

# 2021 APPLICANT INFORMATION FORM

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For additional information on this Application Workbook,  
please refer to the §85.21 Application Guidelines for CY2021

County of **Dane**

## Primary Contact for this Grant Program

Name **Jane Betzig**  
Telephone Number **608-320-6639** Extension   
Email Address [betzig.jane@countyofdane.com](mailto: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 the box certifying all organization information, including contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your knowledge.

## Federal Grant Match

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

5310 ☒ 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.

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 assist: RU/OATA p 21 and SMTAP p 23. P33 Employ Transportation: Rideline/ETA p 23. P33 Available resources: Call Center p 20 and Mobility Management p 28. P33 Travel/Mobility Training: TT p 20. P33 Increase group transportation: RSG p 21. P33 Volunteer driver mileage reimbursement: RSVP/Vets Help Vets p 23. Paratransit p 17.**  
Page number(s) of the Coordinated plan in which the goals may be referenced: **P33 refers to strategies on page 33.**

## Accessibility

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

YES ☒  
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 <b>Grant Management System</b>	
Upload completed application workbook:	X
Application Information Form	X
<b>Complete Vehicle Inventory</b> <i>(regardless of funding source)</i>	NA
Third Party Contracts	X
<b>Trust Fund Plan</b> <i>(for counties with a signed board resolution)</i>	NA
Project Descriptions <b>and</b> Budgets	X
Review Summary <b>T</b> ab	X
Upload Transmittal Letter	X
Upload Public Hearing and Notice	X
Upload Local Review Form	X
<u><i>If applicable</i></u> : Upload Third Party Contracts &/or Leases to the <b>Resources T</b> ab	2021 NA

## VEHICLE INVENTORY

County of **Dane** **NA**

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

[illegible]

If you have more vehicles than can fit onto one sheet, please add another copy of this sheet.

*\*Right click on the tab, select **Move or Copy**, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.*

## THIRD PARTY PROVIDERS

County of

## Dane

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

[illegible]

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 NA**

**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 2020 purchases made with trust funds.

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

<b>Estimated</b> amount of state aid to be held in trust on 12/31/2020	
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<i>Will auto calculate based on year entered above</i>		<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 2021 =	\$ -	Funds added for 2021 =	
Spending plan for 2022 =	\$ -	Funds added for 2022 =	
Spending plan for 2023 =	\$ -	Funds added for 2023 =	
		Estimated balance on 12/31/21 =	\$ -
		Estimated balance on 12/31/22 =	\$ -
		Estimated balance on 12/31/23 =	\$ -

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

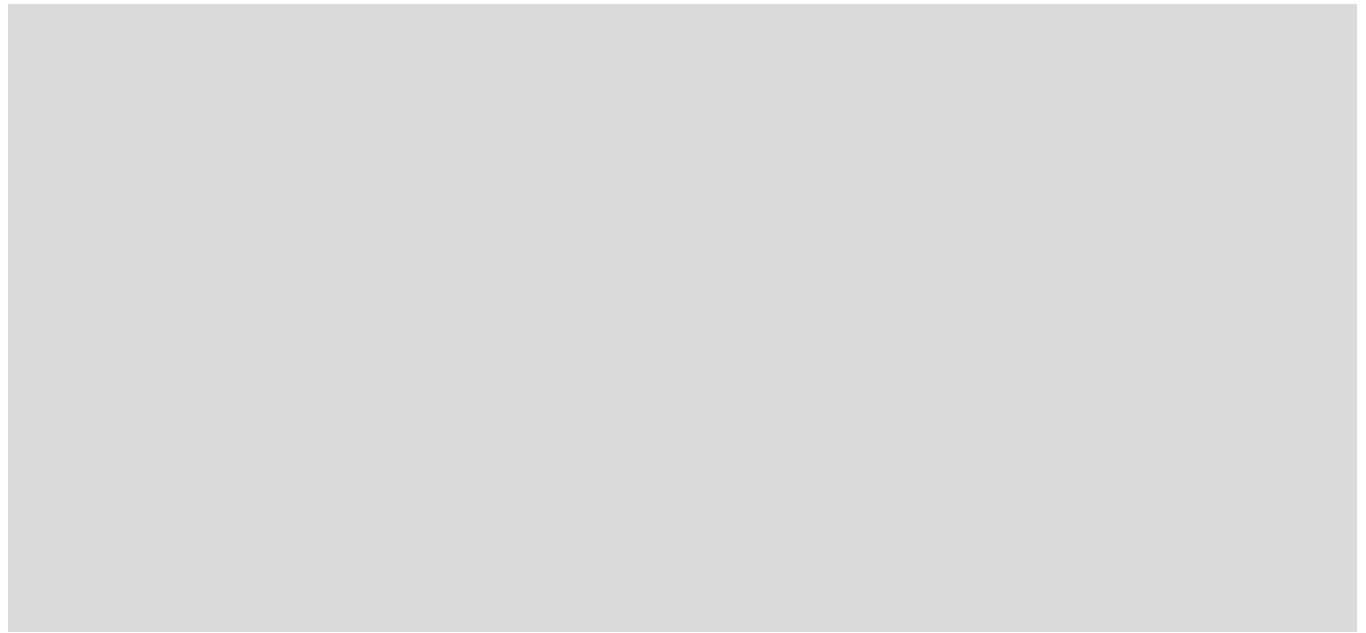
*Continued*

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**

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

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

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

Date contract last updated **2020**

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<b>Contracted Transportation using vans and buses. Paid drivers.</b>		

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

**Target Population:** Adults age 60+ and persons with disabilities who live in their own homes or apartments.

**Purpose:** Receive rides to community/senior centers, nutrition sites, grocery/general shopping and selected social activities.

**Type of Service:** Service is door-to-door, and passengers are assisted with stairs and curbs. Vehicles are accessible. This is a routed group service.

**COVID:** routes are provided to individuals rather than groups for distancing. PPE used in vehicles and for drivers. Vehicles are cleaned following strict COVID cleaning protocols. Home Delivered meals and food pantry supplies delivered in bulk to individual homes.

## PROJECT DESCRIPTION, Continued

### Geography of Service

*(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)*

**All of Dane County except areas served by the Urban Group Access Service (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		9:30 am	9:30 am	9:30 am	9:30 am	9:30 am	
End Time		2:30 pm	2:30 pm	2:30 pm	2:30 pm	2:30 pm	

Additional description  
(if applicable)

**Varies by service area. Generally M-F 9:30 am to 2:30 pm.**

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

**Reservations are made at the designated service focal points in each community, generally the senior or community center. Reservation are accepted until 3:00 pm the previous business day.**

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

**Adults age 60+ and persons with disabilities. Add to Service Request above: 2020 reflects the increase in funds required due to greater transportation need to transport meals and supplies. The 2021 budget is based on resuming Rural Senior Group transportation service.**

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

**Passengers pay a fare of \$0.50/one way ride for nutrition, \$1.00/one way ride for in-town shopping, \$1.50/one way ride for adult daycare and \$1.50/one way rife for out-of town shopping. However, no one is denied service to nutrition and in-town grocery shopping because of inability to pay. Passenger fares are collected by the transportation provider and returned to Dane County to support the program.**



## PROJECT BUDGET

### Section Description

Amount

### Annual Expenditures

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

Total Expenses **\$478,305**

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

### Annual Revenue

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

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

A. \$85.21 funds from annual allocation

Total from A. **\$443,724**

B. \$85.21 funds from trust fund

Total from B.

C. County Match Funds

Total from C. **\$15,081**

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 **\$478,305**

**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 and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **Community Access - Individual Transportation**

Third Party Provider

Date contract last updated

**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.**

**COVID: most individual rides are for medical appointments, cancer treatment, dialysis. Community Access is providing RSVP rides and Road to Recovery rides when these organization are not providing transportation. Funds from volunteer driver programs for mileage will be transferred to this program as needed. PPE used in vehicles and for drivers. Vehicles are cleaned following strict COVID cleaning protocols.**

## PROJECT DESCRIPTION, Continued

### Geography of Service

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

All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
(if applicable)

### 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 (One-Call Center). Due to COVID the number of calls and rides increased 75%. Mostly due to volunteer driver programs closing and other transportation programs closing (Road to Recovery, JobRide, etc.). 2020 reflects the increase in funds required due to the increase in authorized rides. The 2021 budget is based on resuming typical ride authorizations.

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

The sub-programs have different eligibility requirements: MedTrAsst is limited to non-MA billable medical trips and serves people with mobility needs not served by the volunteer driver programs; Rideline serves persons with disabilities with employment transportation needs; OATA and RA programs serve persons with a disability or 60+ with individual community access needs. All programs serve persons whose needs are not met by other programs.

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

The amount of subsidy is determined by Dane County Department of Human Services on a case-by-case basis, based on need and ability to pay. The co-pay is deducted from the cost of transportation and the voucher or authorization is issued for the remaining net cost.





## PROJECT BUDGET

### Section Description

Amount

### Annual Expenditures

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

Total Expenses **\$114,452**

*\*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 for this project.

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

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

B. \$85.21 funds from trust fund Total from B.

C. County Match Funds Total from C. **\$45,439**

D. Passenger Revenue Total from D.

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

F. \$5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G. **\$0**

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

1.  Total

2.  Total

3.  Total

4.  Total

5.  Total

6.  Total

Revenue Total **\$114,452**

**Expenditures should equal revenue**

**\$0**



## PROJECT 3 DESCRIPTION

County of **Dane**

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **Volunteer Driver Program**

Third Party Provider Retired Senior Volunteer Program, DryHootch, Dane County TimeBank.

Date contract last updated 2020

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

Volunteer Driver	<b>X</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)			

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

Eligible riders receive rides to medical appointments and other community services. The service is door-to-door and 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. Rides for veterans and their spouses are provided in accessible vehicles; some of these are provided by paid drivers. COVID: When the volunteer driver program are not operating funds are transferred to project 2 Community Access. PPE used in vehicles and for drivers. Vehicles are cleaned following strict COVID cleaning protocols.

## PROJECT DESCRIPTION, Continued

### Geography of Service

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

All of Dane County.

Veterans may be provided transportation from surrounding counties into Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
(if applicable)

Time and day depend on driver availability and passenger need. RSVP typically 8 am to 4 pm. DryHootch typically 7 am to 6 pm. TimeBank typically 7 am to 5 pm.

### 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. COVID has effected these programs. Many drivers are elderly and not providing customer service. The rides are being filtered to the Dane County Transportation Call Center.

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

Dane County residents 60+ and ambulatory younger passengers with disabilities. Rides are provided to all Veterans and their spouses regardless of age, disability and discharge status. Add to Service Request above: 2020 reflects the decrease in funds required due to the decrease in rides provided by volunteer drivers. The 2021 budget is based on resuming volunteer driver service.

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

By donation only.



## PROJECT BUDGET

Section Description	Amount
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### Annual Expenditures

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

Total Expenses **\$587,120**

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

### Annual Revenue

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

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

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.	\$84,114
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.	\$71,000

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

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

Revenue Total **\$587,120**

**Expenditures should equal revenue \$0**





## PROJECT 4 DESCRIPTION

County of **Dane**

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **Urban Paratransit Coordination**

Third Party Provider **Madison Metro Transit**

Date contract last updated **2020**

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<b>ADA Complementary Paratransit service of urban mass transit utility.</b>		

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

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

**COVID: Paratransit continues to operate during the pandemic. Vehicles are allowing a maximum of 2 or 3 people at one time. The vehicles are larger (12 or more passenger) sized. PPE used in vehicles and for drivers. Vehicles are cleaned following strict COVID cleaning protocols.**

## PROJECT DESCRIPTION, Continued

### Geography of Service

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

**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							
End Time							

Additional description  
(if applicable)

**All Metro Transit regularly scheduled hours of operation.**

### 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 Metro Transit. 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 project.

Total Expenses **\$267,907**

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

### Annual Revenue

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

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

A. \$85.21 funds from annual allocation

Total from A. **\$267,907**

B. \$85.21 funds from trust fund

Total from B.

C. County Match Funds

Total from C.

D. Passenger Revenue

Total from D.

E. Older American Act (OAA) funding

Total from E.

F. \$5310 Operating or Mobility Management funds

Total from F.

G. Other funds

Total from G. **\$0**

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

1.

Total

2.

Total

3.

Total

4.

Total

5.

Total

6.

Total

Revenue Total **\$267,907**

**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 and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **Senior Diversity Program Transportation**

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

Date contract last updated **2020**

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<b>Contracted Transportation - Taxis, vans and buses using paid drivers.</b>		

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

**Persons attending culturally - specific programming approved by Dane County Department of Human Services receive group or individual rides to program sites. Accessibility is based on passenger need. COVID: Only individual rides are provided. PPE used in vehicles and for drivers. Vehicles are cleaned following strict COVID cleaning protocols.**

## PROJECT DESCRIPTION, Continued

### Geography of Service

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

All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
(if applicable)

Varies by passenger and program need.

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

Transportation Service is coordinated through NewBridge, Inc which develops the programming.

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

Dane County residents age 60+ who live in their own homes or apartments who attend cultural diversity programming.

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

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





## PROJECT BUDGET

### Section Description

Amount

### Annual Expenditures

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

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 for this project.

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

A. \$85.21 funds from annual allocation

Total from A. **\$15,000**

B. \$85.21 funds from trust fund

Total from B.

C. County Match Funds

Total from C. **\$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**

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **Mobility Management Project**

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

Date contract last updated **2020**

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	
Other (provide explanation)	<b>Paid staff at One Stop Call Center. Contracted mobility training by RSVP and non profit Mobility Training Independent Living Program, Inc.</b>		

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

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

## PROJECT DESCRIPTION, Continued

### Geography of Service

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

**CC:** All of Dane County and some authorized rides outside of Dane County. **TT:** Metro and paratransit boundaries.  
**COVID:** Transportation vendors dispatching rides for Call Center customers use PPE in vehicles and for drivers. Vehicles are cleaned following strict COVID cleaning protocols.

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

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

Additional description  
(if applicable)

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

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

Ride information, individualized ride authorizations and travel training requests are arranged during the Call Center office hours 8:30 am to 4:00 pm Monday through Friday.

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

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

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

There is no cost to contacting the Call Center. There is no cost to travel training. Ride Authorizations: the amount of subsidy is determined by Dane County Department of Human Services on a case-by-case basis, based on need and ability to pay. The co-pay is deducted from the cost of transportation and the voucher or authorization is issued for the remaining net cost.



## PROJECT BUDGET

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

### Annual Expenditures

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

**Total Expenses** \$155,200

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

### Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	<span style="border: 1px solid black; padding: 2px 10px;">\$30,975</span>
B. \$85.21 funds from trust fund	Total from B.	<span style="border: 1px solid black; padding: 2px 10px;"></span>
C. County Match Funds	Total from C.	<span style="border: 1px solid black; padding: 2px 10px;"></span>
D. Passenger Revenue	Total from D.	<span style="border: 1px solid black; padding: 2px 10px;"></span>
E. Older American Act (OAA) funding	Total from E.	<span style="border: 1px solid black; padding: 2px 10px;"></span>
F. \$5310 Operating or Mobility Management funds	Total from F.	<span style="border: 1px solid black; padding: 2px 10px;">\$124,225</span>
G. Other funds	Total from G.	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>

*(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.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
2.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
3.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
4.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
5.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
6.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>

**Revenue Total** \$155,200

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

County of **Dane**

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name

Third Party Provider

Date contract last updated

Type of Service

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

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description  
of Study

Other (provide explanation)

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



## PROJECT DESCRIPTION, Continued

### Geography of Service

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
(if applicable)

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

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

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



## PROJECT BUDGET

### Section Description

Amount

### Annual Expenditures

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

Total Expenses

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

### Annual Revenue

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

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

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**

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name

Third Party Provider

Date contract last updated

### Type of Service

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

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description  
of Study

Other (provide explanation)

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

## PROJECT DESCRIPTION, Continued

### Geography of Service

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
(if applicable)

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

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

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



## PROJECT BUDGET

### Section Description

Amount

### Annual Expenditures

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

Total Expenses

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

### Annual Revenue

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

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

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 2021 PROJECT BUDGET SUMMARY

County of

Project Name

Rural Community Access - Group Transportation	Community Access - Individual Transportation	Volunteer Driver Program	Urban Paratransit Coordination	Senior Diversity Program Transportation	Mobility Management Project	0	0	Totals	

### Project Expenses

Total Project Expenses	\$478,305.00	\$114,452.00	\$587,120.00	\$267,907.00	\$28,217.00	\$155,200.00	\$0.00	\$0.00	\$1,476,001.00
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### Project Revenue by Funding Source

\$85.21 Annual Allocation	\$443,724.00	\$69,013.00	\$270,105.00	\$267,907.00	\$15,000.00	\$30,975.00	\$0.00	\$0.00	\$1,096,724.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$15,081.00	\$45,439.00	\$84,114.00	\$0.00	\$13,217.00	\$0.00	\$0.00	\$0.00	\$157,851.00
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	\$124,225.00	\$0.00	\$0.00	\$124,225.00
Total from other funds	\$0.00	\$0.00	\$71,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71,000.00
1.	\$0.00	\$0.00	\$71,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71,000.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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