2022 APPLICANT INFORMATION FORM

****

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

County of   **Dane**

Primary Contact for this Grant Program

Name	**Jane Betzig**
Telephone Number	**608-320-6639** **Extension**
Email Address	betzig.jane@countyofdane.com

Application Preparer *(if different than primary contact)*

Name	
Organization	
Telephone Number	**Extension**
Email Address	

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

Organization Info   *Place your initials in the box certifying all organization information, including contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your knowledge.* | JB |

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

5310	X	**5307**		**5311**	

Other *(Please explain)*

Coordination   *Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived.*

Title of Coordinated Plan: Coordinated Public Transit - Human Services Transportation Plan For Dane County 2019-2023

The goal(s) and/or strategies from which your project is included: **P33 Fare assist:** RU/OATA p 21 and SMTAP p 23. **P33 Employ Transportation:** Rideline/ETA p 23. **P33 Available resources:** Call Center p 20 and Mobility Management p 28. **P33 Travel/Mobility Training:** TT p 20. **P33 Increase group transportation:** RSG p 21. **P33 Volunteer driver mileage reimbursement:** RSVP/Vets Help Vets p 23. Paratransit p 17.

Page number(s) of the Coordinated plan in which the goals may be referenced: P33 refers to strategies on page 33.

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

YES	X
NO	

(If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of   **Dane**

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

VEHICLE INVENTORY

County of   **Dane NA**

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.)*	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	Other	
							☐
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							☐

Vehicle Type	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

County of   **Dane**

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

Project Name	Anticipated or Known Contractor Name	Type of Agreement *(Lease or Contract)*	Bidding Required *(Yes or No)*	Start Date *(MM/DD/YY)*	Expiration Date *(MM/DD/YY)*
Rural Community Access Group	Car Van Service, Inc.	contract	Yes	01/01/2021	12/30/2021
	Transit Solutions, Inc.	contract	Yes	01/01/2021	12/30/2021
	Capital Express, LLC	Contract	Yes	01/01/2021	12/30/2021
Community Access Individual	None	None		01/01/2021	12/30/2021
Volunteer Driver Program	RSVP	contract	No	01/01/2021	12/30/2021
	Dane County TimeBank	contract	No	01/01/2021	12/30/2021
	DryHootch of America, Inc.	contract	No	01/01/2021	12/30/2021
Urban Paratransit Coordination	Madison Metro Transit	Service Agreement	Agreement	01/01/2021	12/30/2021
Senior Diversity Program	None	None	No	01/01/2021	12/30/2021
Mobility Management Project	None	None	grant	01/01/2021	12/30/2021

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.
*Right click on tab, select **Move or Copy**, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.*

TRUST FUND SPENDING PLAN

County of **Dane NA**

Instructions: Please record your plan on how your county will spend down their trust fund over the **next three years.**
Be as specific as possible. Do NOT include 2021 purchases made with trust funds.

Expenditure Item *If non-vehicle capital purchase, please provide description on second page below.*	Planned year of purchase *(YYYY)*	Project Cost

Total projected cost of 3-year plan | | $ - |

Estimated amount of state aid to be held in trust on 12/31/2021	

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 2022 =	$ -	*Funds added for 2022 =*		*Estimated balance on 12/31/22 =*	$ -
Spending plan for 2023 =	$ -	*Funds added for 2023 =*		*Estimated balance on 12/31/23 =*	$ -
Spending plan for 2024 =	$ -	*Funds added for 2024 =*		*Estimated balance on 12/31/24 =*	$ -

Date complete

Prepared by

Narrative for non-vehicle equipment purchases. *Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use ALT and Enter to start a new paragraph.)*
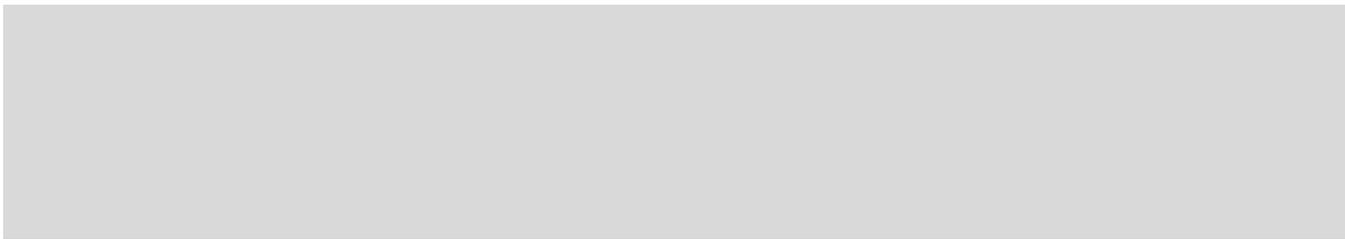
For additional space to complete your narrative, please scroll down to second page.

TRUST FUND SPENDING PLAN
Continued

County of   **0**

Narrative for non-vehicle equipment purchases continued.
(Hint: Use "ALT" and "Enter" to start a new paragraph.)
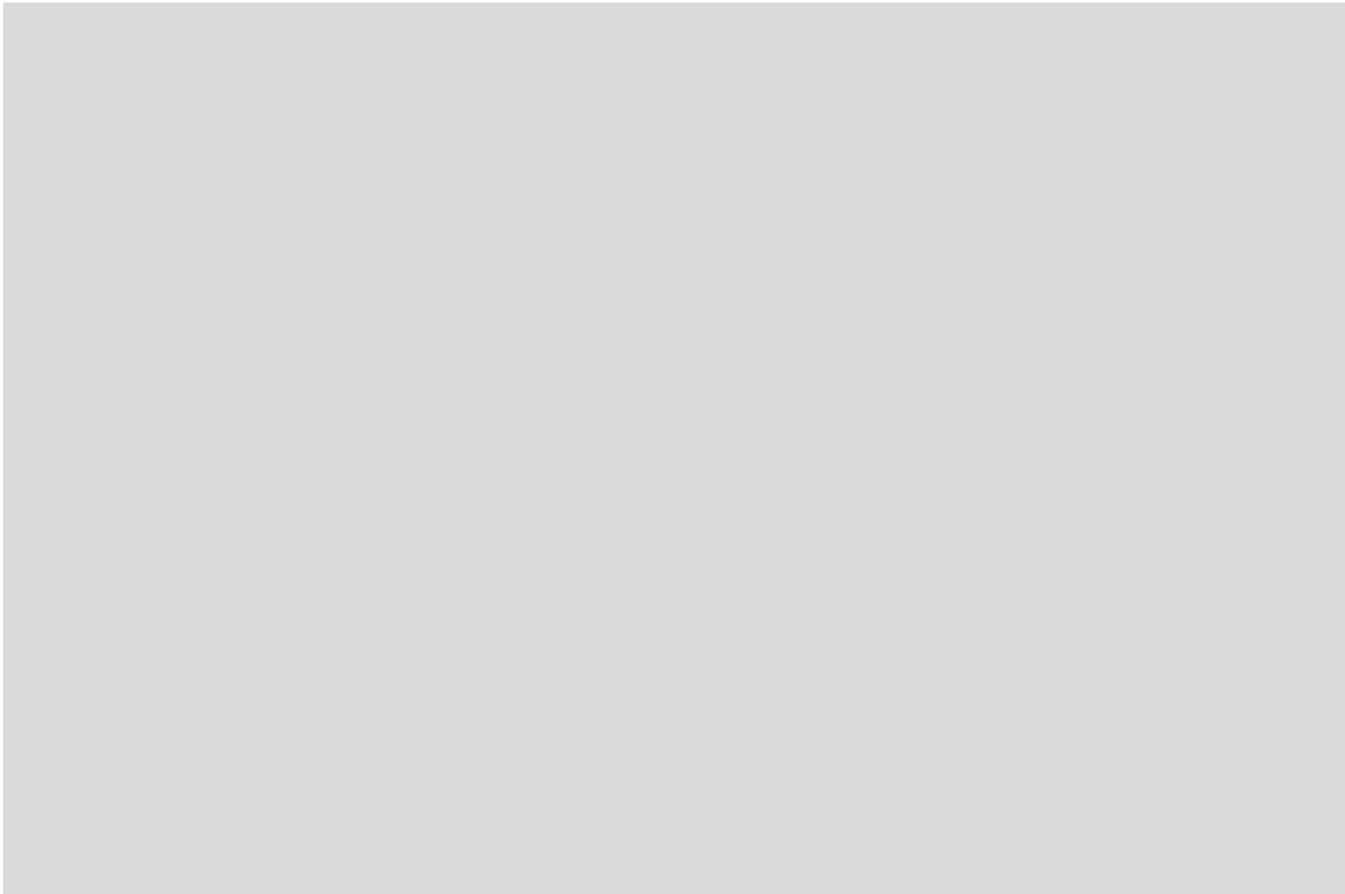
PROJECT 1 DESCRIPTION

County of **Dane**

Project Name | **Rural Community Access - Group Transportation**

Third Party Provider | Capital Express LLC, Care Van Services Inc., Transit Solutions Inc.

Date contract last updated | 2021

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)*	**Contracted Transportation using vans and buses. Paid drivers.**		

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

Target Population: Adults age 60+ and persons with disabilities who live in their own homes or apartments.
Purpose: Receive rides to community/senior centers, nutrition sites, grocery/general shopping and selected social activities.
Type of Service: Service is door-to-door, and passengers are assisted with stairs and curbs. Vehicles are accessible. This is a routed group service.

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.)

All of Dane County except areas served by the Urban Group Access Service (not an 85.21 funded program).

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		**9:30 am**	**9:30 am**	**9:30 am**	**9:30 am**	**9:30 am**	
End Time		**2:30 pm**	**2:30 pm**	**2:30 pm**	**2:30 pm**	**2:30 pm**	

Additional description
(if applicable)

Varies by service area. Generally M-F 9:00 am to 2:30 pm. Special activities/events may occur on weekends. Events may start earlier than 9:00 am. Events are also offered in the evening.

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

Reservations are made at the designated service focal points in each community, generally the senior or community center. Reservation are accepted until 2:30 pm the previous business day.

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

Adults 60+/persons with disabilities who live in their own homes or apartments.

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

Passengers pay a fare of $0.50/one way ride for nutrition, $1.00/one way ride for in-town shopping, $1.50/one way ride for adult daycare and $1.50/one way rife for out-of town shopping. However, no one is denied service to nutrition and in-town grocery shopping because of inability to pay. Passenger fares are collected by the transportation provider and returned to Dane County to support the program.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses | **$459,969**

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

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation   **Total from A.** | $425,388

B. §85.21 funds from trust fund   **Total from B.** |

C. County Match Funds   **Total from C.** | $15,081

D. Passenger Revenue   **Total from D.** | $19,500

E. Older American Act (OAA) funding   **Total from E.** |

F. §5310 Operating or Mobility Management funds   **Total from F.** |

G. Other funds   **Total from G.** | $0
(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1.   Total

2.   Total

3.   Total

4.   Total

5.   Total

6.   Total

Revenue Total | **$459,969**

Expenditures should equal revenue	$0

PROJECT 2 DESCRIPTION

County of **Dane**

Project Name | **Community Access - Individual Transportation**

Third Party Provider |

Date contract last updated | 2021

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)*	**Fare assistance program.**	

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

This project includes 4 sub-programs:
1. The Medical Transportation Assistance Program (MedTrAsst).
2. The Client Transportation Assistance Program (RideLine).
3. The Older Adult Transportation Assistance Program (OATA).
4. The Rural Access Transportation Program (RA).

These sub-programs have different eligibility criteria, but all serve persons whose transportation needs are not met by other programs.

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.)

All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**X**	**X**	**X**	**X**	**X**	**X**	**X**
End Time	**X**	**X**	**X**	**X**	**X**	**X**	**X**

Additional description
(if applicable) **Varies by passenger's need.**

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

Most ride requests are provided by Dane County Department of Human Services. Rides are authorized and scheduled by the Mobility Management Project (One-Call Center).

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

The sub-programs have different eligibility requirements: MedTrAsst is limited to non-MA billable medical trips and serves people with mobility needs not served by the volunteer driver programs; Rideline serves persons with disabilities with employment transportation needs; OATA and RA programs serve persons with a disability or 60+ with individual community access needs. All programs serve persons whose needs are not met by other programs.

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

The amount of subsidy is determined by Dane County Department of Human Services on a case-by-case basis, based on need and ability to pay. The co-pay is deducted from the cost of transportation and the voucher or authorization is issued for the remaining net cost.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses	**$146,400**

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

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation — Total from A. — $100,961

B. §85.21 funds from trust fund — Total from B.

C. County Match Funds — Total from C. — $45,439

D. Passenger Revenue — Total from D.

E. Older American Act (OAA) funding — Total from E.

F. §5310 Operating or Mobility Management funds — Total from F.

G. Other funds — Total from G. — $0
(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

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

Revenue Total	**$146,400**

Expenditures should equal revenue	$0

PROJECT 3 DESCRIPTION

County of **Dane**

Project Name **Volunteer Driver Program**

Third Party Provider | Retired Senior Volunteer Program, DryHootch, Dane County TimeBank.

Date contract last updated | 2021

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

Volunteer Driver	**X**	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		*Brief description of Study*	
Other *(provide explanation)*			

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

Eligible riders receive rides to medical appointments and other community services. The service is door-to-door and volunteer drivers will assist passengers in getting to the correct location within the clinic or hospital. Most rides are provided in the volunteers' own cars and are usually not accessible. Volunteer drivers receive mileage reimbursemnt equivalent to the current IRS rate. Veteran Rides: both veterans and their spouses receive rides. The drivers are veterans. Some paid drivers transport veterans that require an accessible vehicle.

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.)

> **All of Dane County.**
> **Dane County Veterans may be provided transportation into surrounding counties.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**X**	**X**	**X**	**X**	**X**	**X**	
End Time							

Additional description *(if applicable)*
> **Time and day depend on driver availability and passenger need. RSVP provides service M-F 8 am to 4 pm. TimeBank provides service M-F 7 am to 5 pm. DryHootch provides service M-F 7 am to 4 pm and on some weekend and evenings.**

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

> **Actual ride scheduling is arranged between the ride scheduler, the driver and the rider. Volunteer driver programs provide training, oversight and mileage reimbursement. If a volunteer is not available to provide the ride, the customer is sent to the Dane County Transportation Call Center for assistance.**

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

> **Dane County residents 60+ and passengers with disabilities are serviced. Veterans and their spouses regardless of age, disability and discharge status are serviced.**

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

By donation only.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses | **$587,120**

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

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation **Total from A.** $270,105

B. §85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** $214,515

D. Passenger Revenue **Total from D.** $31,500

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.** $71,000
*(Provide name and/or description and record total amount in the
box to the right of the description. Include sources such as other
grants and/or programs.)*

1. City of Madison Total $71,000

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total | **$587,120**

Expenditures should equal revenue	$0

PROJECT 4 DESCRIPTION

County of **Dane**

Instructions

Project Name **Urban Paratransit Coordination**

Third Party Provider | Madison Metro Transit

Date contract last updated | 2021

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)*	**ADA Complementary Paratransit service of urban mass transit utility.**		

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

Eligible passengers receive rides to destinations within the Metro Transit service area. Eligibility is determined by Metro Transit. The service is door-to-door, and vehicles are accessible. Service is coordinated through Metro Transit. This project is one of many cost-sharing and coordination programs between Metro Transit and Dane County.

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.)

Madison, Middleton, parts of Fitchburg.
The Madison Metro Transit service area.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**X**	**X**	**X**	**X**	**X**	**X**	**X**
End Time							

Additional description
(if applicable)   **All Metro Transit regularly scheduled hours of operation.**

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

Reservations are made by 4:30 pm on the day prior to service.

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

Determined by the Metro Transit In-person Assessment Paratransit eligibility process. Persons with disabilities or conditions which prevent them from using mainline service. Regardless of age.

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

The passenger fare for Metro-Plus is $3.25/one way ride, in the form of prepaid tickets or payments upon boarding. Fares are recorded and retained by Metro Transit.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses $267,907

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

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation　　　　**Total from A.** $267,907

B. §85.21 funds from trust fund　　　　**Total from B.**

C. County Match Funds　　　　**Total from C.**

D. Passenger Revenue　　　　**Total from D.**

E. Older American Act (OAA) funding　　　　**Total from E.**

F. §5310 Operating or Mobility Management funds　　　　**Total from F.**

G. Other funds　　　　**Total from G.** $0
*(Provide name and/or description and record total amount in the
box to the right of the description. Include sources such as other
grants and/or programs.)*

1.　　　　Total

2.　　　　Total

3.　　　　Total

4.　　　　Total

5.　　　　Total

6.　　　　Total

Revenue Total $267,907

Expenditures should equal revenue	$0

PROJECT 5 DESCRIPTION

County of   **Dane**

Project Name   **Senior Diversity Program Transportation**

Third Party Provider   NewBridge, Inc. (Madison Focal Point - POS contract)

Date contract last updated   2021

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)*	**Contracted Transportation - Taxis, vans and buses using paid drivers.**		

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

Persons attending culturally - specific programming approved by Dane County Department of Human Services receive group or individual rides to program sites. Accessibility is based on passenger need.

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.)

All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description
(if applicable)   **Varies by passenger and program need.**

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

Transportation Service is coordinated through NewBridge, Inc which develops the programming.

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

Dane County residents age 60+ who live in their own homes or apartments who attend cultural diversity programming.

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

Donations are determined by NewBridge, Inc. depending on program type. Transportation donations are retained by NewBridge help support the program.

PROJECT BUDGET

Section Description	**Amount**

Annual Expenditures

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

Total Expenses	**$28,217**

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

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation	**Total from A.**	$15,000
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$13,217
D. Passenger Revenue	**Total from D.**	
E. Older American Act (OAA) funding	**Total from E.**	
F. §5310 Operating or Mobility Management funds	**Total from F.**	
G. Other funds	**Total from G.**	$0

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

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

Revenue Total	**$28,217**

Expenditures should equal revenue	$0

PROJECT 6 DESCRIPTION

County of **Dane**

Project Name | **Mobility Management Project**

Third Party Provider | Retired Senior and Volunteer Program, Mobility Training Independent Living, Inc.

Date contract last updated | 2021

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

Volunteer Driver	**X**	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		*Brief description of Study*	
Other *(provide explanation)*	**Paid staff at One Stop Call Center. Contracted mobility training by RSVP and non profit Mobility Training Independent Living Program, Inc.**		

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

The Mobility Management project has two components: Transportation Call Center (CC) and Travel Training (TT). The CC is staffed by a Mobility Manager and is a single point-of-entry for transportation information in Dane County. Information on all available transportation resources is provided. Services include: identification on transportation availability; options counseling; introduction and referral to individual/group ride services; assessment, eligibility determination and ride authorization for specialized transportation; enrollment in travel training programs and follow-up assistance in maintaining mobility. Dane County offers two TT programs: Bus Buddy (BB) and Mobility Training (MT). BB utilizes qualified volunteers (RSVP) to train and accompany passengers on mainline routes. MT utilizes Occupational Therapy Aids (MTILP) to provide in-depth instruction on mainline bus use.

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.)

> **CC: All of Dane County and some authorized rides outside of Dane County. TT: Metro and paratransit boundaries.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		**8:30 am**	**8:30 am**	**8:30 am**	**8:30 am**	**8:30 am**	
End Time		**4:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**	

Additional description
(if applicable)

> **Rides authorized by the Call Center include Sunday through Saturday; rides typically 7 am to 6 pm. Travel Training is offered Monday through Friday 8 am to 4 pm.**

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

> **Ride information, individualized ride authorizations and travel training requests are arranged during the Call Center office hours 8:30 am to 4:00 pm Monday through Friday.**

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

> **Everyone is welcome to contact the Call Center. Dane County residents are eligible for ride authorizations, referrals to human services transportation programs and travel training programs.**

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

There is no cost to contacting the Call Center. Their is no cost to travel training. Ride Authorizations: the amount of subsidy is determined by Dane County Department of Human Services on a case-by-case basis, based on need and ability to pay. The co-pay is deducted from the cost of transportation and the voucher or authorization is issued for the remaining net cost.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses	**$150,500**

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

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation	**Total from A.**	$30,250
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	
D. Passenger Revenue	**Total from D.**	
E. Older American Act (OAA) funding	**Total from E.**	
F. §5310 Operating or Mobility Management funds	**Total from F.**	$120,250
G. Other funds	**Total from G.**	$0

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

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

Revenue Total	**$150,500**

Expenditures should equal revenue	$0

COUNTY ELDERLY TRANSPORTATION
2022 PROJECT BUDGET SUMMARY

County of **Dane**

Project Expenses

Project Name	Rural Community Access - Group Transportation	Community Access - Individual Transportation	Volunteer Driver Program	Urban Paratransit Coordination	Senior Diversity Program Transportation	Mobility Management Project	0	0	Totals
Total Project Expenses	$459,969.00	$146,400.00	$587,120.00	$267,907.00	$28,217.00	$150,500.00	$0.00	$0.00	**$1,489,613.00**

Project Revenue by Funding Source

	Rural Community Access - Group Transportation	Community Access - Individual Transportation	Volunteer Driver Program	Urban Paratransit Coordination	Senior Diversity Program Transportation	Mobility Management Project	0	0	Totals
§85.21 Annual Allocation	$425,388.00	$100,961.00	$270,105.00	$267,907.00	$15,000.00	$30,250.00	$0.00	$0.00	**$1,109,611.00**
§85.21 Trust Fund	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
County funds	$15,081.00	$45,439.00	$214,515.00	$0.00	$13,217.00	$0.00	$0.00	$0.00	**$288,252.00**
Passenger Revenue	$19,500.00	$0.00	$31,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$51,000.00**
Older American Act (OAA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
§5310 grant funds	$0.00	$0.00	$0.00	$0.00	$0.00	$120,250.00	$0.00	$0.00	**$120,250.00**
Total from other funds	$0.00	$0.00	$71,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$71,000.00**
1.	$0.00	$0.00	$71,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$71,000.00
2.	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5.	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6.	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Expenses - revenue =	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**