

**S.85.21 PROGRAM
ANNUAL FINANCIAL REPORT
2014**

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 2014 is true and correct.

Dane County

County

Signature (County Authorized Representative)

3/2/2015

Date

Norah Cashin

Printed Name

Transportation Manager

Title

608-242-6486

Phone

THE CERTIFICATION PAGE CAN BE ATTACHED AS A PDF DOCUMENT ALONG WITH THE SPREADSHEET AND EMAILED BY MARCH 15th TO:

Katherine.patterson@dot.wi.gov

SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM FOR COUNTIES

General Instructions

Counties who receive financial assistance under s. 85.21, Wis. Stats, must complete an annual report summarizing their specialized transportation service. The annual report consists of four parts:

Part I - Allocation Status: Summarizes (for all projects) how much of the county's allocation was spent and how much is being held in trust.

Part II - Trust Fund Status: To be completed by all counties with an approved trust arrangement

Part III - Projects: Compile one report for each completed project that received s. 85.21 aid. The projects must correspond to the projects described in the county's 2014 application.

Part IV – Summary of Financial Operations: Summarizes the project reports listed in Part III.

<u>Due Date:</u>

Annual Report: March 15, 2015

PART I

ALLOCATION STATUS INSTRUCTIONS

- Item 1: This amount is the county's 2014 allocation under s. 85.21. See Section II of your 2014 contract for this amount.
- Item 2: This total amount equals that from Part IV - Summary of Financial Operations, Item A, s. 85.21, Funds from Annual Allocation, which is the sum of all values entered in Part III for Item 3A. **Calculated automatically from Part IV.**
- Item 3: This is the amount of aid from the 2014 allocation that was not spent in 2014, but was retained in trust. A county holding aid in trust must have a trust arrangement approved by WisDOT or be in the process of developing such an arrangement.
- Item 4: Aid that is not spent in 2014 or retained in trust for future equipment acquisitions or maintenance cannot be "carried-over" into 2015. The balance of 2014 aid not spent or retained in trust must be refunded to WisDOT. Prior to refunding any portion of your 85.21 funds, please contact the program manager for a discussion of other options.
- Item 5: A county must spend from its appropriated matching share an amount equal to or greater than 20% of its allocation. This total amount equals that from Part IV - Summary of Financial Operations, Item C, County Funds, which is the sum of all values entered in Part III for Item 3C. **Calculated automatically from Part IV.**

Part I - Allocation Status Form

<u>Item</u>	<u>Description</u>	<u>Amount</u>
1.	Amount of s.85.21 aid received in 2014:	\$927,284.00
2.	Amount of s.85.21 aid spent from the 2014 allocation:	\$927,284.00
3.	Amount of unspent s.85.21 aid from the 2014 allocation to be held in trust:	\$0.00
4.	Balance of unspent s.85.21 aid from the 2014 allocation:	\$0.00
5.	Amount of county funds spent during 2014:	\$362,546.00

Percentage Share Checksum: Item 5 (county funds spent), should be at least 20% of Item 1 (total s.85.21 aid received).

The following value should be greater than or equal to \$0.00: ==> **\$177,089.20**

Unspent Aid Checksum: Item 1 minus Item 2 (unspent s.85.21 aid for 2014 should equal Item 3 plus Item 4 (Trust fund and/or WisDOT contribution for 2014).

The following value should equal \$0.00: ==> **\$0.00**

PART II

TRUST FUND STATUS INSTRUCTIONS

- Item 1: Must equal closing balance from previous year's report. For s. 85.21 trust funds that were authorized beginning in 2014, the opening balance will be zero.
- Item 2A: Indicate deposits of s. 85.21 aid to the trust fund made during the period January 1 through December 31, 2014. Do not include funds from other sources that a county may also be holding.
- Item 2B: If the s.85.21 aid is held in trust in an interest earning account, the interest must be added, at least annually, to the aid held in trust.
- Item 3: Adjustments are those net additions or subtractions to the fund as a result of audit or administrative findings. They are corrections to the fund balance.
- Item 4: Self-explanatory - **Calculated automatically**
- Item 5: "Outlays" include grants or direct purchases made by a county from the aid it holds in trust. Items purchased must itemized here **and** on Part III - Projects under Section 1 item **Capital Outlay**.
- Item 6: Self-explanatory - **Calculated automatically**

Part II - Trust Fund Status Form

Item	Description	Amount
1.	Opening Balance on January 1, 2014:	
	Additions to Funds Held in Trust:	
	A. s. 85.21 Aid deposited in 2014	
2.	B: Interest Earned by s. 85.21 Aid in 2014	
3.	Adjustments:	
4.	Total Amount Available: (Items 1, 2A, 2B and 3):	\$0.00
5.	Total Outlays During the Year From Funds Held in Trust:	\$0.00

Show below the items (and their owners) that were purchased with s. 85.21 funds held in trust. In the case of vehicles, state the type, make, model year, seating capacity and whether or not the vehicles are equipped with lifts or ramps.

	Item & Owner	Total Cost	Aid Spent From Trust Fund
5a.			
5b.			
5c.			
5d.			
5e.			
5f.			
	Total - Section 5	\$0.00	\$0.00

6. Closing Balance on December 31, 2014: (Item 4 minus Item 5) **\$0.00**

Trust Funds Spent Checksum: Item 5 - Total Outlays During the Year From Funds Held in Trust, must equal that from Part IV - Summary of Financial Operations, Item B, s.85.21, Funds from Trust Fund, which is the sum of all values entered in Part III for Item 3B.

The following value should equal \$0.00: ==> **\$0.00**

PART III

PROJECTS INSTRUCTIONS

- Item 1: List the project expenditures that were incurred during 2014. Total project expenditures for the full year should be described. Be careful to observe the following program conditions:
- * Expenditures must be able to be supported with documentation, if requested. For example, personnel expenditures are to be supported by payrolls which in turn are backed by time records. If personnel do not spend their time exclusively on s. 85.21 project activities, then their wages and benefits that are chargeable to the s. 85.21 program should be supported by an equitable time distribution scheme. Other expenses should be supported by invoices or other written evidence. (No documentation is to be included with this report.)
 - * Expenses must have been incurred during the period January 1, 2014, through December 31, 2014. Services to be provided in 2015 may not be prepaid with 2014 aid.
 - * All equipment purchased in 2014 with s. 85.21 aid must be fully described. In the case of vehicles, state the type, make, model year, seating capacity, and whether or not they are equipped with wheelchair lifts or ramps. For other equipment, state the quantity, manufacturer's name, model, and (if appropriate) the proportion of time it will be used in the county's specialized transportation program.
- Item 2: Indicate the amount of passenger revenue that is applied to 2014 expenses. This figure must include passenger revenue that was earned in 2014 from services sponsored with s. 85.21 aid. Passenger revenue collected and retained by a subcontractor must be reported on this line. All passenger revenue earned should be spent on expenses incurred in the year the revenue was earned. Any unspent 2014 passenger revenue must be spent by June 30, 2015. Unspent passenger revenue as of that date becomes payable to the department.
- Passenger revenue should be subtracted from total expenditures and the results shown on the net expenditures line.
- Item 3: Indicate the amounts and sources of aid to which the net expenditures were charged. If a project pays for its specialized transportation activity with funds from various sources, its records must show how expenditures are allocated to different sources so that no expenditures are double-charged and so that it can be determined what each source paid.

Cost Allocation Definitions

1. Direct Costs

Direct costs are those that can be identified specifically with a particular cost objective. These costs may be charged directly to grants, contracts, or to other programs against which costs are finally lodged.

2. Indirect Costs

Indirect costs are those costs (a) incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. The term "indirect costs," as used herein, applies to costs of this type related to the provision of **transportation** service. Indirect costs should be distributed to cost objectives that have direct benefit to the transportation program.

Methods for Charging Indirect Costs

It is permitted to charge indirect costs to the s. 85.21 grant. There are two methods in which these costs may be charged to the s. 85.21 grant.

Method 1:

The recipient would be allowed to charge direct costs to the grant as well as indirect costs allocated over an equitable base.

Direct labor must be supported by time sheets or time studies. If time studies are used to distribute labor, they should be performed using guidelines set by the Department of Transportation.

Method 2:

The recipient would be allowed to charge direct costs to the grant as well as a fixed percentage of direct costs to cover indirect costs. The Bureau of Transit, Local Roads, Railroads and Harbors has set the indirect cost rate at 10% of direct costs. Counties using this method should indicate the types of expenses included in the indirect cost allocation, which should not duplicate any of the expenses included as direct costs, and are reminded that costs for general county administration and for advisory committees or councils are not permitted expenses under s. 85.21.

For purposes of applying the indirect cost percentage, pass-through expenditures, such as those included in capital equipment purchases or service contracts will be excluded from direct costs.

Direct labor costs must be supported by time sheets. In no case would a direct labor allocation based on time studies or estimates be allowed under this method.

Please fill out a separate Part III sheet for **each** unique transportation project.

Part III - Project Form 1

Madison Metro Plus

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	
Administrative Personnel (salaries, wages, fringe benefits)	
Volunteer Driver Reimbursement	
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. City of Madison	\$164,519.00
2.	
3.	
4.	
5.	
Repairs and Maintenance	
Utility Services	
Other Contractual Services	
Total:	\$164,519.00

Fare Assistance Programs

Fare Assistance	Total:
-----------------	--------

Office Operations

Office Supplies & Expenses	Total:
----------------------------	--------

Vehicle Operations

Fuel and Lubricants	
Tires, Parts and Supplies	
Vehicle Leases	
Total:	\$0.00

Fixed Charges

Insurance	
Facility Rental	
Communications Equipment & Other Rentals	
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	
Capital Equipment (describe below)	
1.	
2.	
3.	
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1.	

2.		
3.		
Total:		\$0.00

Section	Description	Amount
2. Annual Net Expenditures - Summary		
	Total Annual Expenditures & Expenses	\$164,519.00
	Passenger Revenue	
	Net Expenditures (summary) Expenses minus Revenue	\$164,519.00

3. Annual Net Expenditures - Breakout By Funding Source		
	A. s.85.21 Funds from Annual Allocation	\$164,519.00
	B. s.85.21 Funds from Trust Fund	
	C. County Funds	
	D. Medicaid	
	E. Other Funds (describe below)	
1.		
2.		
3.		
4.		
5.		
6.		
	Net Expenditures (breakout) Funding payouts	\$164,519.00

Summary vs. Breakout Cross-check:	
This value will equal zero (0) when the totals of Section 2 and 3 are the same.	
Checksum	\$0.00

Part III - Project Form 2

Rural Senior Group Specialized Transportation Services

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	_____
Administrative Personnel (salaries, wages, fringe benefits)	_____
Volunteer Driver Reimbursement	_____
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. Capital Express	\$13,283.00
2. Care Van	\$87,890.00
3. Colonial Club	\$17,885.00
4. City of Monona / NES Senior	\$16,777.00
5. Transit Solutions	\$228,661.00
Repairs and Maintenance	_____
Utility Services	_____
Other Contractual Services	_____
Total:	\$364,496.00

Fare Assistance Programs

Fare Assistance	Total: _____
-----------------	--------------

Office Operations

Office Supplies & Expenses	Total: _____
----------------------------	--------------

Vehicle Operations

Fuel and Lubricants	_____
Tires, Parts and Supplies	_____
Vehicle Leases	_____
Total:	\$0.00

Fixed Charges

Insurance	_____
Facility Rental	_____
Communications Equipment & Other Rentals	_____
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	_____
Capital Equipment (describe below)	
1. _____	_____
2. _____	_____
3. _____	_____
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. _____	_____

2.		
3.		
Total:		\$0.00

Section	Description	Amount
2. Annual Net Expenditures - Summary		
	Total Annual Expenditures & Expenses	\$364,496.00
	Passenger Revenue	\$17,778.00
	<u>Net Expenditures (summary)</u>	\$346,718.00
	Expenses minus Revenue	

3. Annual Net Expenditures - Breakout By Funding Source		
	A. s.85.21 Funds from Annual Allocation	\$337,563.00
	B. s.85.21 Funds from Trust Fund	
	C. County Funds	\$9,155.00
	D. Medicaid	
	E. Other Funds (describe below)	
1.		
2.		
3.		
4.		
5.		
6.		
	<u>Net Expenditures (breakout)</u>	\$346,718.00
	Funding payouts	

Summary vs. Breakout Cross-check:		
This value will equal zero (0) when the totals of Section 2 and 3 are the same.		
	Checksum	\$0.00

Part III - Project Form 3

Specialized Transportation Service (STS)

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	_____
Administrative Personnel (salaries, wages, fringe benefits)	_____
Volunteer Driver Reimbursement	_____
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. Capital Express	\$484,978.00
2. Care Van	\$77,851.00
3. DD Tours	\$88,967.00
4. Transit Solutions	\$348,313.00
5. We Care	\$109,537.00
Repairs and Maintenance	_____
Utility Services	_____
Other Contractual Services	_____
Total:	\$1,109,646.00

Fare Assistance Programs

Fare Assistance	Total: _____
-----------------	--------------

Office Operations

Office Supplies & Expenses	Total: _____
----------------------------	--------------

Vehicle Operations

Fuel and Lubricants	_____
Tires, Parts and Supplies	_____
Vehicle Leases	_____
Total:	\$0.00

Fixed Charges

Insurance	_____
Facility Rental	_____
Communications Equipment & Other Rentals	_____
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	_____
Capital Equipment (describe below)	
1. _____	_____
2. _____	_____
3. _____	_____
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. _____	_____

2.		
3.		
Total:		\$0.00

Section	Description	Amount
---------	-------------	--------

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$1,109,646.00
Passenger Revenue	\$0.00
<u>Net Expenditures (summary)</u>	\$1,109,646.00

Expenses minus Revenue

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 Funds from Annual Allocation	\$202,218.00
B. s.85.21 Funds from Trust Fund	
C. County Funds	\$336,036.00
D. Medicaid	\$522,492.00
E. Other Funds (describe below)	
1. City of Madison	\$48,900.00
2.	
3.	
4.	
5.	
6.	
<u>Net Expenditures (breakout)</u>	\$1,109,646.00

Funding payouts

Summary vs. Breakout Cross-check:
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

Part III - Project Form 4

Supplemental Transportation Assistance

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement		
Total:		\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Repairs and Maintenance		
Utility Services		
Other Contractual Services		
Total:		\$0.00

Fare Assistance Programs

Fare Assistance		
Total:		\$53,406.00

Office Operations

Office Supplies & Expenses		
Total:		

Vehicle Operations

Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases		
Total:		\$0.00

Fixed Charges

Insurance		
Facility Rental		
Communications Equipment & Other Rentals		
Total:		\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
1. _____		
2. _____		
3. _____		
Total:		\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1. _____		

2.		
3.		
Total:		\$0.00

Section	Description	Amount
2. Annual Net Expenditures - Summary		
	Total Annual Expenditures & Expenses	\$53,406.00
	Passenger Revenue	
	<u>Net Expenditures (summary)</u> Expenses minus Revenue	\$53,406.00

3. Annual Net Expenditures - Breakout By Funding Source		
	A. s.85.21 Funds from Annual Allocation	\$50,938.00
	B. s.85.21 Funds from Trust Fund	
	C. County Funds	\$2,468.00
	D. Medicaid	
	E. Other Funds (describe below)	
1.		
2.		
3.		
4.		
5.		
6.		
	<u>Net Expenditures (breakout)</u> Funding payouts	\$53,406.00

Summary vs. Breakout Cross-check:	
This value will equal zero (0) when the totals of Section 2 and 3 are the same.	
Checksum	\$0.00

Part III - Project Form 5

Retired Senior and Volunteer Transportation (RSVP)

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement		
Total:		\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1. RSVP		\$346,732.00
2.		
3.		
4.		
5.		
Repairs and Maintenance		
Utility Services		
Other Contractual Services		
Total:		\$346,732.00

Fare Assistance Programs

Fare Assistance		
Total:		

Office Operations

Office Supplies & Expenses		
Total:		

Vehicle Operations

Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases		
Total:		\$0.00

Fixed Charges

Insurance		
Facility Rental		
Communications Equipment & Other Rentals		
Total:		\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
1.		
2.		
3.		
Total:		\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.		

2.		
3.		
Total:		\$0.00

Section	Description	Amount
2. Annual Net Expenditures - Summary		
	Total Annual Expenditures & Expenses	\$346,732.00
	Passenger Revenue	\$31,651.00
	<u>Net Expenditures (summary)</u>	\$315,081.00
	Expenses minus Revenue	

3. Annual Net Expenditures - Breakout By Funding Source		
	A. s.85.21 Funds from Annual Allocation	\$111,746.00
	B. s.85.21 Funds from Trust Fund	
	C. County Funds	\$3,687.00
	D. Medicaid	
	E. Other Funds (describe below)	
1.	City of Madison	\$77,018.00
2.	Title IIIB	\$107,630.00
3.	Mobility Management	\$15,000.00
4.		
5.		
6.		
	<u>Net Expenditures (breakout)</u>	\$315,081.00
	Funding payouts	

Summary vs. Breakout Cross-check:	
This value will equal zero (0) when the totals of Section 2 and 3 are the same.	
Checksum	\$0.00

Part III - Project Form 6

Veterans Transportation

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement		
Total:		\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1. Dryhooch		\$38,000.00
2.		
3.		
4.		
5.		
Repairs and Maintenance		
Utility Services		
Other Contractual Services		
Total:		\$38,000.00

Fare Assistance Programs

Fare Assistance		Total:

Office Operations

Office Supplies & Expenses		Total:

Vehicle Operations

Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases		
Total:		\$0.00

Fixed Charges

Insurance		
Facility Rental		
Communications Equipment & Other Rentals		
Total:		\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
1.		
2.		
3.		
Total:		\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.		

2.		
3.		
Total:		\$0.00

Section	Description	Amount
---------	-------------	--------

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses		\$38,000.00
Passenger Revenue		
<u>Net Expenditures (summary)</u>	Expenses minus Revenue	\$38,000.00

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 Funds from Annual Allocation		\$26,800.00
B. s.85.21 Funds from Trust Fund		
C. County Funds		\$11,200.00
D. Medicaid		
E. Other Funds (describe below)		
1.		
2.		
3.		
4.		
5.		
6.		
<u>Net Expenditures (breakout)</u>	Funding payouts	\$38,000.00

Summary vs. Breakout Cross-check:
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

Part III - Project Form 7

Dane County Time Bank (Mobility Management)

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement		
Total:		\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1.	Dane County Time Bank	\$33,500.00
2.		
3.		
4.		
5.		
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	
Total:		\$33,500.00

Fare Assistance Programs

Fare Assistance		Total:

Office Operations

Office Supplies & Expenses		Total:

Vehicle Operations

Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases		
Total:		\$0.00

Fixed Charges

Insurance		
Facility Rental		
Communications Equipment & Other Rentals		
Total:		\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
1.		
2.		
3.		
Total:		\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.		

2.		
3.		
Total:		\$0.00

Section	Description	Amount
2. Annual Net Expenditures - Summary		
	Total Annual Expenditures & Expenses	\$33,500.00
	Passenger Revenue	
	<u>Net Expenditures (summary)</u> Expenses minus Revenue	\$33,500.00

3. Annual Net Expenditures - Breakout By Funding Source		
	A. s.85.21 Funds from Annual Allocation	\$33,500.00
	B. s.85.21 Funds from Trust Fund	
	C. County Funds	
	D. Medicaid	
	E. Other Funds (describe below)	
1.		
2.		
3.		
4.		
5.		
6.		
	<u>Net Expenditures (breakout)</u> Funding payouts	\$33,500.00

Summary vs. Breakout Cross-check:	
This value will equal zero (0) when the totals of Section 2 and 3 are the same.	
Checksum	\$0.00

Part III - Project Form 8

Your Project #8 Name & County Here

Section	Description	Amount
---------	-------------	--------

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement		
Total:		\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Repairs and Maintenance		
Utility Services		
Other Contractual Services		
Total:		\$0.00

Fare Assistance Programs

Fare Assistance		
Total:		

Office Operations

Office Supplies & Expenses		
Total:		

Vehicle Operations

Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases		
Total:		\$0.00

Fixed Charges

Insurance		
Facility Rental		
Communications Equipment & Other Rentals		
Total:		\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
1. _____		
2. _____		
3. _____		
Total:		\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1. _____		

2.		
3.		
Total:		\$0.00

Section	Description	Amount
2. Annual Net Expenditures - Summary		
	Total Annual Expenditures & Expenses	\$0.00
	Passenger Revenue	
	Net Expenditures (summary) Expenses minus Revenue	\$0.00

3. Annual Net Expenditures - Breakout By Funding Source		
	A. s.85.21 Funds from Annual Allocation	
	B. s.85.21 Funds from Trust Fund	
	C. County Funds	
	D. Medicaid	
	E. Other Funds (describe below)	
1.		
2.		
3.		
4.		
5.		
6.		
	Net Expenditures (breakout) Funding payouts	\$0.00

Summary vs. Breakout Cross-check:		
This value will equal zero (0) when the totals of Section 2 and 3 are the same.		
	Checksum	\$0.00

Part IV - Summary of 2014 Financial Operations Form for County:

Project Name:	Madison Metro Plus	Rural Senior Group Specialized Transportation	Specialized Transportation Service (STS)	Supplemental Transportation Assistance	Retired Senior and Volunteer Transportation (RSVP)	Veterans Transportation	Dane County Time Bank (Mobility Management)	Your Project #8 Name & County Here	Totals
Annual Expenditures/Expenses									
Total Expenditure	\$164,519.00	\$364,496.00	\$1,109,646.00	\$53,406.00	\$346,732.00	\$38,000.00	\$33,500.00	\$0.00	\$2,110,299.00
Passenger Revenue	\$0.00	\$17,778.00	\$0.00	\$0.00	\$31,651.00	\$0.00	\$0.00	\$0.00	\$49,429.00
Net Expenditures	\$164,519.00	\$346,718.00	\$1,109,646.00	\$53,406.00	\$315,081.00	\$38,000.00	\$33,500.00	\$0.00	\$2,060,870.00

Annual Net Expenditures - Breakout By Funding Source									
A. s.85.21 Funds from Annual	\$164,519.00	\$337,563.00	\$202,218.00	\$50,938.00	\$111,746.00	\$26,800.00	\$33,500.00	\$0.00	\$927,284.00
B. s.85.21 Funds from Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. County Funds	\$0.00	\$9,155.00	\$336,036.00	\$2,468.00	\$3,687.00	\$11,200.00	\$0.00	\$0.00	\$362,546.00
D. Medicaid	\$0.00	\$0.00	\$522,492.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$522,492.00
E. Other Funds									
1	0	0	City of Madison	0	City of Madison	0	0	0	
	\$0.00	\$0.00	\$48,900.00	\$0.00	\$77,018.00	\$0.00	\$0.00	\$0.00	\$125,918.00
2	0	0	0	0	Title III B	0	0	0	
	\$0.00	\$0.00	\$0.00	\$0.00	\$107,630.00	\$0.00	\$0.00	\$0.00	\$107,630.00
3	0	0	0	0	Mobility Management	0	0	0	
	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00

4	0	0	0	0	0	0	0	0	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	0	0	0	0	0	0	0	0	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	0	0	0	0	0	0	0	0	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Funding:									
	\$164,519.00	\$346,718.00	\$1,109,646.00	\$53,406.00	\$315,081.00	\$38,000.00	\$33,500.00	\$0.00	\$2,060,870.00