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@greenlakecountywi.gov*

FOX RIVER INDUSTRIES

222 Leffert St.
PO Box 69
Berlin WI 54923-0069
VOICE: 920-361-3484
FAX: 920-361-1195
Email: *fri@greenlakecountywi.gov*

Post Date:

11/6/2025

The following documents are included in the packet for the Combined ADRC Advisory & Commission on Aging Board Meeting held on Tuesday, November 18, 2025.

- November 18, 2025, Combined ADRC Advisory & Commission on Aging Board agenda
- September 16, 2025, Commission on Aging Advisory Board Draft minutes
- 85.21 2026 Application
- Home Delivered Meal Sponsorship Flyer

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 Fax: 920-294-4139 Email: *glcdhhs@greenlakecountywi.gov*

Health & Human Services Combined ADRC Advisory & Commission on Aging Board Meeting Notice

Date: November 18, 2025, Time: 10:30 AM
Green Lake County Government Center Room County Board Room #0902
571 County Road A, Green Lake, WI 54941

AGENDA

Committee Members

Harley Reabe-Chair
Sue Jungenberg
Andrew Brendemihl
Gloria Lichtfuss
Darlene Krentz
Dusty Laper

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 ADRC Advisory & Commission on Aging Board. 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. Introductions
5. Minutes: (9/16/25)
6. Correspondence
7. Health & Human Services Board Report
8. 85.21 Transportation Grant Update
9. Aging Plan Goals Review
10. ADRC Updates
11. Committee Discussion
- Future Meeting Date: January 20, 2026, at 10:30am
- Future Agenda items for action & discussion
12. Adjourn

This meeting will be conducted through in person attendance or audio/visual communication. Remote access can be obtained through the following link:

Microsoft Teams Need help?
Join the meeting now
Meeting ID: 241 202 695 484 3
Passcode: sY3ii9SB

Dial in by phone
+1 920-659-4195,,170353818# United States, Appleton
Find a local number
Phone conference ID: 170 353 818#

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

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

Commission on Aging Advisory Committee Meeting

September 16, 2025

The regular meeting of the Health and Human Services Aging Advisory Committee meeting was called to order by Sarah Petit at 10:30am on Tuesday, September 16, 2025, in the County Board Room, Green Lake County Government Center, Green Lake WI. The meeting was held in person and via Teams. The requirements of the open meeting law were certified as being met. The Pledge of Allegiance was recited.

Due to Chair Reabe being remote for this meeting Sarah Petit called for the nomination of Chair for this meeting. Sue Jungenberg nominated Andrew Brendemihl for Chair. Reabe seconded the nomination to have Andrew Brendemihl as the Chair. Nomination carried with no negative vote. Andrew Brendemihl then ran the rest of the meeting.

Present: Harley Reabe (via phone), Sue Jungenberg, Andrew Brendemihl.

Absent: Gloria Lichtfuss

Others present: Ryan Bamberg, Aging/Long Term Care Unit Manager, Sarah Petit, HHS Admin, Dusty Laper, Maren Geiger, Tony Daley at 10:39 via Teams.

Introductions:

Everyone introduced themselves.

Minutes of 7/15/2025:

Motion/second (Jungenberg/Reabe) to approve the minutes of the July 15, 2025, meeting. Motion carried with no negative vote.

Correspondence:

None.

Health and Human Services Board Report:

No report.

Aging Plan Goals Review

Ryan Bamberg reviewed the Aging goals in the packet.
Senior transportation- is on track to utilize all funding. Volunteer drivers can use county vans and training will be provided. Discussion followed.
Minimize Social Isolation- Senior friending event scheduled at Senior Fair tomorrow. Discussion followed.
Nutrition Program- focus on highlighting liked menu items. Program is meant to be supplemental. Green Lake PD has one employee who volunteers to deliver meals when off duty. Looking to expand this practice to other businesses. Meal data in packet was reviewed. Discussion followed.
Create Peer to Peer volunteer database- no update.
Increase opportunities for Tribal Nations to access services- no update.

DRAFT

ADRC Updates

Ryan Bamberg reported that Green Lake County ADRC moved to a single county entity on 1/1/25. ADRC demographic data from packet was reviewed and discussed.

Discussion Meal Sponsors

Ryan Bamberg reported that marketing to corporations or businesses for meal/supply costs sponsorship is almost ready. Ryan will bring some marketing samples to the next meeting in November. Ryan envisions sponsorship to be a targeted dollar amount, and the sponsor company could have their business name printed on a bag, film or sticker of the meal packaging. Discussion followed.

Committee Discussion

Future meeting date: November 18, 2025, at 10:30am.
Future Agenda Items: None.

Adjourn

Chair Brendemihl adjourned the meeting at 11:06 am.

DRAFT

VEHICLE INVENTORY

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 / Wheelchair Positions *(Ambulatory/Non-Ambulatory)*	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is leased to another party.
					5310	85.21	Trust	Other	
Minibus	**1FDEE3FL5DDB12815**	**2013**	**157,793**	**12/0**	**x**			☐	**x**
Minibus	**1FDES8PV7JKA14544**	**2018**	**138,077**	**6/2**	**x**			☐	**x**
Minibus	**1FDES8PV7JKA14545**	**2018**	**123,732**	**6/2**	**x**			☐	**x**
Minibus	**1FDEE3FS7KDC55527**	**2020**	**90,996**	**12/0**	**x**			☐	**x**
Minivan	**2C7WDGBGXGR396491**	**2016**	**185,810**	**3/2**	**x**			☐	**x**
Minivan	**SC7WDGB0KR779395**	**2019**	**97,668**	**3/1**	**x**			☐	**x**
Minivan	**2C4RC1CG5NR224195**	**2022**	**59,173**	**3/1**	**x**			☐	**x**
Minibus	**1FDFE4FN2SDD16738**	**2025**	**16,891**	**12/2**	**x**			☐	**x**
Minibus	**1FDFE4NXSDD33089**	**2025**	**4,465**	**12/2**	**x**			☐	**x**
								☐	
								☐	
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								☐	
								☐	

Vehicle Type	Full VIN Number	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	

Vehicle Type	Full VIN Number	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is

THIRD PARTY PROVIDERS

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 **Supporting Documents Tab in your TMS application.** *(If there are no projects or vehicles that are contracted or leased out, please put **None** in the first gray box.)*

Project Name	Anticipated or Known Contractor Name	Type of Agreement *(Lease or Contract)*	Start Date *(MM/DD/YY)*	Expiration Date *(MM/DD/YY)*	Last Bid Date	Contract Price	If over $10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
Green Lake County	**Green Lake County Aging Department**	**Contract**	**01/01/2026**	**12/31/2026**	**N/A**	**48,919**	**No**	**1**
Fox River Industries	**Dawn Brantley**	**Contract**	**01/01/2026**	**12/31/2026**	**N/A**	**17,141**	**No**	**1**
City of Berlin	**Berlin Senior Center**	**Contract**	**01/01/2026**	**12/31/2026**	**N/A**	**29,807**	**No**	**1**

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

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 2025 purchases made with trust funds. Please contact WisDOT Program Manager(s) for pre-approval prior to any trust fund expenditure.

Expenditure Item *Please provide description of capital purchase. If more space is needed please use narrative box at bottom of page.*	Planned year of purchase *(YYYY)*	Amt of Trust Used for Project
Total projected cost of 3-year plan		**$ -**

Estimated amount of state aid to be held in trust on 12/31/2025	

Will auto calculate based on year entered above		*Enter the amount of funds to be added for the next three years. If none, enter **0**.*			
Spending plan for 2026 =	$ -	*Funds added for 2026 =*		*Estimated balance on 12/31/26 =*	$ -
Spending plan for 2027 =	$ -	*Funds added for 2027 =*		*Estimated balance on 12/31/27 =*	$ -
Spending plan for 2028 =	$ -	*Funds added for 2028 =*		*Estimated balance on 12/31/28 =*	$ -

Date complete

Prepared by

Overflow Narrative for trust fund spending. *(Hint: Use ALT and Enter to start a new paragraph.)*

PROJECT 1 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 applicable gray boxes .

Project Name	**City of Berlin**
Third Party Provider	City of Berlin
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)*	**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.)*

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 though 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. Ability to provide rides outside of service area as needed as approved by Green Lake County ADRC / Aging Manager.

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

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

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 has a disability 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. 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 BUDGET

Section Description	Amount

Annual Expenditures

***When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.**

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

Total Expenses	**$39,807.00**

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.

A. §85.21 funds from annual allocation	**Total from A.**	$26,007.00
B. §85.21 funds from trust fund	**Total from B.**	
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 the 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	
4.		Total	
5.		Total	
6.		Total	

Revenue Total **$39,807.00**

Expenditures should equal revenue	**$0.00**

PROJECT 2 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 applicable gray boxes.

Project Name	**Fox River Industries**
Third Party Provider	Fox River Industries
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)*	**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.)*

Fox River Industries provides a fixed route door to door bus/van service twice daily. Services are generally provided weekdays only with fixed routes. On-call rides will be provided as requested. Call-ins are served as time and available drivers permit. Primary transportation target group is the developmentally disabled. Fox River Industries has 9 vans and busses, seven of which are wheelchair accessible. The primary source of revenue for this project is 85.21 funds, County funds and passenger co-pays. In addition to fixed route services, Fox River Industries, provides non-emergency medical transportation, employment transportation, and transportation to access the community for the aging and disabled populations of Green Lake County.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Green Lake County

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

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

Additional description *(if applicable)*

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

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

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

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

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

The primary use of this Service Provider is to supplement transportation needs for individuals with disabilities and Seniors to access services and employment.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

***When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.**

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

Total Expenses **$208,141.00**

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.

A. §85.21 funds from annual allocation	**Total from A.**	$12,633.00
B. §85.21 funds from trust fund	**Total from B.**	$1,000.00
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 the box to the right of the description. Include sources such as other grants and/or programs.)

1.	County Levy	Total	$115,000.00
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total	**$208,141.00**

Expenditures should equal revenue	**$0.00**

PROJECT 3 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 applicable gray boxes. .

Project Name	**Green Lake County**
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)*	**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.)*

Green Lake County 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 required for out of town trips. Any person over the age of 55 or individuals with a disability may request the service. Medical trips take priority over all other trips. This is a suggested contribution program. The primary funding source for this project is 85.21 funding, along with County funding, rider fees and contributions.

PROJECT DESCRIPTION, Continued

Geography of Service

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

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**As Needed**	**7am**	**7am**	**7am**	**7am**	**7am**	**As Needed**
End Time	**As Needed**	**5pm**	**5pm**	**5pm**	**5pm**	**5pm**	**As Needed**

Additional description *(if applicable)*

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

Riders will first reach out to the ADRC to complete the pre-approval assessment to utilize the program. Once approved, riders will reach out to volunteer drivers directly to check availability. Riders and Drivers are provided operational manuals explaining the program and policies of the program. Volunteers and accept or deny rides. If no ride is available, the ADRC will assist with other resources.

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.)*

The program is a suggested contribution for rides. The suggested contribution is as follows: $5 local rides, $20 County rides, and $40 outside of County.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

***When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.**

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

Total Expenses **$99,420.00**

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.

A. §85.21 funds from annual allocation	**Total from A.**	$41,249.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$7,670.00
D. Passenger Revenue	**Total from D.**	$50,501.00
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.**	$0.00

(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 **$99,420.00**

Expenditures should equal revenue	$0

COUNTY ELDERLY TRANSPORTATION
2026 PROJECT BUDGET SUMMARY

Project Name	City of Berlin	Fox River Industries	Green Lake County	0	0	0	0	0	Totals
Project Expenses									
Total Project Expenses	$39,807.00	$208,141.00	$99,420.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$347,368.00**
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	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$1,000.00**
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 (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**

SPONSORSHIP OPPORTUNITY

Green Lake County Meal Program: Supporting Our Seniors

The Green Lake County meal program currently serves over 100 seniors daily in the Green Lake County area, providing one hot, nutritious meal each day to those most in need within the community. This program not only delivers meals but also offers an opportunity for social interaction and wellness checks for seniors with every delivery. Frequently, the only social interaction these seniors receive throughout the day is from our meal drivers.

While the program does receive some funding from state and federal grants, it is not enough to fully support the entire population of Green Lake. The remainder of the funding comes from local taxpayers. Seniors receiving meals are only requested to make a suggested contribution, ensuring that those in greatest need can access the program.

Seeking Community Sponsors

The Green Lake County Meal Program is actively looking for community sponsors to support either meal provisions or program supplies. By becoming a sponsor, your company's information can be featured on a sticker included with each meal package. We serve over 25,000 meals annually and will also promote your company through marketing materials distributed across various platforms, including social media, printed materials, and newsletters (1,500 distributed bi-monthly within the community).

The annual cost of supplies for the program is $30,000. Securing sponsors for these supplies will allow us to provide an additional 2,500 meals each year to participants. The estimated cost to serve one meal is approximately $12, and all sponsorship funding will be directly used to increase meal availability for seniors.

If you are interested in discussing this further, please reach out to Ryan Bamberg, ADRC Manager, at 920-294-4070 or via email at rbamberg@greenlakecountywi.gov. Thank you for considering a partnership with the Green Lake County Nutrition Program to help meet the needs of our community.