |                                     |  | ]   |   |   |  |
| 0.00                    | Funds added for 2025 =              |  | Estimated balance on 12/31/25 =   |   | \$ 2,127.00   |  |
| 0.00                    | Funds added for 2026 =              |  | Estimated balance on 12/31/26 =   |   | \$1,127.00  |  |
| 0.00                    | Funds added for 2027 =              |  | Estimated balance on 12/31/27 =   |   | \$127.00  |  |
| ete                     |                                     |  | 1   |   |   |  |
| by                      |                                     |  |   |   |   |  |
| quipr                   |                                     |  | hy you are requesting WisDCed. (Hint: Use ALT and Enter to  |   |   |  |
| ()<br>()                | 0.00<br>0.00<br>0.00<br>0.00<br>ete | Enter the amount of funds next three years. If 10.00 Funds added for 2025 = 0.00 Funds added for 2027 = 0.00 Funds | Enter the amount of funds to be added for the next three years. If none, enter 0.  Funds added for 2025 =  O.00 Funds added for 2026 =  Funds added for 2027 =  ete  by | Total projected cost of 3-year plan  Total projected cost of 3-year plan  The held in trust on 12/31/2024 \$3,127.00  Shove Enter the amount of funds to be added for the next three years. If none, enter 0.  The held in trust on 12/31/2024 \$3,127.00  Enter the amount of funds to be added for the next three years. If none, enter 0.  The held in trust on 12/31/2024 \$3,127.00  Enter the amount of funds to be added for the next three years. If none, enter 0.  Estimated balance on 12/31/25 = Estimated balance on 12/31/27 = Estimated balance on | Total projected cost of 3-year plan  **See held in trust on 12/31/2024 \$3,127.00  **Enter the amount of funds to be added for the next three years. If none, enter 0.  **O.00 Funds added for 2025 = Estimated balance on 12/31/25 = 0.00  **Funds added for 2026 = Estimated balance on 12/31/26 = Estimated balance on 12/31/27 = Estimated balance on 12/31 |  |

# TRUST FUND SPENDING PLAN

Continued

| Co                     | ounty of                         | Green Lake  |                             |               |  |  |
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| Narrativ<br>(Hint: Use | <b>e for nor</b><br>"ALT" and "E | <b>n-vehicle equipn</b><br>Enter" to start a new pa | nent purchase<br>aragraph.) | es continued. |  |  |
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# **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  | ١                 |                            |              |                      |                       |
| Third Party Provider   | City of Berlin  |                   |                            |              |                      |                       |
| Date contract last updated   |   |                   |                            |              |                      |                       |
| Type of Service  | (Place an "x" ne  | ext to the type o | f service you will         | l be providi | ng for this project. | )                     |
| V  | Volunteer Driver  |                   |                            | r Program    |                      |                       |
| Ve   | ehicle Purchase   |                   | Managem                    | nent Study   |                      |                       |
|  | Planning Study  |                   | Brief description of Study |              |                      |                       |
| Other (provid  | Other (provide explanation)  Transportation Operating Assistance for Flexible route door to door service for individuals in the Community |                   |                            |              |                      |                       |
| General Project Summary (Provide a brief description of this project. Use ALT and Enter to start a new paragraph.) |   |                   |                            |              |                      |                       |
|  |   |                   |                            |              |                      | persons living in the |
| <u> </u>   |   |                   |                            |              |                      | a four(4) passenger,  |
| iwneeichair acc  | cessible mini v   | an. I nis is a ti | exipie rolite, ac          | or το αρρι   | service. Individ     | uais wisning to       |

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

| Geo | ara   | ohv | of | Ser | vice |
|-----|-------|-----|----|-----|------|
|     | ອ. ∽ເ | ~,  | •  | ••• |      |

| (List the counties. | . as well as cities/areas | ร that are serviced thoเ | uah this proiect. Use A | LT and Enter to start a | a new line.) |
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| unities, as well as chies/areas that are serviced though this project. Ose ALT and Enter to start a new line. |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| The city of Berlin and those living within a five mile radius in Green Lake County.                           |  |  |  |  |  |  |  |  |  |
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**Service Hours** (Indicate your general hours of service for this project.)

|               | Sunday | Monday  | Tuesday | Wednesday | Thursday | Friday  | Saturday |
|---------------|--------|---------|---------|-----------|----------|---------|----------|
| Start<br>Time |        | 8:00 AM | 8:00 AM | 8:00 AM   | 8:00 AM  | 8:00 AM |          |
| End<br>Time   |        | 4:00 PM | 4:00 PM | 4:00 PM   | 4:00 PM  | 4:00 PM |          |

| Additiona | al description  |
|-----------|-----------------|
|           | (if applicable) |

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

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

| Passenger Eligibility | (Briefly indicate | passenger eligibility | requirements | for this project | :t.) |
|-----------------------|-------------------|-----------------------|--------------|------------------|------|
|-----------------------|-------------------|-----------------------|--------------|------------------|------|

| <b>0</b>   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Anyone over the age of 55, or has a disability may request the service.  |  |  |  |  |  |  |  |
| and the second s |  |  |  |  |  |  |  |
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# 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. Fees for out of town trips are: Ripon - \$25.00; Oshkosh - \$45.00; Wautoma - \$35.00; Wild Rose - \$45.00; Appleton - \$55.00; Fond du Lac - \$45.00; Montello - \$35.00; 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 BU  | DGET           |                   |                   |
|---|----------------|-------------------|-------------------|
| Section Description   |                |                   | Amount            |
| Annual Expenditures   |                |                   |                   |
| Enter the amount of <u>total</u> expenditures for this project.   | T-4-1 F        | \$20              | 907.00            |
| *Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the <b>Annual Financial Repor</b> you will submit at the end of the calendar year. | Total Expenses | <b>— ф</b> 33;    | ,807.00           |
| Annual Revenue  |                |                   |                   |
| Enter the amount for <u>each</u> funding source that will be used for th *When complete, please scroll to bottom of this page to ensure the <u>Ex</u>   |                | evenue equals \$0 |                   |
| A. §85.21 funds from annual allocation  |                | Total from A.     | \$26,007.00       |
|   |                | Total from B.     | Ψ20,007.00        |
| B. §85.21 funds from trust fund   |                |                   | <b>#</b> 0.000.00 |
| C. County Match Funds   |                | Total from C.     | \$3,800.00        |
| D. Passenger Revenue  |                | Total from D.     | \$3,000.00        |
| E. Older American Act (OAA) funding   |                | Total from E.     |                   |
| F. §5310 Operating or Mobility Management funds   |                | Total from F.     |                   |
| G. Other funds  | ,              | Total from G.     | \$7,000.00        |
| (Provide name and/or description and record total amount in to<br>box to the right of the description. Include sources such as other  |                |                   |                   |
| grants and/or programs.)  1. City of Berlin   | Total          | \$7,000.00        |                   |
|   |                |                   | •                 |
| 2.  | Total          |                   |                   |
|   |                |                   |                   |
| 3.  | Total          |                   |                   |
| ,   |                |                   | 1                 |
| 4.  | Total          |                   |                   |
| 5.  | Total          |                   |                   |
|   |                |                   | •                 |
| 6.  | Total          |                   |                   |

Revenue Total \$39,807.00

Expenditures should equal revenue \$0.00

# **PROJECT 2 DESCRIPTION**

County of Green Lake

### **Instructions**

• Use this section to describe a specific project that will use s.85.21 funds.

project is 85.21 funds, County funds and passenger co-pays.

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

| _  |   |                     |                                 |              |                       |                   |      |
|--|---|---------------------|---------------------------------|--------------|-----------------------|-------------------|------|
| Project Name   | Fox Rivers  | Industries          |                                 |              |                       |                   |      |
|  |   |                     |                                 |              |                       |                   |      |
| Third Party Provider   | Fox River Ind   | ustries             |                                 |              |                       |                   |      |
| Date contract last updated   |   |                     |                                 |              |                       |                   |      |
| Type of Service  | (Place an "x" ne  | ext to the type o   | f service you will              | l be providi | ng for this project.  | )                 |      |
| V  | olunteer Driver   |                     | Vouche                          | r Program    |                       |                   |      |
| Ve   | hicle Purchase  |                     | Managem                         | nent Study   |                       |                   |      |
|  | Planning Study  |                     | Brief description of Study      |              |                       |                   |      |
| Other <i>(provid</i>   | •   | •                   | n Operating Ass<br>in the Commu |              | or Flexible route of  | loor to door serv | vice |
| General Project Summar   | ' <b>y</b> (Provide a bri   | ef description of t | his project. Use A              | LT and Ente  | er to start a new par | agraph.)          |      |
| 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 |   |                     |                                 |              |                       |                   |      |
| permit. Reserv   | 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 DESCRIPTION, Continued

|               |  | ounty, Berlin, G     | reen Lake, Pri                |                                     |                            | nter to start a new<br>on, Dalton, Marq | uette, Manchester   |
|---------------|--|----------------------|-------------------------------|-------------------------------------|----------------------------|---|---|
|               |  |                      | •                             |                                     |                            |   |   |
| Service H     | ours (Indicate   | your general hou     | ırs of service for            | this project.)                      |                            |   |   |
|               | Sunday   | Monday               | Tuesday                       | Wednesday                           | Thursday                   | Friday                                  | Saturday  |
| Start<br>Time |  | 6:30 AM              | 6:30 AM                       | 6:30 AM                             | 6:30 AM                    | 6:30 AM                                 |   |
| End<br>Time   |  | 5:30 PM              | 5:30 PM                       | 5:30 PM                             | 5:30 PM                    | 5:30 PM                                 |   |
| Addi          | tional description<br>(if applicable)  |                      |                               |                                     |                            |   |   |
| Service R     | equests (Brief   | fly describe how y   | our service is rec            | quested for this p                  | roject.)                   |   |   |
|               | work and day  <br>recreational tri   | programs. The        | busses/vans<br>elopmentally d | are also used t<br>isabled. All rid | hrough out<br>les are coor | the day for med<br>dinated by the p     | bled individuals for<br>lical and<br>project manager at<br>ald call Fox River |
| Passenge      | er Eligibility <i>(E</i>   | Briefly indicate pas | ssenger eligibility           | requirements for                    | this project.)             |   |   |
|               | Primary passenger group is the developmentally disabled, although elderly and individuals with disabilities are also eligible to ride. |                      |                               |                                     |                            |   |   |
| Passenge      | er Revenue (B  | riefly describe pa   | ssenger revenue               | requirements for                    | this project.)             |   |   |
|               | - 1-   | ,                    |                               | ,                                   |                            |   |   |

| PROJECT E   | BUDGET         |                    |              |
|---|----------------|--------------------|--------------|
| Section Description   |                |                    | Amount       |
| Annual Expenditures   |                |                    |              |
| Enter the amount of <u>total</u> expenditures for this project.   | -              |                    |              |
|   | Total Expenses | \$207              | ',141.00     |
| *Please note: Breakdown of expenses is not required at this time. You we provide the breakdown of actual expenses in the <b>Annual Financial Rej</b> you will submit at the end of the calendar year. |                |                    |              |
| Annual Revenue  Enter the amount for <u>each</u> funding source that will be used for   | this project   |                    |              |
| *When complete, please scroll to bottom of this page to ensure the  |                | evenue equals \$0. |              |
| A. §85.21 funds from annual allocation  |                | Total from A.      | \$12,633.00  |
| B. §85.21 funds from trust fund   |                | Total from B.      |              |
| C. County Match Funds   |                | Total from C.      | \$4,508.00   |
| 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.      | \$75,000.00  |
| G. Other funds  |                | Total from G.      | \$115,000.00 |
| (Provide name and/or description and record total amount in box to the right of the description. Include sources such as  |                |                    |              |
| grants and/or programs.)  1. County Levy  | Total          | \$115,000.00       |              |
| 2.  | Total          |                    |              |
|   | . 9.0          |                    |              |
| 3.  | Total          |                    |              |
| 4   | Total          |                    |              |
| 4.  | Total          |                    |              |
| 5.  | Total          |                    |              |
| 6.  | Total          |                    |              |

Revenue Total \$207,141.00

Expenditures should equal revenue \$0.00

# **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  | Green Lake Senior Transportation   |                  |                               |            |                  |                      |  |
|---|--|------------------|-------------------------------|------------|------------------|----------------------|--|
|   |  |                  |                               |            |                  |                      |  |
| Third Party Provider  | Green Lake S   | Senior Transport | ation                         |            |                  |                      |  |
| Date contract last updated  |  |                  |                               |            |                  |                      |  |
| ype of Service (Place an "x" next to the type of service you will be providing for this project.)   |  |                  |                               |            |                  |                      |  |
| \   | /olunteer Driver   |                  | Vouche                        | er Program |                  |                      |  |
| Ve  | ehicle Purchase  |                  | Managen                       | nent Study |                  |                      |  |
|   | Planning Study   |                  | Brief description<br>of Study |            |                  |                      |  |
| Other (provid   |  |                  | Operating Ass                 |            | r Flexible route | door to door service |  |
| General P <u>roject Summa</u>   | General Project Summary (Provide a brief description of this project. Use ALT and Enter to start a new paragraph.) |                  |                               |            |                  |                      |  |
| Green Lake Senior Transportation provides a respond to call, door to door transportation service to the elderly and handicapped persons who live in surrounding areas of Green Lake. 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 |  |                  |                               |            |                  |                      |  |

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

| Geogra | phy 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<br>Time |        | 8:00 AM | 8:00 AM | 8:00 AM   | 8:00 AM  | 8:00 AM |          |
| End<br>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.)

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

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

Anyone over the age of 55 or individual with a disability may use the service. Individuals who are not elderly or disabled 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 - \$20.00; Green Lake - \$25.00; Princeton - \$20.00; Ripon - \$30.00; Waupun - \$30.00; Berlin - \$35.00; Beaver Dam - \$35.00; Appleton - \$60.00; Fond du lac - \$40.00; Madison - \$75.00; Milwaukee - \$90.00; Neenah - \$55.00; Oshkosh - \$45.00. 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.

# COUNTY ELDERLY TRANSPORTATION 2025 PROJECT BUDGET SUMMARY

| County of                   | Green Lake                        |                       |                                     |        |        |        |        |        |              |
|-----------------------------|-----------------------------------|-----------------------|-------------------------------------|--------|--------|--------|--------|--------|--------------|
| Project Name                | City of Berlin                    | Fox Rivers Industries | Green Lake Senior<br>Transportation | 0      | 0      | 0      | 0      | 0      | Totals       |
| Project Expenses            |                                   |                       |                                     |        |        |        |        |        |              |
| Total Project Expenses      | \$39,807.00                       | \$207,141.00          | \$99,420.00                         | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$346,368.00 |
| Project Povenue by          | Project Revenue by Funding Source |                       |                                     |        |        |        |        |        |              |
|                             |                                   |                       |                                     |        |        |        |        |        |              |
| §85.21 Annual Allocation    | \$26,007.00                       | \$12,633.00           | \$41,249.00                         | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$79,889.00  |
| §85.21 Trust Fund           | \$0.00                            | \$0.00                | \$0.00                              | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00       |
| County funds                | \$3,800.00                        | \$4,508.00            | \$7,670.00                          | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$15,978.00  |
| Passenger Revenue           | \$3,000.00                        | \$0.00                | \$50,501.00                         | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$53,501.00  |
| Older American Act<br>(OAA) | \$0.00                            | \$0.00                | \$0.00                              | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00       |
| §5310 grant funds           | \$0.00                            | \$75,000.00           | \$0.00                              | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$75,000.00  |
| Total from other funds      | \$7,000.00                        | \$115,000.00          | \$0.00                              | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$122,000.00 |
| 1.                          | \$7,000.00                        | \$115,000.00          | \$0.00                              | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$122,000.00 |
| 2.                          | \$0.00                            | \$0.00                | \$0.00                              | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00       |
| 3.                          | \$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       |

Specialized Transportation Assistance Program for Counties (Wis.Stat.85.21) Annual Application Certification Calendar Year 2025

| CERTIFICATION   |       |  |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|--|
| I certify that to the best of my knowledge the information presented to the Wisconsin Department of Transportation on these forms relating to the s. 85.21 Specialized Transit Program for the calendar year of 2025 is true and correct. |       |  |  |  |  |  |  |  |
| County  |       |  |  |  |  |  |  |  |
|   |       |  |  |  |  |  |  |  |
| Signature (County Authorized Representative)  | Date  |  |  |  |  |  |  |  |
|   |       |  |  |  |  |  |  |  |
| Printed Name  | Phone |  |  |  |  |  |  |  |
|   |       |  |  |  |  |  |  |  |
| Title   | Email |  |  |  |  |  |  |  |