2020 APPLICANT INFORMATION FORM

****

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 |

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.*

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

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

| **5310** | X | **5307** | | **5311** | |

Other *(Please explain)* |

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

Title of Coordinated Plan: | Coordinated Public Transit - Human Services Transportation Plan For Dane County 2019-2023

The goal(s) and/or strategies from which your project is included: | **P33 Fare assistance:** RU/OATA p 21 and SMTAP p 23. **P33 Employment Trasnportation:** Rideline and ETA p 23. **P33 Info on available resources:** Call Center p 20 and Mobility Management p 28. **P33 Travel and 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

Page number(s) of the Coordinated plan in which the goals may be referenced: | P33 refers to strategies on page 33.

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

YES | X
NO | | *(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**

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

I will upload 2020 third party contracts to BlackCat as they are finalized.

VEHICLE INVENTORY

County of **Dane**

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

Vehicle Type *(Mini van, Med. Bus, etc)*	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions *(Ambulatory/Non-Ambulatory)*	Funding Source (mark with X)			Place "X" in box to indicate if vehicle is leased to another party.
				5310	85.21	Other	
							☐
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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	**Car Van Service, Inc.**	contract	Yes	01/01/2020	12/30/2020
	Transit Solutions, Inc.	contract	Yes	01/01/2020	12/30/2020
	Capital Express, LLC	**Contract**	Yes	01/01/2020	12/30/2020
Community Access Individual	**None**	**None**		01/01/2020	12/30/2020
Volunteer Driver Program	**RSVP**	contract	No	01/01/2020	12/30/2020
	Dane County TimeBank	contract	No	01/01/2020	12/30/2020
	DryHootch of America, Inc.	contract	No	01/01/2020	12/30/2020
Urban Paratransit Coordination	**Madison Metro Transit**	**Service Agreement**	Agreement	01/01/2020	12/30/2020
Senior Diversity Program	**None**	**None**	No	01/01/2020	12/30/2020
Mobility Management Project	**None**	**None**	grant	01/01/2020	12/30/2020

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 2019 purchases made with trust funds.

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

Estimated *amount state aid to be held in trust on 12/31/2019*	

Will auto calculate based on year entered above		***Enter*** *amount of funds planning to add for the next 3 years. If none, enter "0".*			
Spending plan for 2020 =	*$ -*	*Funds added for 2020 =*		*Est. balance on 12/31/20 =*	*$ -*
Spending plan for 2021 =	*$ -*	*Funds added for 2021 =*		*Est. balance on 12/31/21 =*	*$ -*
Spending plan for 2022 =	*$ -*	*Funds added for 2022 =*		*Est. balance on 12/31/21 =*	*$ -*

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.)*

TRUST FUND SPENDING PLAN
Continued

County of   **0**

Narrative for non-vehicle equipment purchases continued.
(Hint: Use "ALT" and "Enter" to start a new paragraph.)
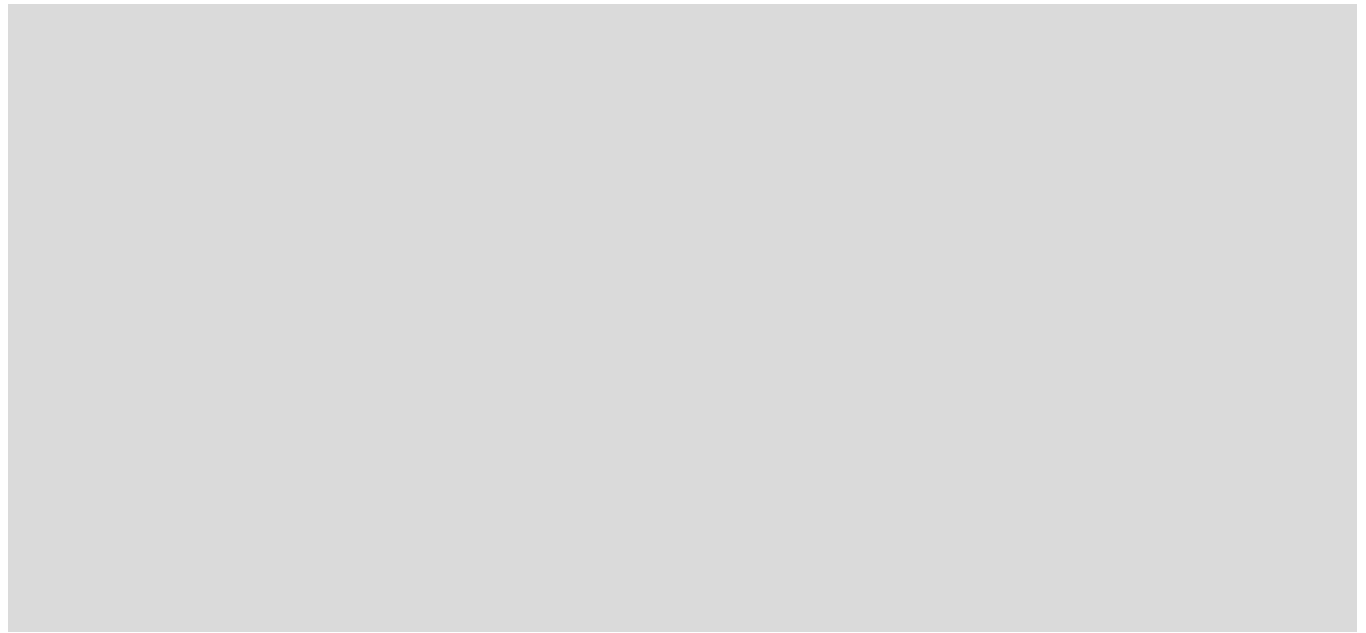
PROJECT 1 DESCRIPTION

County of **Dane**

Project Name | **Rural Group Transportation**

Third Party Provider | Care Van Services, Inc., Transit Solutions, Inc., Capital Express LLC

Date contract last updated | 2019

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 using vans and buses. Paid drivers.**		

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

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

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

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		**9:00 am**	**9:00 am**	**9:00 am**	**9:00 am**	**9:00 am**	**9:00 am**
End Time		**2:30 pm**	**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 9:00 am to 2:30 pm. Special activities/events may occur on weekends. Events may start earlier than 9:00 am. Events are also 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. Reservations are accepted until 3:00 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: $0.50/one way ride for nutrition. $1.00/one way ride for in-town shopping and adult day center. $1.50/one way ride for out-of town shopping and special events/activities.
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

Annual Expenditures

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

Total Expenses | **$467,741**

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

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.
When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation	**Total from A.**	$433,260
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$14,981
D. Passenger Revenue	**Total from D.**	$19,500
E. Older American Act (OAA) funding	**Total from E.**	
F. §5310 Operating or Mobility Management funds	**Total from F.**	
G. Other funds	**Total from G.**	$0

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

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

Revenue Total | **$467,741**

Expenditures should equal revenue	**$0**

PROJECT 2 DESCRIPTION

County of **Dane**

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

Project Name   **Community Access - Individual Transportation**

Third Party Provider

Date contract last updated

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

Volunteer Driver		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.

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.)

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)*

Most ride requests are provided by Dane County Department of Human Services. Rides are authorized and scheduled by the Mobility Management Project (Dane County Transportation 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 whose employment transportation needs are not served by public/group transit; and OATA and RA programs serve persons with disabilities 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

Annual Expenditures

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

Total Expenses | $113,452

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

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.
When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation   **Total from A.** $69,013

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

C. County Match Funds   **Total from C.** $44,439

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

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

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

G. Other funds   **Total from G.** $0
*(provide name and/or description and record total
amount in the box to the right of the description. Include
sources such as other grants and/or programs.)*

1.   Total

2.   Total

3.   Total

4.   Total

5.   Total

6.   Total

Revenue Total   **$113,452**

Expenditures should equal revenue	$0

PROJECT 3 DESCRIPTION

County of **Dane**

Project Name **Volunteer Driver Program**

Third Party Provider: Retired Senior and Volunteer Program (RSVP), Great Lakes Dryhootch, Inc. (DH), Dane County TimeBank (TB).

Date contract last updated 2019

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

Volunteer Driver	**X**	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 $ .51/mile. Veteran Rides: both veterans and their spouses receive rides. The drivers are veterans. Some paid drivers transport veterans that require an accessible vehicle.

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.)

All of Dane County.
Dane County Veterans may be provided transportation into surrounding counties.

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**
End Time							

Additional description *(if applicable)*

Time and day depend on driver availability and passenger need. RSVP and TB typically provide transportation M-F, 8am to 4pm. DH provides some transportation to weekend and evening activities.

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

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

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

Dane County ambulatory residents 60+ and ambulatory younger passengers with disabilities. Rides are provided to all Veterans and their spouses regardless of age, disability and discharge status. DH has an accessible vehicle and serves ambulatory and non-ambulatory veterans.

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

Donations are optional.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

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

A. §85.21 funds from annual allocation — Total from A. | $270,105

B. §85.21 funds from trust fund — Total from B. |

C. County Match Funds — Total from C. | $85,114

D. Passenger Revenue — Total from D. | $31,500

E. Older American Act (OAA) funding — Total from E. | $130,401

F. §5310 Operating or Mobility Management funds — Total from F. |

G. Other funds — Total from G. | $70,000
(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

	Description	Total
1.	City of Madison	$70,000
2.		
3.		
4.		
5.		
6.		

Revenue Total | **$587,120**

Expenditures should equal revenue	**$0**

85.21 County Elderly and Disabled Transportation Assistance   CY 2020 Application | Project 3   22 of 50

PROJECT 4 DESCRIPTION

County of   **Dane**

Project Name | **Urban Paratransit Coordination**

Third Party Provider | Madison Metro Transit

Date contract last updated | 2019

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)*	**ADA Complementary Paratransit service of urban mass transit utility.**		

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

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

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

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	**X**	**X**	**X**	**X**	**X**	**X**	**X**
End Time							

Additional description *(if applicable)* **Metro Transit regular scheduled hours of operation for Paratransit.**

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

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

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

Determined by 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

Annual Expenditures

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

Total Expenses | $267,907

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

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.
When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation | Total from A. | $267,907

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

C. County Match Funds | Total from C. |

D. Passenger Revenue | Total from D. |

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

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

G. Other funds | Total from G. | $0
(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. | Total |

2. | Total |

3. | Total |

4. | Total |

5. | Total |

6. | Total |

Revenue Total | $267,907

| **Expenditures should equal revenue** | $0 |

PROJECT 5 DESCRIPTION

County of   **Dane**

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

Project Name   **Senior Diversity Program Transportation**

Third Party Provider   NewBridge Madison, Inc.

Date contract last updated   2019

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. Both group and individual rides are provided to program sites. Accessible transportation is based on passenger need.

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.**

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 Madison, 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)*

> **Donations are determined by NewBridge Madison, Inc. depending on program type. Transportation donations are retained by NewBridge Madison, Inc. to help support the program.**

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses	**$28,217**

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

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.
When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation	**Total from A.**	$15,000
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$13,217
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	**$28,217**

Expenditures should equal revenue	**$0**

PROJECT 6 DESCRIPTION

County of **Dane**

Project Name **Mobility Management Project**

Third Party Provider Retired Senior and Volunteer Program, Mobility Training Independent Living, Inc.

Date contract last updated 2019

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

Volunteer Driver	**X**	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		*Brief description of Study*	
Other *(provide explanation)*	**Paid staff at One Stop Call Center. Contracted mobility training by RSVP and non profit Mobility Training Independent Living Program, Inc.**		

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 utilizes Occupational Therapy Aids (MTILP) to provide in-depth instruction on mainline bus use.

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.)

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		**X**	**X**	**X**	**X**	**X**	
End Time		**8 am to 4:30 pm**	**8 am to 4:30 pm**	**8 am to 4:30 pm**	**8 am to 4:30 pm**	**8 am to 4:30 pm**	

Additional description
(if applicable)

The CC is staffed M-F, 8 am to 4:30 pm. CC ride authorizations include weekends and evenings. TT is provided M-F, 8 am to 4 pm.

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

Ride information, individualized ride authorizations and travel training requests are arranged during the CC office hours 8 am to 4:30 pm M-F.

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

Everyone is welcome to contact the CC. Dane County residents are eligible for ride authorizations, referrals to human services transportation and travel training.

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

Their is no cost to contacting the Call Center. Their 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

Annual Expenditures

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

Total Expenses	**$140,236**

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

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.
*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals $0.

A. §85.21 funds from annual allocation	**Total from A.**	$28,070
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.**	$112,166
G. Other funds	**Total from G.**	$0

G. Other funds
(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	**$140,236**

Expenditures should equal revenue	**$0**

PROJECT 7 DESCRIPTION

County of **Dane**

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.)*

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.)

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

Annual Expenditures

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

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

A. §85.21 funds from annual allocation   **Total from A.** [   ]

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   **$0**

Expenditures should equal revenue	**$0**

PROJECT 8 DESCRIPTION

County of   **Dane**

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.)*

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.)

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

Annual Expenditures

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

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

A. §85.21 funds from annual allocation **Total from A.** [   ]

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 **$0**

Expenditures should equal revenue	**$0**

COUNTY ELDERLY TRANSPORTATION
2020 PROJECT BUDGET SUMMARY

County of **Dane**

Project Name	Rural Group Transportation	Community Access - Individual Transportation	Volunteer Driver Program	Urban Paratransit Coordination	Senior Diversity Program Transportation	Mobility Management Project	0	0	Totals
Project Expenses									
Total Project Expenses	$467,741.00	$113,452.00	$587,120.00	$267,907.00	$28,217.00	$140,236.00	$0.00	$0.00	**$1,464,437.00**
Project Revenue by Funding Source									
§85.21 Annual Allocation	$433,260.00	$69,013.00	$270,105.00	$267,907.00	$15,000.00	$28,070.00	$0.00	$0.00	**$1,083,355.00**
§85.21 Trust Fund	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
County funds	$14,981.00	$44,439.00	$85,114.00	$0.00	$13,217.00	$0.00	$0.00	$0.00	**$157,751.00**
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	$112,166.00	$0.00	$0.00	**$112,166.00**
Total from other funds	$0.00	$0.00	$70,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$70,000.00**
Community Aid	$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	$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
Expenses - revenue =	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**