

ALLOCATION STATUS

	Description	Amount
Item 1	Amount of s.85.21 aid <u>received</u> in 2017: <i>Enter the amount of the county's 2017 allocation received under s.85.21 as listed in Section II of your 2017 grant agreement.</i>	\$936,513.00
Item 2	Amount of s.85.21 2017 aid <u>spent</u> in 2017: <i>This total is automatically calculated from the sum of all amounts entered into Item 3A of each project.</i>	\$936,513.00
Item 3	Amount of s.85.21 2017 aid <u>moved to trust</u>: <i>This total is automatically calculated from the trust fund sheet. This should equal any amount of the county's 2017 allocation which was not spent in 2017, but will be retained in trust in accordance with Section II of your 85.21 grant agreement.</i>	\$0.00
Item 4	Unspent Aid Checksum: <i>This is a calculated value; amount of aid received minus the amount of aid spent or to be moved into trust.</i> <i>Verify this amount is ZERO. Any remaining aid cannot be "carried-over" into 2018. 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.</i>	\$0.00

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 30, 2018

Refund (if any) due June 29, 2018

How to submit annual report:

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

Do not make any entries in the blue boxes

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:

John Swissler

Specialized.Transit@dot.wi.gov

(608) 264-9532

Project Instructions

**Please fill out a separate Project tab for each unique transportation project.
Projects should match your 2017 Application submitted to WisDOT.**

ENTER INFORMATION ONLY IN YELLOW CELLS

Item 1: List the project expenditures that were incurred during 2017.
Total project expenditures for the full year should be described.

- Expenses must have been incurred during the period 01/01/17 through 12/31/17.
- Services to be provided in 2018 may not be prepaid with 2017 aid.
- All equipment purchased in 2017 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 2017 expenses.

- This figure must include passenger revenue that was earned in 2017 from services sponsored with s. 85.21 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 2017 passenger revenue must be spent by June 30, 2018; 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 and 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 on the 85.21 program, applies to generalized costs related to providing transportation services. Indirect costs are those expenses that are:

- (a) incurred for a common purpose that benefits more than one project or program, AND
- (b) cannot be easily assigned to a project or program without extraordinary effort.

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

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:

Rural Community Access - Group Transportation

Section	Description	Amount
1. Annual Expenditures/Expenses		
Personal Services		
	Drivers/Mechanics (salaries, wages, fringe benefits)	
	Administrative Personnel (salaries, wages, fringe benefits)	
	Volunteer Driver Reimbursement	
	Total:	\$0.00
Contractual Services		
	Transportation Sub-Contractor(s)	
1.	Capitol Express	\$11,417.00
2.	Care Van	\$77,587.00
3.	Colonial Club	\$18,970.00
4.	City of Moonona	\$3,743.00
5.	Transit Solutions	\$268,096.00
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	
	Total:	\$379,813.00
Fare Assistance Programs		
	Fare Assistance	
	Total:	
Office Operations		
	Office Supplies & Expenses	
	Total:	
Vehicle Operations		
	Fuel and Lubricants	
	Tires, Parts and Supplies	
	Vehicle Leases	
	Total:	\$0.00
Fixed Charges		
	Insurance	
	Facility Rental	
	Communications Equipment & Other Rentals	
	Total:	\$0.00
Capital Outlay		
	Major Maintenance (greater than \$1,000)	
	Capital Equipment (describe below)	
1.		
2.		
3.		
	Total:	\$0.00
Indirect Costs		
	Specify Types of Costs Covered:	
1.		
2.		
3.		
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$379,813.00
Passenger Revenue	\$19,500.00
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$360,313.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2017 Allocation	\$360,313.00
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	

<u>Total actual funding received</u>	Funding payouts \$360,313.00
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Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Community Access - Individual Transportation

Section	Description	Amount
1. Annual Expenditures/Expenses		
Personal Services		
	Drivers/Mechanics (salaries, wages, fringe benefits)	
	Administrative Personnel (salaries, wages, fringe benefits)	
	Volunteer Driver Reimbursement	
	Total:	\$0.00
Contractual Services		
	Transportation Sub-Contractor(s)	
1.		
2.		
3.		
4.		
5.		
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	
	Total:	\$0.00
Fare Assistance Programs		
	Fare Assistance	\$79,294.00
Office Operations		
	Office Supplies & Expenses	
Vehicle Operations		
	Fuel and Lubricants	
	Tires, Parts and Supplies	
	Vehicle Leases	
	Total:	\$0.00
Fixed Charges		
	Insurance	
	Facility Rental	
	Communications Equipment & Other Rentals	
	Total:	\$0.00
Capital Outlay		
	Major Maintenance (greater than \$1,000)	
	Capital Equipment (describe below)	
1.		
2.		
3.		
	Total:	\$0.00
Indirect Costs		
	Specify Types of Costs Covered:	
1.		
2.		
3.		
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$79,294.00
Passenger Revenue	
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$79,294.00

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2017 Allocation	\$32,097.00
B. s.85.21 funds from Trust Fund	
C. County Levy	\$26,472.00
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1. Community Aids	\$19,275.00
2. Carry Forward (encumbrance) from 2016	\$1,450.00
3.	
4.	
5.	
6.	
<u>Total actual funding received</u>	Funding payouts \$79,294.00

Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project: **Volunteer Driver**

Section	Description	Amount
1. Annual Expenditures/Expenses		
Personal Services		
	Drivers/Mechanics (salaries, wages, fringe benefits)	
	Administrative Personnel (salaries, wages, fringe benefits)	
	Volunteer Driver Reimbursement	
	Total:	\$0.00
Contractual Services		
	Transportation Sub-Contractor(s)	
1.	RSVP	\$383,193.00
2.	Dryhooch Veterans	\$39,047.00
3.	Time Bank	\$34,410.00
4.		
5.		
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	
	Total:	\$456,650.00
Fare Assistance Programs		
	Fare Assistance	
	Total:	
Office Operations		
	Office Supplies & Expenses	
	Total:	
Vehicle Operations		
	Fuel and Lubricants	
	Tires, Parts and Supplies	
	Vehicle Leases	
	Total:	\$0.00
Fixed Charges		
	Insurance	
	Facility Rental	
	Communications Equipment & Other Rentals	
	Total:	\$0.00
Capital Outlay		
	Major Maintenance (greater than \$1,000)	
	Capital Equipment (describe below)	
1.		
2.		
3.		
	Total:	\$0.00
Indirect Costs		
	Specify Types of Costs Covered:	
1.		
2.		
3.		
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$456,650.00
Passenger Revenue	\$31,500.00
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$425,150.00

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2016 Allocation	\$182,064.00
B. s.85.21 funds from Trust Fund	
C. County Levy	\$12,756.00
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1. Community Aids	\$11,200.00
2. IIIB	\$129,130.00
3. S53.10	\$20,000.00
4. City of Madison	\$70,000.00
5.	
6.	
<u>Total actual funding received</u>	Funding payouts \$425,150.00

Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

Name of Project:

Group Employment Transportation (STS Get Going)

Section	Description	Amount
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1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)
 Administrative Personnel (salaries, wages, fringe benefits)
 Volunteer Driver Reimbursement

Total: **\$0.00**

Contractual Services

Transportation Sub-Contractor(s)

1.	Capitol Express	\$642,997.00
2.	Care Van	\$45,830.00
3.	Transit Solutions	\$465,372.00
4.		
5.		
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	

Total: **\$1,154,199.00**

Fare Assistance Programs

Fare Assistance

Total:

Office Operations

Office Supplies & Expenses

Total:

Vehicle Operations

Fuel and Lubricants
 Tires, Parts and Supplies
 Vehicle Leases

Total: **\$0.00**

Fixed Charges

Insurance
 Facility Rental
 Communications Equipment & Other Rentals

Total: **\$0.00**

Capital Outlay

Major Maintenance (greater than \$1,000)
 Capital Equipment (describe below)

1.		
2.		
3.		

Total: **\$0.00**

Indirect Costs

Specify Types of Costs Covered:

1.		
2.		
3.		

Total: **\$0.00**

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$1,154,199.00
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Passenger Revenue	
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<u>Net Expenditures (summary)</u>	Expenses minus Revenue	\$1,154,199.00
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3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2017 Allocation	\$185,027.00
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B. s.85.21 funds from Trust Fund	
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C. County Levy	\$326,009.00
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D. Medicare	\$518,945.00
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E. Older American Act	
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F. Tribal funds	
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G. Other Funds (describe below)	
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1.	City of Madison	\$48,900.00
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2.	Community Aids	\$75,318.00
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3.		
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4.		
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5.		
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6.		
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<u>Total actual funding received</u>	Funding payouts	\$1,154,199.00
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Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checks	\$0.00
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Name of Project:

Urban Paratransit Coordination

Section	Description	Amount
1. Annual Expenditures/Expenses		
Personal Services		
	Drivers/Mechanics (salaries, wages, fringe benefits)	
	Administrative Personnel (salaries, wages, fringe benefits)	
	Volunteer Driver Reimbursement	
	Total:	\$0.00
Contractual Services		
	Transportation Sub-Contractor(s)	
1.	City of Madison	\$165,012.00
2.		
3.		
4.		
5.		
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	
	Total:	\$165,012.00
Fare Assistance Programs		
	Fare Assistance	
	Total:	
Office Operations		
	Office Supplies & Expenses	
	Total:	
Vehicle Operations		
	Fuel and Lubricants	
	Tires, Parts and Supplies	
	Vehicle Leases	
	Total:	\$0.00
Fixed Charges		
	Insurance	
	Facility Rental	
	Communications Equipment & Other Rentals	
	Total:	\$0.00
Capital Outlay		
	Major Maintenance (greater than \$1,000)	
	Capital Equipment (describe below)	
1.		
2.		
3.		
	Total:	\$0.00
Indirect Costs		
	Specify Types of Costs Covered:	
1.		
2.		
3.		
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$165,012.00
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Passenger Revenue	
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Net Expenditures (summary)	Expenses minus Revenue	\$165,012.00
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3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2017 Allocation	\$165,012.00
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B. s.85.21 funds from Trust Fund	
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C. County Levy	
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D. Medicare	
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E. Older American Act	
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F. Tribal funds	
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G. Other Funds (describe below)	
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1.		
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2.		
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3.		
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4.		
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5.		
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6.		
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Total actual funding received	Funding payouts	\$165,012.00
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Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum	\$0.00
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Name of Project:

Senior Diversity Program Transportation

Section	Description	Amount
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1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)
 Administrative Personnel (salaries, wages, fringe benefits)
 Volunteer Driver Reimbursement

Total: \$0.00

Contractual Services

Transportation Sub-Contractor(s)

1.	North Eastside Senior Coalition Inc	\$13,266.00
2.		
3.		
4.		
5.		
	Repairs and Maintenance	
	Utility Services	
	Other Contractual Services	

Total: \$13,266.00

Fare Assistance Programs

Fare Assistance

Total:

Office Operations

Office Supplies & Expenses

Total:

Vehicle Operations

Fuel and Lubricants
 Tires, Parts and Supplies
 Vehicle Leases

Total: \$0.00

Fixed Charges

Insurance
 Facility Rental
 Communications Equipment & Other Rentals

Total: \$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)
 Capital Equipment (describe below)

1.		
2.		
3.		

Total: \$0.00

Indirect Costs

Specify Types of Costs Covered:

1.	
2.	
3.	

Total: **\$0.00**

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$13,266.00
Passenger Revenue	
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$13,266.00

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2017 Allocation	\$12,000.00
B. s.85.21 funds from Trust Fund	
C. County Levy	\$1,266.00
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
<u>Total actual funding received</u>	Funding payouts \$13,266.00

Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

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.

STEP 1: Withdrawals of funds held in Trust

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

STEP 2: Trust fund balance sheet

Item Description	Amount
1. Opening Balance on January 1, 2017 (from last year's report):	
2. 2017 Additions to Funds Held in Trust:	
A. Aid from CY17 85.21 allocation unspent and moved to trust	
B. Interest Earned by s. 85.21 Aid in 2017	
3. 2017 Withdrawals of funds held in Trust (carried from total in Step 1)	\$0.00
4. Adjustments: <i>If adjustments are made, provide a brief explanation below</i>	
5. Closing Balance on December 31, 2017: (Sum of items 1 through 4):	\$0.00

Explanations or Other Notes:

Summary of 2017 Financial Operations

Dane

Project Name	Rural Community Access - Group Transportation	Community Access - Individual Transportation	Volunteer Driver	Group Employment Transportation (STS Get Going)	Urban Paratransit Coordination	Senior Diversity Program Transportation	0	0	0	0	0	0	TOTALS
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Annual Expenditures/Expenses													
Total Expenditures	\$379,813.00	\$79,294.00	\$456,650.00	\$1,154,199.00	\$165,012.00	\$13,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,248,234.00
Passenger Revenue	\$19,500.00	\$0.00	\$31,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,000.00
Net Expenditures	\$360,313.00	\$79,294.00	\$425,150.00	\$1,154,199.00	\$165,012.00	\$13,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,197,234.00

Annual Net Expenditures - Breakout By Funding Source													
A.	85.21 Allocation	\$360,313.00	\$32,097.00	\$182,064.00	\$185,027.00	\$165,012.00	\$12,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$936,513.00
B.	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
C.	County Levy	\$0.00	\$26,472.00	\$12,756.00	\$326,009.00	\$0.00	\$1,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$366,503.00
D.	Medicare	\$0.00	\$0.00	\$0.00	\$518,945.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$518,945.00
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
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
G.	Other	\$0.00	\$20,725.00	\$230,330.00	\$124,218.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$375,273.00
Total Funding:		\$360,313.00	\$79,294.00	\$425,150.00	\$1,154,199.00	\$165,012.00	\$13,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,197,234.00

Checksum

Expenses 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
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TRUST FUND		LOCAL MATCH	
Trust Fund (Part II)	\$0.00	Required local match (20%)	\$187,302.60
Trust Fund Sum (Part IV, row B)	\$0.00	Actual Local Match (Part V)	\$366,503.00
Difference	\$0.00	Difference	\$179,200.40

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 2017 is true and correct.

Dane

County

Signature (County Authorized Representative)

Date

Jane Betzig

Printed Name

608-242-6486

Phone

*DCDHS Transportation Manager

Title

betzig.jane@countyofdane.com

Email

*DCDHS - Dane County Department of Human Services

Please see instruction tab for additional information

Name of Project:

Section	Description	Amount
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1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)
 Administrative Personnel (salaries, wages, fringe benefits)
 Volunteer Driver Reimbursement

Total: **\$0.00**

Contractual Services

Transportation Sub-Contractor(s)

1.
2.
3.
4.
5.

Repairs and Maintenance
 Utility Services
 Other Contractual Services

Total: **\$0.00**

Fare Assistance Programs

Fare Assistance

Total:

Office Operations

Office Supplies & Expenses

Total:

Vehicle Operations

Fuel and Lubricants
 Tires, Parts and Supplies
 Vehicle Leases

Total: **\$0.00**

Fixed Charges

Insurance
 Facility Rental
 Communications Equipment & Other Rentals

Total: **\$0.00**

Capital Outlay

Major Maintenance (greater than \$1,000)
 Capital Equipment (describe below)

1.
2.
3.

Total: **\$0.00**

Indirect Costs

Specify Types of Costs Covered:

1.
2.
3.

Total: **\$0.00**

Section Description	Amount
---------------------	--------

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2016 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1. 	
2. 	
3. 	
4. 	
5. 	
6. 	

<u>Total actual funding received</u>	Funding payouts \$0.00
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Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals
 of Section 2 and 3 are the same.

Checksum \$0.00

Name of Project:

Section	Description	Amount
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1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)
 Administrative Personnel (salaries, wages, fringe benefits)
 Volunteer Driver Reimbursement

Total: **\$0.00**

Contractual Services

Transportation Sub-Contractor(s)

1.	
2.	
3.	
4.	
5.	

Repairs and Maintenance
 Utility Services
 Other Contractual Services

Total: **\$0.00**

Fare Assistance Programs

Fare Assistance

Total:

Office Operations

Office Supplies & Expenses

Total:

Vehicle Operations

Fuel and Lubricants
 Tires, Parts and Supplies
 Vehicle Leases

Total: **\$0.00**

Fixed Charges

Insurance
 Facility Rental
 Communications Equipment & Other Rentals

Total: **\$0.00**

Capital Outlay

Major Maintenance (greater than \$1,000)
 Capital Equipment (describe below)

1.	
2.	
3.	

Total: **\$0.00**

Indirect Costs

Specify Types of Costs Covered:

1.	
2.	
3.	

Total: **\$0.00**

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2016 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1. 	
2. 	
3. 	
4. 	
5. 	
6. 	

<u>Total actual funding received</u>	Funding payouts \$0.00
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Name of Project:

Section	Description	Amount
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Total: **\$0.00**

Contractual Services

Transportation Sub-Contractor(s)

1.	
2.	
3.	
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Repairs and Maintenance
 Utility Services
 Other Contractual Services

Total: **\$0.00**

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Fare Assistance

Total:

Office Operations

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Vehicle Operations

Fuel and Lubricants
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Insurance
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Total: **\$0.00**

Indirect Costs

Specify Types of Costs Covered:

1.	
2.	
3.	

Total: **\$0.00**

Section Description	Amount
---------------------	--------

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
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Passenger Revenue	
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Net Expenditures (summary)	Expenses minus Revenue	\$0.00
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3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2016 Allocation	
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Total actual funding received	Funding payouts	\$0.00
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Section	Description	Amount
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1.	
2.	
3.	

Total: **\$0.00**

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Breakout By Funding Source

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<u>Total actual funding received</u>	Funding payouts	\$0.00
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Summary vs. Breakout Cross-check:

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Name of Project:

Section	Description	Amount
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Office Operations

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Total: **\$0.00**

Indirect Costs

Specify Types of Costs Covered:

1.	
2.	
3.	

Total: **\$0.00**

Section Description	Amount
---------------------	--------

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
<u>Net Expenditures (summary)</u>	Expenses minus Revenue \$0.00

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Section	Description	Amount
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Total: **\$0.00**

Indirect Costs

Specify Types of Costs Covered:

1.	
2.	
3.	

Total: **\$0.00**

Section Description	Amount
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2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
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Passenger Revenue	
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<u>Net Expenditures (summary)</u>	Expenses minus Revenue	\$0.00
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3. Annual Net Expenditures - Breakout By Funding Source

A. s.85.21 funds from CY2016 Allocation	
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B. s.85.21 funds from Trust Fund	
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C. County Levy	
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D. Medicare	
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E. Older American Act	
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F. Tribal funds	
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G. Other Funds (describe below)	
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1.		
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2.		
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3.		
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4.		
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5.		
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6.		
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<u>Total actual funding received</u>	Funding payouts	\$0.00
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Summary vs. Breakout Cross-check:

This value will equal zero (0) when the totals
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Checksum	\$0.00
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