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.jane@countyofdane.com Application Preparer (if different than primary contact) Name Organization Telephone Number Extension Email Address 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 Applicant Status X organized as a non-profit under Wis. Stat. 46.82(1)(a)3, are not eligible to apply for this grant. Place your initials in box certifying all organization information, including, contacts and titles, have been Organization Info updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best X of your ability. Please place an "X" next to any federal grant that will be using §85.21 funds as local match. Federal Grant Match 5307 5311 5310 Other (Please explain) Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are Coordination 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 Transit fare assistance, pg.32; Personalized transportation to project is included: work for low-income ambulatory people, pg 34; Funding for additional specialized transprotation trips that are currently underserved, pg 35; Mileage reimbursement for volunteer drivers, pg 35; Fexible, short-notice medical transportation, pg35. Page number(s) of the Coordinated plan in which See Above. the goals may be referenced: Assessibility Please indicate whether or not §85.21 state aid be used for the transportation of persons you cannoth walk or who walk with assistance during the calendar year. YES (If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between NO ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of

Dane

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

VEHICLE INVENTORY

County of Dane

Instructions: Please provide your **entire** specialized transit vehicle inventory (Include all vehicles that are used for transportation of elders, regardless of funding source).

Vehicle Type (Mini van, Med. Bus, etc)	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions (Ambulatory/Non-Ambulatory)	Enter "X" to indicate vehicle funded through WisDOT 5310 or 85.21 program	Place "X" in box to indicate if vehicle is leased to another party.
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		4.7	88.900		

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".

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 grey box.)

Project Name	Anticipated or Known Contractor Name	Type of Agreement ("Lease" or "Contract")	Bidding Required "Yes" or "No"	Start Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Rural Community Access - Group	Caprital Express	Contract	Yes	1/1/18	12/31/18
	Care Van Service	Contract	Yes	1/1/18	12/31/18
	Transit Solutions, Inc.	Contract	Yes	1/1/18	12/31/18
Community Access - Individual	None				
Volunteer Driver Program	Retired Senior Volunteer Program	Contract	No	1/1/18	12/31/18
	Dane County TimeBank	Contract	No	1/1/18	12/31/18
	Dryhootch of America, Inc.	Contract	No	1/1/18	12/31/18
Urban Paratransit Coordination	Madison Metro Transit	Intergovernmental	Agreement	1/1/18	12/31/18
Senior Diversity Program	None	contract		1/1/18	12/31/18
		JA '			
	The Name of Street, St				

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

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. Planned year of Item* (If item is a non-vehicle capital purchase, please scroll to second page purchase Project Cost to complete the narrative) (YYYY) Total projected cost of 3-year plan Estimated amount state aid to be held in trust on 12/31/2017 Enter amount of funds planning to add for the Will auto calculate based on year entered above next 3 years. If none, enter "0". Spending plan for 2018 = \$-Funds added for 2018 = Est. balance on 12/31/18 = \$-Spending plan for 2019 = \$-Funds added for 2019 = Est. balance on 12/31/19 = \$-Spending plan for 2020 = \$-Est. balance on 12/31/20 = \$-Funds added for 2020 = **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.

County of

Dane

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County of	Dane			
• Hint: "Alt" + "	tion to describe a specifi Enter" will all out to brea complete all 3 pages fo		i.21 funds.	
Project Name	Rural Community A	ccess - Group Transpor	rtation	
Third Party Provider	Capital Express, Car	e Van Service, Transit So	lutions, Inc	
Date contract last updated				
Гуре of Service	(Place an "x" next to th	e type of service you will	be providing for this proj	iect)
	Volunteer Driver	Voucher	Program	
V	ehicle Purchase	Manageme	ent Study	
	Planning Study	Brief description of Study		
		cted Transportation usi		
Target Popula apartments. Purpose: Rec selected socia Type of Service	ation: Adults age 60+ a eive rides to communi al activities.	nd persons with disability/senior centers, nutriti	ities who live in their o	eral shopping and

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	of Service						
						"Enter" to start a ne	
	All of Dane Co program).	unty except ar	eas served by	the Urban Gro	up Access S	ervice (not an 85	5.21 funded
	rogram).						
ice Ho	urs (Indicate	your general ho	urs of service for	this project.)			
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time		9:30 am	9:30 am	9:30 am	9:30 am	9:30 am	
End		2:30 pm	2:30 pm	2:30 pm	2:30 pm	2:30 pm	
Time				1			
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Section Description	***************************************		Amount
Annual Expenditures			
Enter the amount of total expend	ditures for this projects	Total Expenses	\$507,794
*Please note: Breakdown of expense provide the breakdown of actual exp you will submit at the end of the cale	enses in the Annual Financial	ou will	V 301,101
Annual Revenue			
Enter the amount for <u>each</u> fundir *When complete, please scroll to be	ng source that will be used ttom of this page to ensure to	to for this projects. he Expenditures minus Rev	venue equals \$0.
A. §85.21 funds from annual	allocation	7	Total from A. \$396,388
B. §85.21 funds from trust fu	ınd	1	Total from B.
C. County Match Funds		1	Total from C. \$91,906
D. Passenger Revenue		7	Total from D. \$19,500
E. Older American Act (OAA)) funding	7	Total from E.
F. §5310 Operating or Mobili	ty Management funds		Total from F.
	ription and record total amou iption. Include sources such	nt in the	Total from G. \$0
1.		Total	
2.		Total	
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4.		Total	
5.		Total	
6.		Total	
		Revenue Total	\$507,794
	Expenditures should	equal revenue	\$0

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County of	Dane			
• Hint: "Alt" + "E	on to describe a specific p Enter" will all out to break Complete all 3 pages for o		21 funds.	
Project Name	Community Acce	ss - Individual Trans	portation	
Third Party Provider Date contract last updated				
Type of Service	(Place an "x" next to the	type of service you will l	be providing for this proje	ect)
	Volunteer Driver	Voucher	Program ent Study	
	Planning Study	Brief description of Study		
Other (provi	ide explanation) Fare as			
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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
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End							
V	Nost ride requ	ests are provid	ed by Dane Co	quested for this production ounty Department ject (One-Call Cone-Call Cone-C	ent of Human	n Services. Ride	es are authorized
N	Nost ride requ	ests are provid	ed by Dane Co	ounty Departme	ent of Human	n Services. Ride	es are authorized
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Section Description				Amount
Annual Expenditures	5			
Enter the amount of tot	tal expenditures for this	10 17.	Expenses \$10	6,536
			Expenses	0,000
Annual Revenue				
		will be used to for this proge to ensure the Expenditu	ojects. ires minus Revenue equals \$0.	
A. §85.21 funds from	m annual allocation		Total from A.	\$62,097
B. §85.21 funds from	m trust fund		Total from B.	A CONTRACTOR
C. County Match Fu	unds		Total from C.	\$44,439
D. Passenger Reve	nue		Total from D.	
E. Older American	Act (OAA) funding		Total from E.	
F. §5310 Operating	or Mobility Manageme	ent funds	Total from F.	
in the box to the	he right of the descrip		Total from G.	\$0
1.	grants and/or progran	15.)	Total	
2.			Total	
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		Reven	ue Total \$10	6,536
	Expenditures sho	uld equal revenue		\$0

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County of	Dane			
• Hint: "Alt" + "E		cific project that will use s.8 reak to the next line. for each project.	5.21 funds.	
Project Name	Volunteer Driv	ver Program		
Third Party Provider	Retired Senior Vo	olunteer Program, Dryhooto	ch, Dane County TimeBank	
Date contract last updated	2017			
Type of Service	(Place an "x" next t	o the type of service you w	ill be providing for this proj	ect)
\ \	/olunteer Driver	X Vouch	ner Program	
Ve	ehicle Purchase	Manage	ement Study	
	Planning Study	Brief description of Stud		
Other (providence)	de explanation)			
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	of Service						
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V	eterans may l	be provided tra	ansportation f	rom surrounding	g counties in	to Dane Count	y.
ce Ho	urs (Indicate	your general hou	urs of service for	r this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start		V	V		· ·		
time		X	X	X	X	X	
End Time							
Δ dditi/	anal description	Time and day	depend on dri	ver availability	and passeng	er need. Trans	portation is also
Additio	(if applicable)	provided to so	me weekend	activities.			
	(if applicable)	provided to so	ille weekellu	activities.			
	ı						
ce Re	auests (Brief	ly describe how y	vour service is re	equested for this p	roject)		
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enger C	Eligibility (B) Dane County rederans and t	Briefly indicate pas esidents 60+ a heir spouses r	ssenger eligibility and ambulator regardless of a	rileage reimburs requirements for y younger passa age, disability ar	this project) engers with c	isional transpo	ortation offered o
enger C	Eligibility (B) Dane County rederans and t	Briefly indicate pas esidents 60+ a heir spouses r	ssenger eligibility and ambulator regardless of a	rileage reimburs requirements for y younger passa age, disability ar	this project) engers with c	isional transpo	
enger C	Eligibility (B) Dane County rederans and t	Briefly indicate pas esidents 60+ a heir spouses r	ssenger eligibility and ambulator regardless of a	rileage reimburs requirements for y younger passa age, disability ar	this project) engers with c	isional transpo	ortation offered o
enger	Eligibility (B) Dane County rederans and t	Briefly indicate pas esidents 60+ a heir spouses r	ssenger eligibility and ambulator regardless of a	rileage reimburs requirements for y younger passa age, disability ar	this project) engers with c	isional transpo	ortation offered o

DR	AFT	DRAFT	DRAFT	DI	RAFT	DRAFT
Section	Description	1			A	mount
Annual I	Expenditure	es				
		otal expenditures for this	5 175	Г		
provid	de the breakdow	own of expenses is not require n of actual expenses in the Ar end of the calendar year.	d at this time. You will	otal Expenses	\$485	5,083
	Revenue				18	
		<u>each</u> funding source that se scroll to bottom of this pa			evenue equals \$0.	
		rom annual allocation			Total from A.	\$202,264
B. §	85.21 funds fr	om trust fund			Total from B.	
c. c	ounty Match	Funds			Total from C.	\$50,918
D. P	assenger Rev	/enue			Total from D.	\$31,500
E. 0	lder America	n Act (OAA) funding			Total from E.	\$130,401
F. §	5310 Operatir	ng or Mobility Manageme	ent funds		Total from F.	
G. 0	in the box to	me and/or description are the right of the descrip	tion. Include source		Total from G.	\$70,000
1.	City of Madis	er grants and/or progran on	ns.)	Total	\$70,000	
2.				Total		
3.				Total		
4.				Total		
5.				Total		
6.				Total		
			R	evenue Total	\$48	5,083
		Expenditures sho	ould equal reven	ue		0

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County of	Dane			
• Hint: "Alt" + "E	on to describe a specific inter" will all out to brea implete all 3 pages for		21 funds.	
Project Name	Urban Paratrans	it Coordination		
Third Party Provider Date contract last updated	Madison Metro Trans	sit		
Type of Service	(Place an "x" next to th	e type of service you will	be providing for this proje	ect)
	/olunteer Driver ehicle Purchase		r Program nent Study	
	Planning Study	Brief description of Study		
Other (providence)	de explanation) ADA C	omplementary Paratran	sit serice of urban mass	s transit utility.
determined by coordinated the between Metro	ngers receive rides to Metro Transit. The se grough Metro Transit. Transit and Dane Co	destinations within the ervice is door-to-door, and This project is one of manual unty.	Metro Transit service and vehicles are accessible any cost-sharing and co	rea. Eligibility is ble. Service is pordination programs

	DRAF	T L	DRAFT	DRAFT	D	RAFT	DRAFT
aphy	of Service						
				ugh this project. U	se "ALT" and "	Enter" to start a i	new line.)
me 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. The Madison Metro Transit service area.							
3							
					HAROLING COMPANY	MERCHANIS AND THE	NGE NAMED THE STORY
e Ho		your general hou					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
tart							
nd							
ime							

-1-1:4: -		All Metro Trans	sit regularly s	cheduled hours	of operation		
Additio	onal description	All Wello Itali	Sit regularly S	cheduled hours	or operation		
	(if applicable)						
	(ii applicable)						
o Po	quaete (Print	ly describe how i	iour conico ie re	augeted for this n	roject)		
e Re	quests (Brief	ly describe how y	our service is re	equested for this p	roject)		
_							
E	Reservations a	are made by 4:	30 pm on the	day prior to serv	rice.		
	Cool valions	are made by 4.	oo piii on the t	ady prior to core			
	Eliaibility /	riath, indicata na	ooonaar aliaihilit	, requirements for	this project)		
nger	Eligibility (E	sneny indicate pa	Sseriger eligibility	requirements for	uns project)	siah nyayant th	om from using
1000				disabilities or o	conditions wi	nich prevent th	em from using
n	nainline servi	ce. Regardless	of age.				
139							
_							
222	Payanua /P	riafly describe no	econgor rovenu	e requirements for	this project)		
						proposed tickets	or navmente III
							or payments up
k	ooarding. Fare	es are recorded	and retained	by Metro Trans	it. In Februra	ry 2018 passen	ger fare for Met
		.00/one-way ric					经济发育总有 员
	INS WIII DO 94	.oorone-way In					

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Section Description	n			Amount
Annual Expenditure	es			
Enter the amount of t	total expenditures for this		Expenses \$2	267,907
provide the breakdown	own of expenses is not require n of actual expenses in the A l end of the calendar year.	ed at this time. You will	LAPERIOUS	
Annual Revenue				
	<u>each</u> funding source that se scroll to bottom of this pa		ojects. ıres minus Revenue equals \$0	_
A. §85.21 funds fr	rom annual allocation		Total from A.	\$267,907
B. §85.21 funds fr	rom trust fund		Total from B.	
C. County Match	Funds		Total from C.	
D. Passenger Rev	/enue		Total from D.	
E. Older American	n Act (OAA) funding		Total from E.	
F. §5310 Operating	ng or Mobility Manageme	ent funds	Total from F.	
G. Other funds (provide name	me and/or description ai	nd record total amount	Total from G.	\$0
	o the right of the descrip er grants and/or prograi			
1.	or grante and or program		Total	
2.			Total	
3.			Total	
4.			Total	
5.			Total	
6.			Total	
		Reven	uue Total \$	267,907
	Expenditures sho	ould equal revenue		\$0

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County of	Dane			
• Hint: "Alt" + "E	on to describe a specific inter" will all out to brea implete all 3 pages fo		21 funds.	
Project Name	Senior Diversity	Program Transporta	tion	
Third Party Provider	North/Eastside Senie	or Coalition (NESCO)		
Date contract last updated	2017			
Type of Service	(Place an "x" next to ti	he type of service you will	be providing for this projec	ct)
\	Volunteer Driver	Voucher	r Program	
Ve	ehicle Purchase	Managem Brief description	nent Study	
Other (provi	Planning Study	of Study	avic wane and buses us	ing paid drivers
Other (provi	de explanation) Contr	acted Transportation - 1	axis, valis aliu buses us	sing paid drivers.
General Project Summar	V (Provide a brief desc	rintion of this project Use "A	l T" and "Enter" to start a ne	w paragraph.)
Persons attend	ding culturally - spec ve group or individua	ific programming approvil rides to program sites.	ed by Dane County Depa Accessibility is based o	artment of Human

Sunday Monday Tuesday Wednesday Thursday Friday Sature et all ditional description (if applicable) Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which developrogramming.	es, as well as d dison, Middl	cities/areas that		DRAFT	D	and the second second		
Madison, Middleton, parts of Fitchburg. The Madison Metro Transit service area. Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday Saturt end of the service by passenger and program need. Waries by passenger and program need. Waries by passenger and program need. Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which develop programming.	dison, Middl	altiac/arage that						
Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday Saturity e did did did did did did did did did di	e Madison M			ugh this project. U	se "ALT" and "	Enter" to start a ı	new line.)	
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d		etro Transit se	rvice area.					
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d								
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d								
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d								
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d								
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d								
Sunday Monday Tuesday Wednesday Thursday Friday Saturite ded de d	e (Indicate	vour general hou	ire of candida for	this project)				
ditional description (if applicable) Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which developrogramming.					Thursday	Friday	Saturday	
ditional description (if applicable) Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which develop programming. ger 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 displacements.	Julian	Monday	lacoday	Trouncoday	maroday	. nouy	Catalday	
ditional description (if applicable) Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which developrogramming. ger 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 displacements.								
ditional description (if applicable) Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which developrogramming. ger 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 displacements.								
Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which develop programming. ger 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 displacements.								
Requests (Briefly describe how your service is requested for this project) Transportation Service is coordinated through the North/Eastside Senior Coalition, which develop programming. ger 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 di	ai description	Varies by pass	enger and pro	ogram need.				
Transportation Service is coordinated through the North/Eastside Senior Coalition, which developrogramming. ger 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 di	(if applicable)							
Transportation Service is coordinated through the North/Eastside Senior Coalition, which developrogramming. ger 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 di						***************************************		
Dane County residents age 60+ who live in their own homes or apartments who attend cultural di								
Dane County residents age 60+ who live in their own homes or apartments who attend cultural di								
programming.								
	ne County re					ents who attend	d cultural diver	
	ne County re					ents who attend	d cultural diver	
	ne County re					ents who attend	d cultural diver	
	ne County re					ents who attend	d cultural diver	
	ne County re					ents who attend	d cultural diver	
	ne County re					ents who attend	d cultural diver	
ger Revenue (Briefly describe passenger revenue requirements for this project) Donations are determined by the North/Eastside Senior Coalition (NESCO) depending on program	ne County reogramming.	esidents age 6	0+ who live in	their own home	es or apartme	ents who attend	d cultural diver	
Transportation donations are retained by NESCO to help support the program.	evenue (Br	esidents age 6	0+ who live in	their own home	es or apartme			
	evenue (Bronations are	riefly describe pa	0+ who live in ssenger revenue the North/Eas	e requirements for	es or apartme	CO) depending		
	evenue (Bronations are	riefly describe pa	0+ who live in ssenger revenue the North/Eas	e requirements for	es or apartme	CO) depending		
	evenue (Bronations are	riefly describe pa	0+ who live in ssenger revenue the North/Eas	e requirements for	es or apartme	CO) depending		
	evenue (Bronations are	riefly describe pa	0+ who live in ssenger revenue the North/Eas	e requirements for	es or apartme	CO) depending		
	evenue (Bronations are	riefly describe pa	0+ who live in ssenger revenue the North/Eas	e requirements for	es or apartme	CO) depending		

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Section Description			Α	mount
Annual Expenditure	es			
Enter the amount of to	otal expenditures for this	*	Expenses \$16,	469
provide the breakdown	wn of expenses is not require of actual expenses in the Ar and of the calendar year.	d at this time. You will		
Annual Revenue				
	each funding source that	will be used to for this pr	ojects.	
*When complete, please	e scroll to bottom of this pag	ge to ensure the Expenditu	ıres minus Revenue equals \$0.	
A. §85.21 funds fro	om annual allocation		Total from A.	\$15,000
B. §85.21 funds fro	om trust fund		Total from B.	
C. County Match F	unds		Total from C.	\$1,469
D. Passenger Rev	enue		Total from D.	
E. Older American	Act (OAA) funding		Total from E.	
F. §5310 Operating	g or Mobility Manageme	ent funds	Total from F.	
in the box to	ne and/or description an the right of the descrip	tion. Include sources	Total from G.	\$0
such as othe	r grants and/or progran	ns.)	Total	
2.			Total	
3.			Total	
4.			Total	
5.			Total	
6.			Total	
		Reven	ue Total \$16,	469
	Expenditures sho	uld equal revenue	\$	0

COUNTY ELDERLY TRANSPORTATION 2018 PROJECT BUDGET SUMMARY

County of	Dane					K			
Project Name	Rural Community Access - Group Transportation	Community Access - Individual Transportation	Volunteer Driver Program	Urban Paratransit Coordination	Senior Diversity Program Transportation	0	0	0	Totals
Project Expenses	ž.								
Total Project Expenses	\$507,794.00	\$106,536.00	\$485,083.00	\$267,907.00	\$16,469.00	\$0.00	00:0\$	\$0.00	\$1,383,789.00
Project Revenue by	y Funding Source	lrce							
§85.21 Annual Allocation	\$396,388.00	\$62,097.00	\$202,264.00	\$267,907.00	\$15,000.00	\$0.00	\$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	\$0.00
County funds	\$91,906.00	\$44,439.00	\$50,918.00	\$0.00	\$1,469.00	\$0.00	\$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	\$0.00	\$51,000.00
Older American Act (OAA)	\$0.00	\$0.00	\$130,401.00	\$0.00	\$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	\$0.00
Total from other funds	\$0.00	\$0.00	\$70,000.00	\$0.00	\$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	\$0.00	\$70,000.00
2.	\$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
9	\$0.00	\$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	\$0.00