

# 2023 APPLICANT INFORMATION FORM

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For additional information on this Application Workbook,  
please refer to the §85.21 Application Guidelines for CY2023

**County of** Dane

**Primary Contact for this Grant Program**

*Name* Nathanael Brown

*Telephone Number* 608-242-6486 Extension

*Email Address* [brown.nathanael@countyofdane.com](mailto:brown.nathanael@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.* NB

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

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

<b>5310</b>	<input checked="" type="checkbox"/>	<b>5307</b>	<input type="checkbox"/>	<b>5311</b>	<input type="checkbox"/>
<b>Other</b> <span style="font-size: small;">(Please explain)</span>					

**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.

<b>Title of Coordinated Plan:</b>	Coordinated Public Transit - Human Services Transportation Plan For Dane County 2019-2023
<b>The goal(s) and/or strategies from which your project is included:</b>	P33 Fare assist: RU/OATA p 21 and SMTAP p 23. P33 Employ Transportation: Rideline/ETA p 23. P33 Available resources: Call Center p 20 and Mobility Management p 28. P33 Travel/Mobility Training: TT p 20. P33 Increase group transportation: RSG p 21. P33 Volunteer driver mileage reimbursement: RSVP/Vets Help Vets p 23. Paratransit p 17.
<b>Page number(s) of the Coordinated plan in which the goals may be referenced:</b>	P33 lists applicable strategies.

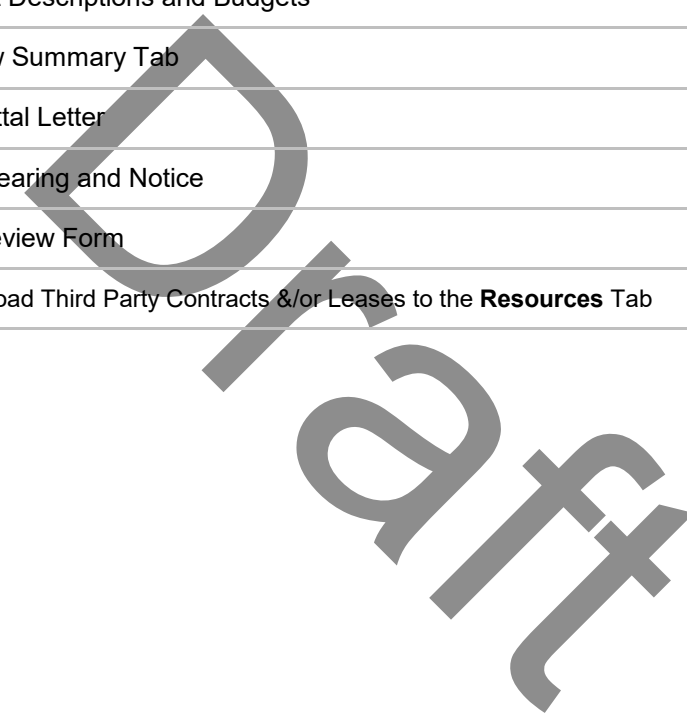
**Assessibility** Please indicate whether or not §85.21 state aid will be used for the transportation of persons who cannot walk or persons who walk with assistance during the calendar year.

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

# APPLICANT CHECKLIST

County of **Dane**

<b>Required Components</b>	<b>Complete</b>
Update Contact Information in BlackCat Online Grant Management System	
Upload completed application workbook:	
Application Information Form	
Complete Vehicle Inventory ( <i>regardless of funding source</i> )	
Third Party Contracts	
Trust Fund Plan (for counties with a signed board resolution)	
Project Descriptions and 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 <b>Resources</b> Tab	



## VEHICLE INVENTORY

County of **Dane**

**Instructions:** Please provide your **entire** specialized transit vehicle inventory.  
(Include all vehicles used to transport seniors or individuals with disabilities.)

Vehicle Type <small><i>(Minivan, Medium Bus, etc.)</i></small>	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <small><i>(Ambulatory/Non-Ambulatory)</i></small>	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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If you have more vehicles than can fit onto one sheet, please add another copy of this sheet.  
\*Right click on the tab, select **Move or Copy**, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.

**THIRD PARTY PROVIDERS**

County of **Dane**

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

Project Name	Anticipated or Known Contractor Name	Type of Agreement <i>(Lease or Contract)</i>	Bidding Required <i>(Yes or No)</i>	Start Date <i>(MM/DD/YY)</i>	Expiration Date <i>(MM/DD/YY)</i>
Rural Community Access	Care Van Service, Inc.	contract	Yes	01/01/2023	12/31/2023
Rural Community Access	Transit Solutions, Inc.	contract	Yes	01/01/2023	12/31/2023
Volunteer Driver Program	RSVP	contract	No	01/01/2023	12/31/2023
Volunteer Driver Program	Great Lakes DryHootch, Inc.	contract	No	01/01/2023	12/31/2023
Urban Paratransit Coordination	Madison Metro Transit	Service Agreement	No	01/01/2023	12/31/2023
Senior Diversity Program	NewBridge Madison, Inc.	contract	No	01/01/2022	12/31/2022

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

## TRUST FUND SPENDING PLAN

County of **Dane**

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 2023 purchases made with trust funds.

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Project Cost
<b>Total projected cost of 3-year plan</b>		<b>\$ -</b>

Estimated amount of state aid to be held in trust on 12/31/2023

<i>Will auto calculate based on year entered above</i>		<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 2022 =	\$ -	Funds added for 2022 =	Estimated balance on 12/31/23 =
Spending plan for 2023 =	\$ -	Funds added for 2023 =	Estimated balance on 12/31/24 =
Spending plan for 2024 =	\$ -	Funds added for 2024 =	Estimated balance on 12/31/25 =

**Date complete**

**Prepared by**

**Narrative for non-vehicle equipment purchases.** \*Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use ALT and Enter to start a new paragraph.)

For additional space to complete your narrative, please scroll down to second page.

# TRUST FUND SPENDING PLAN

*Continued*

County of **Dane**

## **Narrative for non-vehicle equipment purchases continued.**

*(Hint: Use "ALT" and "Enter" to start a new paragraph.)*

A large, empty gray rectangular area intended for the user to enter a narrative for non-vehicle equipment purchases. The area is currently blank.

# PROJECT 1 DESCRIPTION

County of **Dane**

**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 three pages for each project.

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

Third Party Provider Care Van Services Inc., Transit Solutions Inc.

Date contract last updated 2022

**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)	<b>Contracted Transportation using vans and buses. Paid drivers.</b>		

**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 through this project. Use ALT and Enter to start a new line.)*

**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
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## Annual Expenditures

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

**Total Expenses** \$480,110

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

## Annual Revenue

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

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

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$427,364
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$33,646
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	\$19,100
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$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** \$480,110

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 2 DESCRIPTION

County of **Dane**

## 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 three pages for each project.

Project Name **Community Access - Individual Transportation**

Third Party Provider

Date contract last updated 2022

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 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	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 through 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
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## Annual Expenditures

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

Total Expenses \$135,903

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

## Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$90,464
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$45,439
D. Passenger Revenue	Total from D.	
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0

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

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

Revenue Total \$135,903

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 3 DESCRIPTION

County of **Dane**

**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 three pages for each project.

Project Name **Volunteer Driver Program**

Third Party Provider **Retired Senior Volunteer Program, DryHootch**

Date contract last updated **2022**

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

Volunteer Driver	<b>X</b>	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. Some paid drivers transport veterans who require an accessible vehicle.**

**PROJECT DESCRIPTION, Continued**

**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.)*

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
End Time							

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

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

**Passengers cal RSVP and DryHootch 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 serviced. Veterans and their spouses regardless of age, disability and discharge status are serviced.**

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

**By donation only.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$587,120

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

## Annual Revenue

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

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

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$315,391
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$169,229
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	\$31,500
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$71,000

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

1.	City of Madison	Total	\$71,000
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** \$587,120

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 4 DESCRIPTION

County of **Dane**

## 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 three pages for each project.

Project Name **Urban Paratransit Coordination**

Third Party Provider **Madison Metro Transit**

Date contract last updated **2022**

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)	<b>ADA Complementary Paratransit service of urban mass transit utility.</b>		

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, Middleton, 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	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
End Time							

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

**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
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## Annual Expenditures

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

Total Expenses \$267,907

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

## Annual Revenue

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

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

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

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

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

Revenue Total \$267,907

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 5 DESCRIPTION

County of **Dane**

## 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 three pages for each project.

Project Name **Senior Diversity Program Transportation**

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

Date contract last updated **2022**

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 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 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.)*

**Transportation donations are retained by NewBridge help support the program.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

Total Expenses \$32,141

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

## Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$15,000
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$17,141
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 \$32,141

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 6 DESCRIPTION

County of **Dane**

**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 three pages for each project.

Project Name **Mobility Management Project**

Third Party Provider **Retired Senior and Volunteer Program**

Date contract last updated **2022**

**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		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	<b>Paid staff at One Stop Call Center. Contracted mobility training by RSVP</b>		

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

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

**PROJECT DESCRIPTION, Continued**

**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.)*

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

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

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

Additional description  
*(if applicable)*

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

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

**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
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## Annual Expenditures

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

Total Expenses \$140,109

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

## Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$28,022
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.	\$112,087
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 \$140,109

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 7 DESCRIPTION

County of **Dane**

## 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 three pages for each project.

Project Name

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)*

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

**PROJECT DESCRIPTION, Continued**

**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.)*

**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)*

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

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

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

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses**

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

## Annual Revenue

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

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

- |   |                      |   |
|---|----------------------|---|
| <b>A. \$85.21 funds from annual allocation</b>          | <b>Total from A.</b> | <input style="width: 100%;" type="text"/> |
| <b>B. \$85.21 funds from trust fund</b>                 | <b>Total from B.</b> | <input style="width: 100%;" type="text"/> |
| <b>C. County Match Funds</b>                            | <b>Total from C.</b> | <input style="width: 100%;" type="text"/> |
| <b>D. Passenger Revenue</b>                             | <b>Total from D.</b> | <input style="width: 100%;" type="text"/> |
| <b>E. Older American Act (OAA) funding</b>              | <b>Total from E.</b> | <input style="width: 100%;" type="text"/> |
| <b>F. \$5310 Operating or Mobility Management funds</b> | <b>Total from F.</b> | <input style="width: 100%;" type="text"/> |
| <b>G. Other funds</b>                                   | <b>Total from G.</b> | <b>\$0</b>                                |

*(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. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 2. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 3. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 4. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 5. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 6. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |

**Revenue Total** **\$0**

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 8 DESCRIPTION

County of **Dane**

## 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 three pages for each project.

Project Name

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)

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

**PROJECT DESCRIPTION, Continued**

**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.)*

**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)*

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

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

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

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

Total Expenses

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

## Annual Revenue

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

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

- |   |                      |   |
|---|----------------------|---|
| <b>A. \$85.21 funds from annual allocation</b>          | <b>Total from A.</b> | <input style="width: 90%; height: 20px;" type="text"/>            |
| <b>B. \$85.21 funds from trust fund</b>                 | <b>Total from B.</b> | <input style="width: 90%; height: 20px;" type="text"/>            |
| <b>C. County Match Funds</b>                            | <b>Total from C.</b> | <input style="width: 90%; height: 20px;" type="text"/>            |
| <b>D. Passenger Revenue</b>                             | <b>Total from D.</b> | <input style="width: 90%; height: 20px;" type="text"/>            |
| <b>E. Older American Act (OAA) funding</b>              | <b>Total from E.</b> | <input style="width: 90%; height: 20px;" type="text"/>            |
| <b>F. \$5310 Operating or Mobility Management funds</b> | <b>Total from F.</b> | <input style="width: 90%; height: 20px;" type="text"/>            |
| <b>G. Other funds</b>                                   | <b>Total from G.</b> | <input style="width: 90%; height: 20px;" type="text"/> <b>\$0</b> |

*(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. | <input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 2. | <input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 3. | <input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 4. | <input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 5. | <input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 6. | <input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |

**Revenue Total** **\$0**

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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**COUNTY ELDERLY TRANSPORTATION  
2023 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	Mobility Management Project	0	0	Totals
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**Project Expenses**

Total Project Expenses	\$480,110.00	\$135,903.00	\$587,120.00	\$267,907.00	\$32,141.00	\$140,109.00	\$0.00	\$0.00	<b>\$1,503,181.00</b>
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**Project Revenue by Funding Source**

§85.21 Annual Allocation	\$427,364.00	\$90,464.00	\$315,391.00	\$267,907.00	\$15,000.00	\$28,022.00	\$0.00	\$0.00	<b>\$1,144,148.00</b>
§85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
County funds	\$33,646.00	\$45,439.00	\$169,229.00	\$0.00	\$17,141.00	\$0.00	\$0.00	\$0.00	<b>\$265,455.00</b>
Passenger Revenue	\$19,100.00	\$0.00	\$31,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$50,600.00</b>
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,087.00	\$0.00	\$0.00	<b>\$112,087.00</b>
Total from other funds	\$0.00	\$0.00	\$71,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$71,000.00</b>
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

<b>Expenses - revenue =</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
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