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	
									☐
									☐
									☐
									☐
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									☐
									☐

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)
Rural Community Access	**Care Van Service, Inc.**	**contract**	**01/01/2026**	**12/31/2026**	**2024**	**50171**	**Yes**	**2**
Rural Community Access	**Transit Solutions, Inc.**	**contract**	**01/01/2026**	**12/31/2026**	**2024**	**457227**	**Yes**	**2**
Volunteer Driver Program	**RSVP**	**contract**	**01/01/2026**	**12/31/2026**	**N/A**	**488982**	**No**	**3**
Urban Paratransit Coordination	**Madison Metro Transit**	**Service Agreement**	**01/01/2026**	**12/31/2026**	**N/A**	**267907**	**No**	**3**
Senior Diversity Program	**NewBridge Madison, Inc.**	**contract**	**01/01/2026**	**12/31/2026**	**2023**	**42141**	**Yes**	**3**

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 thresh

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	**Rural Community Access - Group Transportation**
Third Party Provider	Rural Community Access - Group Transportation
Date contract last updated	2025

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.

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.)

All of Dane County except the City of Madison.

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 9:30 am to 2:30 pm. Special activities/events may occur on weekends, start earlier than 9:30 am, or be 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 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

***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 **$507,398.00**

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.**	$430,588.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$73,936.00
D. Passenger Revenue	**Total from D.**	$2,874.00
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 **$507,398.00**

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	**Community Access - Individual Transportation**
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)*	**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.

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.)

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.)*

Rides are requested throguh 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

***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 **$295,223.00**

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.**	$225,205.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$70,018.00
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.**	
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 **$295,223.00**

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	**Volunteer Driver Program**
Third Party Provider	Retired Senior Volunteer Program
Date contract last updated	2025

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 reimbursement equivalent to the current IRS rate. Veteran Rides: both veterans and their spouses receive rides. The drivers are veterans.

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.)

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		**7:00 am**	**7:00 am**	**7:00 am**	**7:00 am**	**7:00 am**	
End Time		**4:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**	

Additional description *(if applicable)*: **Time and day depend on driver availability and passenger need. RSVP provides service M-F 8 am to 4 pm.**

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

Passengers call RSVP directly to schedule. Actual ride scheduling is arranged between the ride scheduler, the driver and the passenger. 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 served. Veterans and their spouses regardless of age, disability and discharge status are served.

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

By donation only. When donations are received they are collected by RSVP and returned to Dane County to support the program.

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 **$491,327.00**

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.**	$201,811.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$142,165.00
D. Passenger Revenue	**Total from D.**	$24,126.00
E. Older American Act (OAA) funding	**Total from E.**	$52,225.00
F. §5310 Operating or Mobility Management funds	**Total from F.**	
G. Other funds	**Total from G.**	$71,000.00

(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 Madison	Total	$71,000.00
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total **$491,327.00**

Expenditures should equal revenue	$0

PROJECT 4 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	**Urban Paratransit Coordination**
Third Party Provider	Madison Metro Transit
Date contract last updated	2025

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.

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.)

Madison, Monona, Middleton, Sun Prairie, Verona, parts of Fitchburg and the Village of Shorewood Hills.

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 calling Metro Transit 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

***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 **$267,907.00**

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.**	$267,907.00
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.**	$0.00

(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 **$267,907.00**

Expenditures should equal revenue	$0.00

PROJECT 5 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	**Senior Diversity Program Transportation**
Third Party Provider	NewBridge, Inc. (Madison Focal Point - POS contract)
Date contract last updated	2025

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.

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.)

All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		**7:00 am**	**7:00 am**	**7:00 am**	**7:00 am**	**7:00 am**	
End Time		**8:00 pm**	**8:00 pm**	**8:00 pm**	**8:00 pm**	**8:00 pm**	

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.)*

By donation only. When donations are received they are collected by Newbridge and returned to Dane County to support the program.

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 **$42,141.00**

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.**	$25,000.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$17,141.00
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.**	
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 **$42,141.00**

Expenditures should equal revenue	$0.00

PROJECT 6 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	**Mobility Management Project**
Third Party Provider	Retired Senior and Volunteer Program
Date contract last updated	2025

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)*	**Paid staff at One Stop Call Center. Contracted mobility training by RSVP**		

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 of 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 also offers a Travel Training program: Bus Buddy (BB). BB utilizes qualified volunteers (RSVP) to train and accompany passengers on mainline routes.

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.)

All of Dane County for the Transportation Call Center. The Bus Buddy service area coresponds to the Metro Transit service area.

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.)*

Rides and travel training are requested by calling the Transportation Call Center at 608-242-6489.

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. There 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

***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 **$197,500.00**

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.**	$39,500.00
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.**	$158,000.00
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 **$197,500.00**

Expenditures should equal revenue	$0.00

COUNTY ELDERLY TRANSPORTATION
2026 PROJECT BUDGET SUMMARY

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
Project Expenses									
Total Project Expenses	$507,398.00	$295,223.00	$491,327.00	$267,907.00	$42,141.00	$197,500.00	$0.00	$0.00	**$1,801,496.00**
Project Revenue by Funding Source									
§85.21 Annual Allocation	$430,588.00	$225,205.00	$201,811.00	$267,907.00	$25,000.00	$39,500.00	$0.00	$0.00	**$1,190,011.00**
§85.21 Trust Fund	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
County funds	$73,936.00	$70,018.00	$142,165.00	$0.00	$17,141.00	$0.00	$0.00	$0.00	**$303,260.00**
Passenger Revenue	$2,874.00	$0.00	$24,126.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$27,000.00**
Older American Act (OAA)	$0.00	$0.00	$52,225.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$52,225.00**
§5310 grant funds	$0.00	$0.00	$0.00	$0.00	$0.00	$158,000.00	$0.00	$0.00	**$158,000.00**
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*
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**