

2018 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2017

County of Dane

Primary Contact for this grant program

Name Jane Betzig

Telephone Number 608-242-6486 **Extension**

Email Address betzig.iane@countyofdane.com

Application Preparer (if different than primary contact)

Name

Organization

Telephone Number **Extension**

Email Address

Applicant Status

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

X

Organization Info

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

X

Federal Grant Match

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

5310		5307		5311	
Other (Please explain)					

Coordination

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

Title of Coordinated Plan:	2013 Coordinated Public Transit - Human Services Transportation Plan for Dane County
The goal(s) and/or strategies from which your project is included:	Transit fare assistance, pg.32; Personalized transportation to work for low-income ambulatory people, pg 34; Funding for additional specialized transportation trips that are currently underserved, pg 35; Mileage reimbursement for volunteer drivers, pg 35; Flexible, short-notice medical transportation, pg35.
Page number(s) of the Coordinated plan in which the goals may be referenced:	See Above.

Assessibility

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

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

APPLICANT CHECKLIST

County of **Dane**

Required Components

Complete

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

Draft

County of **Dane**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

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

Third Party Provider **Capital Express, Care Van Service, Transit Solutions, Inc**

Date contract last updated **2017**

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	Contracted Transportation using vans and buses. Paid drivers.		

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

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

Geography of Service

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

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

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

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

Additional description
(if applicable)

Varies by service area. Generally M-F 9:30 am to 2:30 pm.

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 3:00 pm the previous business day.

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

Adults age 60+ and persons with disabilities.

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

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

DRAFT

DRAFT

DRAFT

DRAFT

Section Description

Amount

Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$507,794

*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 to for this projects.

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

- A. §85.21 funds from annual allocation Total from A. \$396,388
- B. §85.21 funds from trust fund Total from B.
- C. County Match Funds Total from C. \$91,906
- D. Passenger Revenue Total from D. \$19,500
- E. Older American Act (OAA) funding Total from E.
- F. §5310 Operating or Mobility Management funds Total from F.
- G. Other funds Total from G. \$0

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

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

Revenue Total \$507,794

Expenditures should equal revenue \$0

County of **Dane**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

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	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>

Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
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Other (provide explanation) **Fare assistance program.**

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

This project includes 4 sub-programs:

- 1. The Medical Transportation Assistance Program (MedTrAsst).**
- 2. The Client Transportation Assistance Program (RideLine).**
- 3. The Older Adult Transportation Assistance Program (OATA).**
- 4. The Rural Access Transportation Program (RA).**

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

Geography of Service

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

All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End Time							

Additional description
(if applicable)

Varies by passenger need.

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

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

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

The sub-programs have different eligibility requirements: MedTrAsst is limited to non-MA billable medical trips and serves people with mobility needs not served by the volunteer driver programs; Rideline serves persons with disabilities with employment transportation needs not served by public/group transit; and 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.

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$106,536

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 to for this projects.

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

- | | | |
|--|---------------|----------|
| A. \$85.21 funds from annual allocation | Total from A. | \$62,097 |
| B. \$85.21 funds from trust fund | Total from B. | |
| C. County Match Funds | Total from C. | \$44,439 |
| D. Passenger Revenue | Total from D. | |
| E. Older American Act (OAA) funding | Total from E. | |
| F. \$5310 Operating or Mobility Management funds | Total from F. | |
| G. Other funds | Total from G. | \$0 |

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

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

Revenue Total \$106,536

Expenditures should equal revenue	\$0
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County of **Dane**

Instructions

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- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Volunteer Driver Program**

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

Date contract last updated 2017

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

Volunteer Driver	<input checked="" type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<input type="text"/>		

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 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. Rides for veterans and their spouses are provided in accessible vehicles; some of these are provided by paid drivers.

Geography of Service

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

All of Dane County.

Veterans may be provided transportation from surrounding counties into 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	
End Time							

Additional description
(if applicable)

Time and day depend on driver availability and passenger need. Transportation is also provided to some weekend activities.

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

Actual ride scheduling is arranged between the ride scheduler, the driver and the rider. Volunteer driver programs provide training, oversight and mileage reimbursement. Occasional transportation offered on weekends.

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

Dane County residents 60+ and ambulatory younger passengers with disabilities. Rides are provided to all Veterans and their spouses regardless of age, disability and discharge status.

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

Donations are optional.

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$485,083

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 to for this projects.

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

A. §85.21 funds from annual allocation **Total from A.** \$202,264

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

C. County Match Funds **Total from C.** \$50,918

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

E. Older American Act (OAA) funding **Total from E.** \$130,401

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

G. Other funds **Total from G.** \$70,000

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

1. City of Madison **Total** \$70,000

2. **Total**

3. **Total**

4. **Total**

5. **Total**

6. **Total**

Revenue Total \$485,083

Expenditures should equal revenue	\$0
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County of **Dane**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Urban Paratransit Coordination**

Third Party Provider **Madison Metro Transit**

Date contract last updated **2017**

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="checkbox"/>

Other (provide explanation) **ADA Complementary Paratransit serice of urban mass transit utility.**

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

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

Geography of Service

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

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End Time							

Additional description
(if applicable)

All Metro Transit regularly scheduled hours of operation.

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

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

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

Determined by Metro Transit. 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. In February 2018 passenger fare for Metro-Plus will be \$4.00/one-way ride.

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$267,907

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

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

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

- | | | |
|---|----------------------|--|
| A. \$85.21 funds from annual allocation | Total from A. | \$267,907 |
| B. \$85.21 funds from trust fund | Total from B. | |
| C. County Match Funds | Total from C. | |
| D. Passenger Revenue | Total from D. | |
| E. Older American Act (OAA) funding | Total from E. | |
| F. \$5310 Operating or Mobility Management funds | Total from F. | |
| G. Other funds | Total from G. | \$0 |

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

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

Revenue Total \$267,907

Expenditures should equal revenue	\$0
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County of **Dane**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Senior Diversity Program Transportation**

Third Party Provider **North/Eastside Senior Coalition (NESCO)**

Date contract last updated **2017**

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

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description of Study

Other *(provide explanation)* **Contracted Transportation - Taxis, vans and buses using paid drivers.**

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

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

Geography of Service

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

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End Time							

Additional description
(if applicable)

Varies by passenger and program need.

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

Transportation Service is coordinated through the North/Eastside Senior Coalition, which develops the programming.

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

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

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

Donations are determined by the North/Eastside Senior Coalition (NESCO) depending on program type. Transportation donations are retained by NESCO to help support the program.

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$16,469

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 to for this projects.

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

A. \$85.21 funds from annual allocation **Total from A.** \$15,000

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** \$1,469

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

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

F. \$5310 Operating or Mobility Management funds **Total from F.**

G. Other funds **Total from G.** \$0

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

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$16,469

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2018 PROJECT BUDGET SUMMARY**

County of

Dane

Project Name	Rural Community Access - Group Transportation	Community Access - Individual Transportation	Volunteer Driver Program	Urban Paratransit Coordination	Senior Diversity Program Transportation	0	0	Totals
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Project Expenses

Total Project Expenses	\$507,794.00	\$106,536.00	\$485,083.00	\$267,907.00	\$16,469.00	\$0.00	\$0.00	\$1,383,789.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$396,388.00	\$62,097.00	\$202,264.00	\$267,907.00	\$15,000.00	\$0.00	\$0.00	\$943,656.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$91,906.00	\$44,439.00	\$50,918.00	\$0.00	\$1,469.00	\$0.00	\$0.00	\$188,732.00
Passenger Revenue	\$19,500.00	\$0.00	\$31,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,000.00
Older American Act (OAA)	\$0.00	\$0.00	\$130,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130,401.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$0.00	\$70,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70,000.00
City of Madison	\$0.00	\$0.00	\$70,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70,000.00
2.	\$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
5.	\$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

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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