General Instructions

Please review ALL pages

This Annual Financial Report is to be completed by all County governments receiving financial assistance under WIS. STAT. 85.21.

Due Date(s):

Annual Report due March 15, 2017

Refund (if any) due June 30, 2017

How to submit annual report:

Upload the signed certification (PDF) and the completed annual financial report

<u>(Excel)</u> to a folder under the "Resources" tab in the BlackCat Online Grant Management System.

Components of Annual Report:

Complete the yellow boxes for the following five parts

Part 1 - Projects

If you have more than 5 projects, additional sheets are available following the "Certification" sheet.

Instructions continued on the following pages:

- a. Detailed information for completing project tabs (Page 2)
- b. Cost Allocation definitions (Page 3)
- c. Methods for charging Indirect costs (Page 3)

Part 2 - Trust Fund

All counties with a trust agreement in place, must detail balances and expenses for that fund. If balance is zero, please enter \$0.

Part 3 - Allocation Status

Summarizes (for all projects) how much of a county's allocation was (a) spent, (b) requesting to be moved to Trust Fund and (c) will be refunded to WisDOT.

Part 4 - Summary of Financial Operations

Summarizes the project reports listed in Part 3.

Part 5 - Certification

Complete all yellow fields, print & sign. Scan and save signed copy as a PDF file.

Please contact your Program Manager for technical assistance:

For counties A through K:orFor counties L through W:Rebecca ThompsonJohn Swissler

<u>Rebecca.Thompson@dot.wi.gov</u>	<u>John.Swissler@dot.wi.gov</u>
(608) 266-1535	(608) 264-9535

Project Instructions

Please fill out a separate Project tab for <u>each</u> unique transportation project. Projects should match your 2016 Application submitted to WisDOT.

ENTER INFORMATION IN YELLOW CELLS ONLY

Item 1:List the project expenditures that were incurred during 2016.Total project expenditures for the full year should be described.

• Expenses must have been incurred during the period 01/01/16 through 12/31/16.

• Services to be provided in 2017 may not be prepaid with 2016 aid.

• All equipment purchased in 2016 with s. 85.21 aid must be fully described. For any vehicles, state the type, make, model year, seating capacity, and whether or not it is 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 elderly and disabled transportation program.

• Do not include documentation with this report; however, you must be able to justify expenditures and provide documentation upon request. (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 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.)

Item 2: Indicate the amount of passenger revenue that is applied to 2016 expenses.

- This figure must include passenger revenue that was earned in 2016 from services sponsored with
- s. 85.215 aid; this includes passenger revenue collected and retained by a subcontractor.

• All passenger revenue earned should be spent on expenses incurred in the year the revenue was earned.

• Any unspent 2016 passenger revenue must be spent by June 30, 2017; after this date, unspent passenger revenue becomes payable to the department.

• Passenger revenue is automatically 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 elderly and disabled transportation activity with funds from various sources, show how expenditures are allocated to different sources so that no expenditures are double-charged <u>and</u> so that the department can determine what each source paid.

Cost Allocation Definitions

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.

Indirect Costs:

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. If Indirect Costs are indicated, you must provide detail to ensure compliance with program.

Indirect costs are those (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.

Methods for Charging Indirect Costs

Counties are able to charge indirect costs to their 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 may 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 may 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. Remember that costs for general administration and for advisory committees or councils are not permitted expenses under this program.

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 may a direct labor allocation based on time studies or estimates be allowed under this method.

Name of Project:	Community Access - Individual Transportation		
Section Description			Amount
1. Annual Expenditures/Exp	penses		
	es		\$0.00
1. 2. 3. 4. 5.			
Repairs and Mainte Utility Services Other Contractual S Fare Assistance Provide Addition	Services	Total:	\$0.00
Fare Assistance	ograms	Total:	\$57,082.00
Office Operations Office Supplies & Ex Vehicle Operations Fuel and Lubricants Tires, Parts and Sup Vehicle Leases	5	Total:	
		Total:	\$0.00
Fixed Charges Insurance Facility Rental Communications Ec	quipment & Other Rentals	Total:	\$0.00
Capital Outlay Major Maintenance Capital Equipment		Total.	\$0.00
1. 2. 3.			
Indirect Costs Specify Types of Co	osts Covered:	Total:	\$0.00
1. 2. 3.			

of Section 2 and 3 are the same.

Section	Description	Amount
2. Annua	al Net Expenditures - Summary	
	Total Annual Expenditures & Expenses	\$57,082.00
	Passenger Revenue	
	Net Expenditures (summary)	Expenses minus Revenue \$57,082.00
3. Annua	al Net Expenditures - Breakout By Fundi	ng Source
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. Community Aids 2. 3. 4. 5. 6.	\$39,758.00 \$10,669.00 \$6,655.00 \$6,655.00
	Total actual funding received	Funding payouts \$57,082.00
	Summary vs. Breakout Cross-check: This value will equal zero (0) when the tot	tals

Checksum

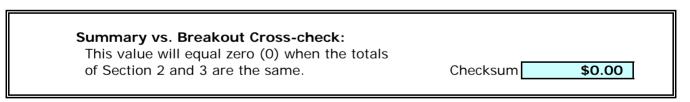
\$0.00

Name of Project:	Rural Community Access	- Group Ti	ransportation
Section Description			Amount
1. Annual Expenditures/Exp	ansas		
Administrative Perso Volunteer Driver Rei Contractual Service Transportation Sub- 1. Capital Express	2S	nefits) Total:	\$0.00 \$7,724.00
 Care Van Colonial Club City of Monon/NAS set Transit Solutions Repairs and Mainter Utility Services Other Contractual S 	nance		\$92,546.00 \$18,010.00 \$16,808.00 \$235,484.00
Fare Assistance Pro Fare Assistance		Total: Total:	\$370,572.00
Office Operations Office Supplies & Ex	penses	Total:	
Vehicle Operations Fuel and Lubricants Tires, Parts and Sup Vehicle Leases	pplies		
Fixed Charges Insurance Facility Rental		Total:	\$0.00
Communications Eq Capital Outlay Major Maintenance (Capital Equipment (Total:	\$0.00
1. 2. 3.		Tatal	
Indirect Costs Specify Types of Cost 1. 2. 3.	sts Covered:	Total:	\$0.00

Section	Description		Amount
2 Annu	al Net Expenditures - Summary		
Z. AIIIIu	ar Net Experiances - Summary		
	Total Annual Expenditures & Expenses		\$370,572.00
	Passenger Revenue		\$14,800.00
	Net Expenditures (summary)	Expenses minus Revenue	\$355,772.00
3. Annua	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6.		\$353,715.00 \$2,057.00
	Total actual funding received	Funding payouts	\$355,772.00
	Summary vs. Breakout Cross-check:		

Name of Project:	Volunteer Driver Program	าร	
Section Description			Amount
1. Annual Expenditures/Ex	(penses		
Personal Services Drivers/Mechanics	s (salaries, wages, fringe benefits) rsonnel (salaries, wages, fringe bei Reimbursement ces	nefits) Total:	\$0.00 \$387,479.00 \$38,281.00 \$33,735.00
4. 5. Repairs and Mainte Utility Services Other Contractual Fare Assistance P Fare Assistance	Services	Total: Total:	\$459,495.00
Office Operations Office Supplies & I Vehicle Operation	Expenses	Total:	
Fuel and Lubricant Tires, Parts and Su Vehicle Leases Fixed Charges Insurance Facility Rental	ts upplies	Total:	\$0.00
Capital Outlay	Equipment & Other Rentals e (greater than \$1,000) : (describe below)	Total:	\$0.00
1. 2. 3. Indirect Costs Specify Types of C		Total:	\$0.00
1. 2. 3.		_	

Section	Description		Amount
2. Annua	al Net Expenditures - Summary		
	Total Annual Expenditures & Expenses		\$459,495.00
	Passenger Revenue		\$31,600.00
	Net Expenditures (summary)	Expenses minus Revenue	\$427,895.00
3. Annua	al Net Expenditures - Breakout By Fund	ing Source	
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. city of Madison 2. IIIB 3. 5310 4. Comm Aid 5. 6.		\$202,064.00 \$3,701.00 \$70,000.00 \$120,930.00 \$20,000.00 \$11,200.00
	Total actual funding received	Funding payouts	\$427,895.00



Nam	ne of Project:	Group Employment Transp	ortation	(STS-Get Going)
Section [Description			Amount
	Expanditures /Exp	01111111111111		
T. Annual	Expenditures/Exp	611542		
F	-	salaries, wages, fringe benefits) nnel (salaries, wages, fringe bene mbursement	efits) Total:	\$0.00
C	Contractual Service	s		
_	Transportation Sub-	Contractor(s)		
	Capital Express			\$632,613.00
	Care Van			\$83,746.00
	Fransit Solutions			\$495,439.00
4. <mark>V</mark> 5.	Ne Care			\$70,585.00
5.	Repairs and Mainten Utility Services Other Contractual Se]	
			Total:	########
F	are Assistance Pro	grams		
	Fare Assistance		Total:	
C	Office Operations			
	Office Supplies & Exp	penses	Total:	
۷	/ehicle Operations Fuel and Lubricants Tires, Parts and Sup Vehicle Leases	plies		
			Total:	\$0.00
F	F ixed Charges Insurance Facility Rental Communications Equ	uipment & Other Rentals		
			Total:	\$0.00
C	Capital Outlay Major Maintenance (Capital Equipment (c			
1.				
2.				
3.				
I	ndirect Costs Specify Types of Cos	ts Covered	Total:	\$0.00
1.			1	
2.			1	
3.				

Section	Description		Amount
2 4000	al Net Expenditures - Summary		
Z. Annua	a Net Experiances - Summary		
	Total Annual Expenditures & Expenses		#########
	Passenger Revenue		
	Net Expenditures (summary)	Expenses minus Revenue	########
3. Annua	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. Community Aids 2. City of Madison 3. 4. 5. 6.		\$204,874.00 \$363,763.00 \$588,228.00 \$76,618.00 \$48,900.00
	Total actual funding received	Funding payouts	########

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

Name of Project: Urban Paratransit Coordination					
Section Descri	ption				Amount
1 Annual France					
Drive Admir	nal Services	salaries, wages, fringe onnel (salaries, wages		efits)	
Trans 1. <mark>City of</mark>	ictual Service portation Sub- Madison			Total:	\$0.00 \$165,012.00
	rs and Mainter	ance			
Other Fare A	Contractual Se ssistance Pro			Total: Total:	\$165,012.00
	Operations Supplies & Ex	penses		Total:	
Fuel a Tires,	e Operations and Lubricants Parts and Sup le Leases	plies		Tatal	
Insura Facilit	y Rental	uipment & Other Rent		Total:	\$0.00
Major Capita	I Outlay Maintenance (al Equipment (greater than \$1,000) describe below)		Total:	\$0.00
1. 2. 3.	ct Costs			Total:	\$0.00
	fy Types of Cos	sts Covered:			

Section	Description		Amount
2 Δηριμ	al Net Expenditures - Summary		
2. Annua	Total Annual Expenditures & Expenses Passenger Revenue		\$165,012.00
	Net Expenditures (summary)	Expenses minus Revenue	\$165,012.00
3. Annua	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6.		\$165,012.00
	Total actual funding received	Funding payouts	\$165,012.00
	Summary vs. Breakout Cross-check:		

Trust Fund Status Form

Instructions:

Step 1 - Enter all withdrawals of funds held in Trust. Include item purchased and the owner or whom the item was purchased for (name of agency/contractor). Please include details as much as room allows. In the case of vehicles, please state the type, make, model year, seating capacity and whether or not the vehicles are equipped with lifts or ramps.)

Step 2 - Complete the yellow boxes.

Withdrawals of funds held in Trust **STEP 1**:

	Item & Owner	Total Cost	Aid Spent From Trust Fund
1.			
2			
2.			
3.			
0.			
4.			
5.			
c			
6.			
_	Total	\$0.00	\$0.00

Trust fund balance sheet STEP 2:

Amount

Item Description 1. Opening Balance on January 1, 2016: 2. Additions to Funds Held in Trust: A. s. 85.21 aid deposited in 2016 B. Interest Earned by s. 85.21 Aid in 2016 3. Withdrawals of funds held in Trust (carried from total in Step 1) \$0.00 4. Adjustments: If adjustments are made, provide a **<u>brief</u>** explanation below

5. Closing Balance on December 31, 2016: (Sum of items 1 through 4):

\$0.00

ALLOCATION STATUS

	Description	Amount
Item 1	Amount of s.85.21 aid <u>received</u> in 2016: <u>Enter</u> the amount of the county's 2016 allocation received under s.85.21 as listed in Section II of your 2016 grant agreement.	\$965,423.00
Item 2	Amount of s.85.21 2016 aid <u>spent</u> in 2016: This total is automatically calculated from the sum of all amounts entered into Item 3A of each project.	\$965,423.00
Item 3	Amount of s.85.21 2016 aid <u>moved to trust</u> : <u>Enter</u> the amount of the county's 2016 allocation which was not spent in 2016, but will be retained in trust in accordance with Section II of your 85.21 grant agreement	\$-
Item 4	Unspent Aid Checksum: This is a calculated value; amount of aid received minus the amount of aid spent or to be moved into trust. Verify this amount is ZERO. Any remaining aid cannot be "carried-over" into 2017. Any remaining balance not spent or moved to trust, is to be returned to WisDOT. If planning to refund any portion of your 85.21 funds, please contact the program manager for a discussion of other options.	\$0.00

Summary of 2016 Financial Operations

Dane

		1										1		
F	Project Name	Community Access - Individual Transportation	Rural Community Access - Group Transportation	Volunteer Driver Programs	Group Employment Transportation (STS-Get Going)	Urban Paratransit Coordination	0	0	0	0	0	0	0	TOTALS
	al Expenditure		*070 570 00	* 150, 105, 00	*1 000 000 00	t1/5 010 00	* 2.22	to oo	** **	40.00	*• • • •	* 0.00	* 0.00	** ** * **
	I Expenditures	\$57,082.00 \$0.00	\$370,572.00 \$14,800.00	\$459,495.00 \$31,600.00	\$1,282,383.00 \$0.00	\$165,012.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$2,334,544.00
	enger Revenue t Expenditures	\$0.00 \$57,082.00	\$14,800.00 \$355,772.00	\$31,600.00 \$427,895.00	\$0.00 \$1,282,383.00	\$0.00 \$165,012.00	\$0.00 \$0.00	\$46,400.00 \$2,288,144.00						
		<i>401</i> ,002.00	<i>4555,112.00</i>	φ121,070.00	\$1,202,000.00	¢100,012.00	\$0.00	40.00	¢0.00	φ 0.00	40.00	\$0.00	\$0.00	Ψ2,200,111.00
Annu	al Net Expendi	itures - Breakout By	Funding Source											
A. 8	35.21 Allocation	\$39,758.00	\$353,715.00	\$202,064.00	\$204,874.00	\$165,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$965,423.00
В.	Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C.	County Levy	\$10,669.00	\$2,057.00	\$3,701.00	\$363,763.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$380,190.00
D.	Medicare	\$0.00	\$0.00	\$0.00	\$588,228.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$588,228.00
E.	OOA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F.	Tribal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G.	Other	\$6,655.00	\$0.00	\$222,130.00	\$125,518.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$354,303.00
Tot	tal Funding:	\$57,082.00	\$355,772.00	\$427,895.00	\$1,282,383.00	\$165,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,288,144.00
							Cha	1						
							Cnee	ksum						
Expei	nses vs. Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		TRUST FUND		\$0.00		LOCAL MATCI		\$193,084.60						
		Trust Fund (Pa	-			Required local								
		Trust Fund Sur		\$0.00		Actual Local M		\$380,190.00						
			Difference	\$0.00			Difference	\$187,105.40						

CERTIFICATION

I certify that to the best of my knowledge the information presented to the Wisconsin Department of Transportation on these forms relating to the s. 85.21 Specialized Transit Program for the calendar year of 2016 is true and correct.

Dane County	
Signature (County Authorized Representative)	Date
Lynn Green	
Printed Name	Phone
Director of Dane County Human Services Title	Email

Please see instruction tab for additional information

Nai	me of Project:			
Section	Description		А	Amount
1. Annua	al Expenditures/Exp	enses		
	Personal Services Drivers/Mechanics (:	salaries, wages, fringe bene onnel (salaries, wages, fring	e benefits)	
	Contractual Service Transportation Sub-		Total:	\$0.00
1. 2. 3. 4. 5.				
	Repairs and Mainten Utility Services Other Contractual Se Fare Assistance Pro	ervices	Total:	\$0.00
	Fare Assistance	J	Total:	
	Office Operations Office Supplies & Ex Vehicle Operations Fuel and Lubricants	penses	Total:	
	Tires, Parts and Sup Vehicle Leases Fixed Charges Insurance Facility Rental	plies	Total:	\$0.00
			Total:	\$0.00
1. 2. 3.			Tatal	
1. 2. 3.	Indirect Costs Specify Types of Cos	sts Covered:	Total:	\$0.00

Section	Description		Amount
2. Annu	al Net Expenditures - Summary		
	Total Annual Expenditures & Expenses		\$0.00
	Passenger Revenue		
	Net Expenditures (summary)	Expenses minus Revenue	\$0.00
3. Annu	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	 s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6. 		
	Total actual funding received	Funding payouts	\$0.00
	Summary vs. Breakout Cross-check:		

Name of Project:			
Section Description			Amount
1. Annual Expenditures/	Expenses		
Administrative P Volunteer Driver Contractual Serv Transportation S 1. 2. 3. 4. 5. Repairs and Mair	cs (salaries, wages, fringe benef ersonnel (salaries, wages, fringe Reimbursement /ices ub-Contractor(s)		\$0.00
Utility Services Other Contractua Fare Assistance Fare Assistance		Total: Total:	\$0.00
Office Operation Office Supplies 8		Total:	
Vehicle Operation Fuel and Lubrica Tires, Parts and Vehicle Leases Fixed Charges Insurance	nts	Total:	\$0.00
Capital Outlay Major Maintenan Capital Equipme	Equipment & Other Rentals Ce (greater than \$1,000) nt (describe below)	Total:	\$0.00
1. 2. 3. Indirect Costs Specify Types of	Costs Covered:	Total:	\$0.00
1. 2. 3.			

Section	Description		Amount
2 Appu	al Net Expenditures - Summary		
Z. Annua	ar Net Experiatures - Summary		
	Total Annual Expenditures & Expenses		\$0.00
	Passenger Revenue		
	Net Expenditures (summary)	Expenses minus Revenue	\$0.00
3. Annua	al Net Expenditures - Breakout By Fundi	ing Source	
B. C. D. E. F.	 s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6. 		
	Total actual funding received	Funding payouts	\$0.00
	Summary vs. Breakout Cross-check:		

Nai	me of Project:			
ection	Description		A	mount
Annua	al Expenditures/Exp	enses		
1. 2. 3. 4. 5.	Personal Services Drivers/Mechanics (:	salaries, wages, fringe bene onnel (salaries, wages, fring mbursement s Contractor(s)		\$0.00
	Utility Services Other Contractual Se Fare Assistance Pro Fare Assistance	ervices	Total:	\$0.00
	Office Operations Office Supplies & Ex	penses	Total:	
	Vehicle Operations Fuel and Lubricants Tires, Parts and Sup Vehicle Leases Fixed Charges Insurance Facility Rental		Total:	\$0.00
	Communications Equ Capital Outlay Major Maintenance (Capital Equipment (Total:	\$0.00
1. 2. 3.	Indirect Costs		Total:	\$0.00
1. 2. 3.	Specify Types of Cos	sts Covered:		

Section	Description	Amount
2 Annu	al Net Expenditures - Summary	
Z. Anna	ar Net Experiances - Summary	
	Total Annual Expenditures & Expenses	\$0.00
	Passenger Revenue	
	Net Expenditures (summary)	Expenses minus Revenue \$0.00
3. Annu	al Net Expenditures - Breakout By Fundi	ing Source
B. C. D. E. F.	 s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6. 	
	Total actual funding received	Funding payouts \$0.00
	Summary vs. Breakout Cross-check:	

Nai	me of Project:			
ection	Description		A	mount
Annua	al Expenditures/Exp	enses		
1. 2. 3. 4. 5.	Personal Services Drivers/Mechanics (:	salaries, wages, fringe bene onnel (salaries, wages, fring mbursement s Contractor(s)		\$0.00
	Utility Services Other Contractual Se Fare Assistance Pro Fare Assistance	ervices	Total:	\$0.00
	Office Operations Office Supplies & Ex	penses	Total:	
	Vehicle Operations Fuel and Lubricants Tires, Parts and Sup Vehicle Leases Fixed Charges Insurance Facility Rental		Total:	\$0.00
	Communications Equ Capital Outlay Major Maintenance (Capital Equipment (Total:	\$0.00
1. 2. 3.	Indirect Costs		Total:	\$0.00
1. 2. 3.	Specify Types of Cos	sts Covered:		

Section	Description		Amount
2. Annu	al Net Expenditures - Summary		
	Total Annual Expenditures & Expenses		\$0.00
	Passenger Revenue		
	Net Expenditures (summary)	Expenses minus Revenue	\$0.00
3. Annu	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	 s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6. 		
	Total actual funding received	Funding payouts	\$0.00
	Summary vs. Breakout Cross-check:		

Name o	of Project:			
Section Des	cription			Amount
1. Annual Ex	penditures/Exp	enses		
Per: Dr: Ad Vo Con Tra 1. 2. 3. 4. 5.	sonal Services ivers/Mechanics (s	salaries, wages, fringe l nnel (salaries, wages, f mbursement s Contractor(s)		\$0.00
Uti Oti Far e Fai	ility Services her Contractual Se e Assistance Pro re Assistance	ervices	Total: Total:	\$0.00
	ce Operations fice Supplies & Ex	penses	Total:	
Fu Tir Ve	iicle Operations el and Lubricants res, Parts and Sup hicle Leases ed Charges	plies	Total:	\$0.00
Ins Fac Co Cap	surance cility Rental	uipment & Other Rental greater than \$1,000)	s Total:	\$0.00
Ca 1. 2. 3.	pital Equipment (d	lescribe below)		
	irect Costs ecify Types of Cos	its Covered:	Total:	\$0.00

Section	Description	Amount
2. Annua	al Net Expenditures - Summary	
	Total Annual Expenditures & Expenses	\$0.00
	Passenger Revenue	
	Net Expenditures (summary)	Expenses minus Revenue \$0.00
3. Annua	al Net Expenditures - Breakout By Fundi	ing Source
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6.	
	Total actual funding received	Funding payouts \$0.00
	Summary vs. Breakout Cross-check:	

Nan	ne of Project:			
	Description			Amount
. Annua	I Expenditures/Exp	enses		
	Personal Services Drivers/Mechanics (salaries, wages, fringe bene	fits)	
	Administrative Perso Volunteer Driver Re	onnel (salaries, wages, fring imbursement	e benefits) Total:	\$0.00
	Contractual Service Transportation Sub-		TOLAI.	\$0.00
1.				
2.				
3.				
4. 5.				
5.	Repairs and Mainter	ance		
	Utility Services			
	Other Contractual S	ervices		
			Total:	\$0.00
	Fare Assistance Pro	ograms		
	Fare Assistance		Total:	
	Office Operations			
	Office Supplies & Ex	penses	Total:	
	Vehicle Operations			
	Fuel and Lubricants			
	Tires, Parts and Sup	plies		
	Vehicle Leases			
			Total:	\$0.00
	Fixed Charges		r	
	Insurance			
	Facility Rental	uinment 8 Other Deptale		
	communications Eq	uipment & Other Rentals	Total:	\$0.00
	Capital Outlay		TULAI.	\$0.00
	Major Maintenance	(greater than \$1,000)	1	
	Capital Equipment (L	
1.	oupital Equipmont (
2.				
3.				
-			Total:	\$0.00
	Indirect Costs			
_	Specify Types of Co	sts Covered:		
1.				
2.				
3.				

Section	Description		Amount
A A a a a a a a a a a a			
2. Annua	al Net Expenditures - Summary		
	Total Annual Expenditures & Expenses		\$0.00
	Passenger Revenue		
	Net Expenditures (summary)	Expenses minus Revenue	\$0.00
3. Annua	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6.		
	Total actual funding received	Funding payouts	\$0.00
	Summary vs. Breakout Cross-check:		

Name of Project:			
Section Description			Amount
1. Annual Expenditures/E	Expenses		
	s (salaries, wages, fringe benef ersonnel (salaries, wages, fringe Reimbursement rices ub-Contractor(s)	· · ·	\$0.00
Other Contractua Fare Assistance Fare Assistance		Total: Total:	\$0.00
Office Operation Office Supplies &		Total:	
Vehicle Operatio Fuel and Lubrican Tires, Parts and S Vehicle Leases Fixed Charges Insurance Facility Rental	nts	Total:	\$0.00
Communications Capital Outlay	Equipment & Other Rentals ce (greater than \$1,000) nt (describe below)	Total:	\$0.00
1. 2. 3. Indirect Costs		Total:	\$0.00
Specify Types of 1. 2. 3.	Costs Covered:		

Section	Description		Amount
A A a a a a a a a a a a			
2. Annua	al Net Expenditures - Summary		
	Total Annual Expenditures & Expenses		\$0.00
	Passenger Revenue		
	Net Expenditures (summary)	Expenses minus Revenue	\$0.00
3. Annua	al Net Expenditures - Breakout By Fundi	ng Source	
B. C. D. E. F.	s.85.21 funds from CY2016 Allocation s.85.21 funds from Trust Fund County Levy Medicare Older American Act Tribal funds Other Funds (describe below) 1. 2. 3. 4. 5. 6.		
	Total actual funding received	Funding payouts	\$0.00
	Summary vs. Breakout Cross-check:		