S.85.21 PROGRAM ANNUAL FINANCIAL REPORT 2015

CERTIFICATION

I certify that to the best of my knowledge the information Transportation on these forms relating to the s. 85.21 Special Correct.	-
Dane County County	
Signature (County Authorized Representative)	4/5/2016 Date
Norah Cashin Printed Name	608-242-6486 Phone
Transportation Manager Title	Cashin@countyofdane.com Email

THE SIGNED CERTIFICATION PAGE CAN BE ATTACHED AS A PDF DOCUMENT ALONG WITH THE EXCEL SPREADSHEET AND UPLOADED TO BLACKCAT IN YOUR RESOURCES TAB.

If you have any questions contact Katherine Patterson or Rebecca Thompson katherine.patterson@dot.wi.gov or rebecca.thompson@dot.wi.gov

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:

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

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

<u>Part III - Projects:</u> 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 2015 application.

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

Please note that any green colored cell is one that will auto-fill with a calcualtion from previous cells and shouldn't be altered

Due Date:

Annual Report: March 15, 2016

PART I

ALLOCATION STATUS INSTRUCTIONS

- Item 1: This amount is the county's 2015 allocation under s. 85.21. See Section II of your 2015 grant agreement 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 2015 allocation that was not spent in 2015, 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 2015 or retained in trust for future equipment acquisitions or maintenance cannot be "carried-over" into 2016. The balance of 2015 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>	Description	Amount
1.	Amount of s.85.21 aid received in 2015:	\$930,184.00
2.	Amount of s.85.21 aid spent from the 2015 allocation:	\$930,184.00
3.	Amount of unspent s.85.21 aid from the 2015 allocation to be held in trust:	\$0.00
4.	Balance of unspent s.85.21 aid from the 2015 allocation:	\$0.00
5.	Amount of county funds spent during 2015:	\$442,787.00

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: ==> \$256,750.20

Unspent Aid Checksum: Item 1 minus Item 2 (unspent s.85.21 aid for 2015 should equal Item 3 plus Item 4 (Trust fund and/or WisDOT contribution for 2015).

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 2015, 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, 2015. 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 <u>and</u> on Part III Projects under Section 1 item **Capital Outlay**.
- Item 6: Self-explanatory Calculated automatically

Part II - Trust Fund Status Form

<u>Item</u>	<u>Description</u>	Amount
1.	Opening Balance on January 1, 2015:	
	Additions to Funds Held in Trust:	
	A. s. 85.21 Aid deposited in 2015	
2.	B: Interest Earned by s. 85.21 Aid in 2015	
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, 2015: (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 2015. 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, 2015, through December 31, 2015. Services to be provided in 2016 may not be prepaid with 2015 aid.

All equipment purchased in 2015 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 2015 expenses. This figure must include passenger revenue that was earned in 2015 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 2015 passenger revenue must be spent by June 30, 2016. 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

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.

n Metro Plus		
Description	An	nount
nal Expenditures/Expenses		
Personal Services	_	
Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement	Total:	
	Total.	
Contractual Services		
Transportation Sub-Contractor(s)		
1. City of Madison		\$165
2. 3.	_	
4.	_	
5.		
Repairs and Maintenance		
Utility Services		
Other Contractual Services	Total:	\$165
	Total.	\$105
Fare Assistance Programs		
Fare Assistance		
Office Operations		
Office Supplies & Expenses		
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases	m	
	Total:	
Fixed Charges		
Insurance		
Facility Rental		
Communications Equipment & Other Rentals		
Conital Outlan	Total:	
Capital Outlay Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)	_	
l.		
3.	Total:	
	Total.	
Indirect Costs		
Specify Types of Costs Covered:		
I.		
2.	_	
5.	Total:	
al Net Expenditures - Summary		
Total Annual Expenditures & Expenses		\$165
* *		7-00
Passenger Revenue		
Net Expenditures (summary) Expenses minus Rev	enue	\$165
Expenses minus Rev	Linde	\$105
al Net Expenditures - Breakout By Funding Source		
A. s.85.21 Funds from Annual Allocation		\$165
B. s.85.21 Funds from Trust Fund		
C. County Funds		
D. Medicaid		
E. Older American Act Funds F. Other Funds (describe below)		
F. Other Funds (describe below) 1.		
2.	-	
3.		
4.		
5.		
5		
Funding payouts (Total of line	es A-F6)	\$165
ry vs. Breakout Cross-check: This value will equal zero (0) wh	en —	
, Zacumout Cross cheek. This value will equal zero (0) Wi	and and	

Description	ı	Amount
Expenditures/Expenses		
Personal Services		
Drivers/Mechanics (salaries, wages, fringe benefits) Administrative Personnel (salaries, wages, fringe benefits)	_	
Volunteer Driver Reimbursement		
	Total:	
Contractual Services		
Transportation Sub-Contractor(s)		
Captial Express Care Van		\$ \$
Colonial Club		\$
City of Monona / NES Senior		\$
Transit Solutions Repairs and Maintenance	_	\$2
Utility Services		
Other Contractual Services	T-t-1	¢.
	Total:	\$3
Fare Assistance Programs		
Fare Assistance		
Office Operations		
Office Supplies & Expenses		
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases	Total:	
Fixed Charges Insurance		
Facility Rental	-	
Communications Equipment & Other Rentals		
Capital Outlay	Total:	
Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
	Total:	
Indirect Costs		
Specify Types of Costs Covered:		
	Total:	
Net Expenditures - Summary		
Total Annual Expenditures & Expenses	Г	\$3
•	_	
Passenger Revenue		
Net Expenditures (summary) Expenses minus	Revenue	\$3
Not Expanditures Passivant Dv E 3: C		
Net Expenditures - Breakout By Funding Source	_	
A. s.85.21 Funds from Annual Allocation B. s.85.21 Funds from Trust Fund	-	\$3
C. County Funds	-	\$
D. Medicaid		
E. Older American Act Funds F. Other Funds (describe below)		
F. Other Funds (describe below)		
	Elimon A. E.C.	
Funding payouts (Total of	ines A-F0)	\$3

on Description	A	Amount
nnual Expenditures/Expenses		
Personal Services		
Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)	_	
Volunteer Driver Reimbursement	Total:	\$0
	rotar.	ψ
Contractual Services		
Transportation Sub-Contractor(s)	_	9557.266
Capital Express Care Van		\$557,260 \$95,994
3. Transit Solutions		\$395,439
4. We Care		\$88,414
5. Repairs and Maintenance	_	
Utility Services		
Other Contractual Services		
	Total:	\$1,137,107
Fare Assistance Programs		
Fare Assistance		
	_	
Office Operations		
Office Supplies & Expenses	_	
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies	_	
Vehicle Leases	Total:	\$(
	101111	Ψ
Fixed Charges		
Insurance Equility Pontal	_	
Facility Rental Communications Equipment & Other Rentals	-	
-1	Total:	\$0
Capital Outlay		
Major Maintenance (greater than \$1,000) Capital Equipment (describe below)	_	
1.		
2.		
3.	m . 1	th.
	Total:	\$0
Indirect Costs		
Specify Types of Costs Covered:		
1. 2.		
3.	_	
	Total:	\$0
1 N-4 F 2'4 C		
nnual Net Expenditures - Summary	_	
Total Annual Expenditures & Expenses		\$1,137,107
Passenger Revenue		
1 assenger Revenue	_	
Net Expenditures (summary) Expenses minus Reve	enue	\$1,137,107
nnual Net Expenditures - Breakout By Funding Source		
•	_	
A. s.85.21 Funds from Annual Allocation	_	\$204,595
B. s.85.21 Funds from Trust Fund C. County Funds	-	\$396,623
D. Medicaid		\$486,989
E. Older American Act Funds		·
F. Other Funds (describe below)		#40.000
F1. City of Madison F2.		\$48,900
F3.		
F4.		
F5.		
F6.		
Funding payouts (Total of line	s A-F6)	\$1,137,107

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

Description		Amount
Expenditures/Expenses		
Personal Services		
Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits) Volunteer Driver Reimbursement		
Volumeer Driver Reinbursement	Total:	
Contractual Services		
Contractual Services Transportation Sub-Contractor(s)		
Repairs and Maintenance		
Utility Services		
Other Contractual Services	T-4-1.	
	Total:	
Fare Assistance Programs		
Fare Assistance		\$3
Office Operations		
Office Supplies & Expenses		
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies Vehicle Leases		
Vehicle Detases	Total:	
Fixed Charges		
Fixed Charges Insurance		
Facility Rental		
Communications Equipment & Other Rentals	Total:	
Capital Outlay	Total.	
Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
	Total	
	Total:	
Indirect Costs	Total:	
Indirect Costs Specify Types of Costs Covered:	Total:	
Indirect Costs	Total:	
Indirect Costs Specify Types of Costs Covered:		
Indirect Costs Specify Types of Costs Covered:	Total:	
Indirect Costs Specify Types of Costs Covered:		
Indirect Costs Specify Types of Costs Covered:		\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses		\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary		\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re	Total:	
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re Net Expenditures - Breakout By Funding Source	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re	Total:	
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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. Older American Act Funds F. Other Funds (describe below)	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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. Older American Act Funds F. Other Funds (describe below)	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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. Older American Act Funds F. Other Funds (describe below)	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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. Older American Act Funds F. Other Funds (describe below)	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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. Older American Act Funds F. Other Funds (describe below)	Total:	\$3
Indirect Costs Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Re 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. Older American Act Funds F. Other Funds (describe below)	Total:	\$3

		nount
al Expenditures/Expenses		
Personal Services		
Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefit	s)	
Volunteer Driver Reimbursement	Total:	
	roun.	
Contractual Services		
Transportation Sub-Contractor(s) . RSVP		\$269
. RSVF		\$368.
Repairs and Maintenance		
Utility Services		
Other Contractual Services		da.co
	Total:	\$368
Fare Assistance Programs		
Fare Assistance		
Office Operations		
Office Supplies & Expenses	_	
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies	_	
Vehicle Leases	Total:	
	rotar.	
Fixed Charges		
Insurance		
Facility Rental	_	
Communications Equipment & Other Rentals	Total:	
Capital Outlay	Total.	
Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
	Total:	
	rotar.	
	Total.	
Indirect Costs	rotai.	
	Total.	
Indirect Costs Specify Types of Costs Covered:	Total.	
Indirect Costs Specify Types of Costs Covered:		
Indirect Costs Specify Types of Costs Covered:	Total:	
Indirect Costs Specify Types of Costs Covered:		
Indirect Costs Specify Types of Costs Covered:		\$368
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses		
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary		
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses	Total:	\$31
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus	Total:	\$31
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minusal Net Expenditures - Breakout By Funding Source	Total:	\$31 \$337
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minusal Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation	Total:	\$31 \$337
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minuted in the Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation B. s.85.21 Funds from Trust Fund	Total:	\$31 \$337 \$113
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Al 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	Total:	\$31 \$337 \$113
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minuted in the Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation B. s.85.21 Funds from Trust Fund	Total:	\$31 \$337 \$113
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus al 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	Total:	\$31
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minused to the Expenditures of the Expenses minused of the Expenditures of the Expenses minused of the Expenditures of the Expenses of th	Total:	\$337 \$337 \$113 \$20
Indirect Costs Specify Types of Costs Covered: Indirect Costs Indirect	Total:	\$337 \$337 \$113 \$20 \$70 \$117
Indirect Costs Specify Types of Costs Covered: Al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Al 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. Older American Act Funds F. Other Funds (describe below) City of Madison Title IIIB Mobility Management	Total:	\$337 \$337 \$113 \$20 \$70 \$117
Indirect Costs Specify Types of Costs Covered: Specify Types of Costs Covered: Indirect Costs Specify Types of Costs Specify	Total:	\$337 \$337 \$113 \$20 \$70 \$117
Indirect Costs Specify Types of Costs Covered: Al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Al 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. Older American Act Funds F. Other Funds (describe below) City of Madison Title IIIB Mobility Management	Total:	\$337 \$337 \$113 \$20 \$70 \$117
Indirect Costs Specify Types of Costs Covered: al Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minuted in the individual Expenditures of the individual Expenditures of the individual Expenditures of the individual Expenses minuted in the individual Expe	Total:	\$31 \$337 \$113

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

Description	Am	ount
Expenditures/Expenses		
Personal Services		
Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits) Volunteer Driver Reimbursement	·	
	Total:	
Contractual Services		
Transportation Sub-Contractor(s)		
Dryhootch		\$38.
Repairs and Maintenance		
Utility Services		
Other Contractual Services	m . 1	ф20
	Total:	\$38
Fare Assistance Programs		
Fare Assistance		
Office Operations		
Office Supplies & Expenses		
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies		
Vehicle Leases	Total:	
	rotar.	
Fixed Charges	_	
Insurance Facility Rental		
Communications Equipment & Other Rentals		
Conital Onder	Total:	
Capital Outlay Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
	Total:	
Indirect Costs		
Specify Types of Costs Covered:		
	Total:	
Net Expenditures - Summary		\$38
		φου
Total Annual Expenditures & Expenses		
Total Annual Expenditures & Expenses	Revenue	\$38
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus	Revenue	\$38
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Net Expenditures - Breakout By Funding Source	Revenue	
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation	Revenue	
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Net Expenditures - Breakout By Funding Source	Revenue	\$26
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus 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	Revenue	\$26
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus 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. Older American Act Funds	Revenue	\$26
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) 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. Older American Act Funds F. Other Funds (describe below)	Revenue	\$26
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus 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. Older American Act Funds	Revenue	\$26
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Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus 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. Older American Act Funds F. Other Funds (describe below)	Revenue	\$26
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus 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. Older American Act Funds F. Other Funds (describe below)	Revenue	\$26
Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus 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. Older American Act Funds F. Other Funds (describe below)		\$38 \$26 \$11

Description	An	nount
Expenditures/Expenses		_
Personal Services		
Drivers/Mechanics (salaries, wages, fringe benefits)		
Administrative Personnel (salaries, wages, fringe benefits)		
Volunteer Driver Reimbursement		
	Total:	
Contractual Services		
Transportation Sub-Contractor(s)		
Dane County Timebank		\$
	_	
Repairs and Maintenance		
Utility Services Other Contractual Services	_	
Other Contractual Services	Total:	\$.
	Total.	φ
Fare Assistance Programs		
Fare Assistance		
Office Operations		
Office Operations Office Supplies & Expenses		
Office Supplies & Expenses	_	
Vehicle Operations		
Fuel and Lubricants		
Tires, Parts and Supplies	_	
Vehicle Leases	Total:	
Fixed Charges		
Insurance Encility Pontal		
Facility Rental Communications Equipment & Other Rentals		
Communications Equipment & Other Rentals	Total:	
Capital Outlay		
Major Maintenance (greater than \$1,000)		
Capital Equipment (describe below)		
	Total:	
ndirect Costs	I otai:	
	1 otai:	
indirect Costs Specify Types of Costs Covered:	Total:	
Specify Types of Costs Covered:	Total:	
Specify Types of Costs Covered:		
Specify Types of Costs Covered:	Total:	
Specify Types of Costs Covered:		
Specify Types of Costs Covered: Net Expenditures - Summary		ф
Specify Types of Costs Covered:		\$
Specify Types of Costs Covered: Net Expenditures - Summary		\$
Specify Types of Costs Covered: Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue	Total:	
Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses	Total:	
Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev	Total:	
Specify Types of Costs Covered: Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source	Total:	\$
Specify Types of Costs Covered: Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation	Total:	\$ \$
Specify Types of Costs Covered: Net Expenditures - Summary Total Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund	Total:	\$
Specify Types of Costs Covered: Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds	Total:	\$
Specify Types of Costs Covered: Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue	Total:	\$
Specify Types of Costs Covered: Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid G. Older American Act Funds	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid G. Older American Act Funds	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid G. Older American Act Funds	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid G. Older American Act Funds	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid G. Older American Act Funds	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid Older American Act Funds Other Funds (describe below)	Total:	\$
Net Expenditures - Summary Fotal Annual Expenditures & Expenses Passenger Revenue Net Expenditures (summary) Expenses minus Rev Net Expenditures - Breakout By Funding Source A. s.85.21 Funds from Annual Allocation 3. s.85.21 Funds from Trust Fund C. County Funds D. Medicaid G. Older American Act Funds	Total:	\$

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

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

Part IV - Summary of 2015 Financial Operations Form for County:

	Madison Metro Plus	Rural Senior Group Specialized	Specialized Transportation	Supplemental Transportation Assistance	Retired Senior and Volunteer Transportation	Veterans Transportation	Dane County Timebank	Southwestern Wisconsin Community	#REF!	#REF!	Totals
Total											
Expenditures	\$165,012.00	\$362,575.00	\$1,137,107.00	\$34,107.00	\$368,818.00	\$38,000.00	\$33,500.00	\$20,000.00	#REF!	#REF!	\$2,159,119.00
Passenger											
Revenue	\$0.00	\$15,768.00	\$0.00	\$0.00	\$31,604.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$47,372.00
Net Expenditures	\$165,012.00	\$346,807.00	\$1,137,107.00	\$34,107.00	\$337,214.00	\$38,000.00	\$33,500.00	\$20,000.00	#REF!	#REF!	\$2,111,747.00
A. s.85.21 Funds											
from Annual	\$165,012.00	\$332,406.00	\$204,595.00	\$34,107.00	\$113,764.00	\$26,800.00	\$33,500.00	\$20,000.00	#REF!	#REF!	\$930,184.00
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	#REF!	\$0.00
C. County Funds	\$0.00	\$14,401.00	\$396,623.00	\$0.00	\$20,563.00	\$11,200.00	\$0.00	\$0.00	#REF!	#REF!	\$442,787.00
D. Medicaid	\$0.00	\$0.00	\$486,989.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$486,989.00
E. OAA	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$0.00
F. Other Funds	1,5155		,		,	,		,			,
r. Other rulius	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$0.00
1	0	0	City of Madison	0	City of Madison	0	0	0	#REF!	#REF!	
1	\$0.00	\$0.00	\$48,900.00	\$0.00	\$70,000.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$118,900.00
2	0	0	0	0	Title IIIB	0	0	0	#REF!	#REF!	
2	\$0.00	\$0.00	\$0.00	\$0.00	\$117,887.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$117,887.00
3	0	0	0	0	Management	0	0	0	#REF!	#REF!	
3	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$15,000.00
1	0	0	0	0	0	0	0	0	#REF!	#REF!	
4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$0.00
5	0	0	0	0	0	0	0	0	#REF!	#REF!	
3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$0.00
6	0	0	0	0	0	0	0	0	#REF!	#REF!	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#REF!	#REF!	\$0.00
Total Funding:	\$165,012.00	\$346,807.00	\$1,137,107.00	\$34,107.00	\$337,214.00	\$38,000.00	\$33,500.00	\$20,000.00	#REF!	#REF!	\$2,111,747.00