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For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2024

County of **Dane**

Primary Contact for this Grant Program

Name **Nathanael Brown**

Telephone Number **608-242-6486**　　　　　　　　　**Extension**

Email Address brown.nathanael@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.* | **NB**

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.* | **NB**

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.*

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 lists applicable strategies.

Assessibility *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	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 Grant Management System	X
Upload completed application workbook:	
Application Information Form	
Complete Vehicle Inventory *(regardless of funding source)*	
Third Party Contracts	
Trust Fund Plan (for counties with a signed board resolution)	
Project Descriptions and Budgets	
Review Summary Tab	
Upload Transmittal Letter	
Upload Public Hearing and Notice	
Upload Local Review Form	
If applicable : Upload Third Party Contracts &/or Leases to the **Resources** Tab	

VEHICLE INVENTORY

County of **Dane**

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

Vehicle Type (Minivan, Medium Bus, etc.)	Full VIN Number	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	Trust	Other	

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.)

Project Name	Anticipated or Known Contractor Name	Type of Agreement (Lease or Contract)	Start Date (MM/DD/YY)	Expiration Date (MM/DD/YY)	Last Bid Date	Contract Price	If over $10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
Rural Community Access	Care Van Service, Inc.	contract	01/01/2024	12/31/2024	2019	95396	Yes	5
Rural Community Access	Transit Solutions, Inc.	contract	01/01/2024	12/31/2024	2019	362108	Yes	5
Volunteer Driver Program	RSVP	contract	01/01/2024	12/31/2024	N/A	566311	No	1
Volunteer Driver Program	Great Lakes DryHootch, Inc.	contract	01/01/2024	12/31/2024	2023	69220	Yes	1
Urban Paratransit Coordination	Madison Metro Transit	Service Agreement	01/01/2024	12/31/2024	N/A	267907	No	1
Senior Diversity Program	NewBridge Madison, Inc.	contract	01/01/2024	12/31/2024	2023	32141	Yes	1

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.
*Right click on tob, 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 2023 purchases made with trust funds.

Expenditure Item *If non-vehicle capital purchase, please provide description on second page below.*	Planned year of purchase *(YYYY)*	Amt of Trust Used for Project

Total projected cost of 3-year plan $ -

Estimated amount of state aid to be held in trust on 12/31/2023	

Will auto calculate based on year entered above		*Enter the amount of funds to be added for the next three years. If none, enter 0.*			
Spending plan for 2024 =	$ -	*Funds added for 2024 =*		*Estimated balance on 12/31/24 =*	$ -
Spending plan for 2025 =	$ -	*Funds added for 2025 =*		*Estimated balance on 12/31/25 =*	$ -
Spending plan for 2026 =	$ -	*Funds added for 2026 =*		*Estimated balance on 12/31/26 =*	$ -

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.)*
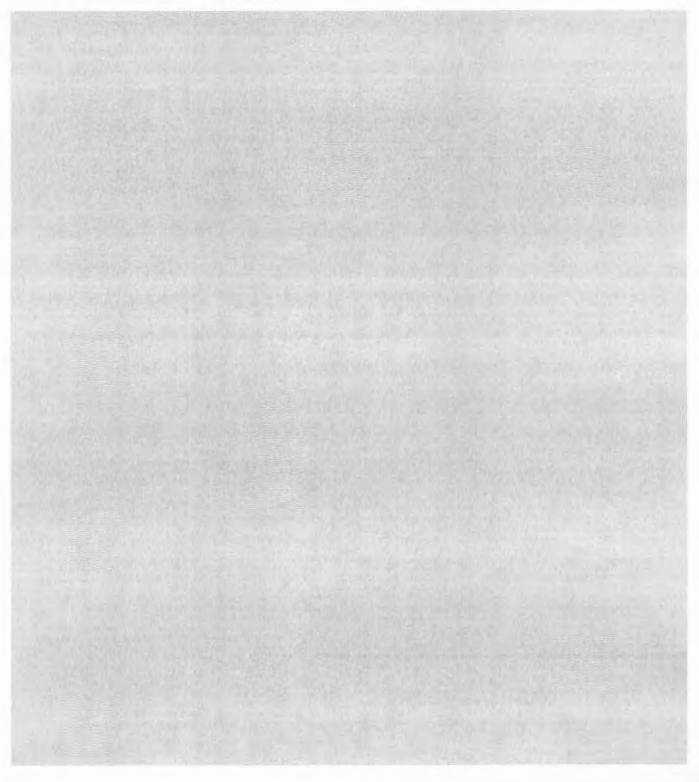
County of   **Dane**

Narrative for non-vehicle equipment purchases continued.

(Hint: Use "ALT" and "Enter" to start a new paragraph.)

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	Care Van Services Inc., Transit Solutions Inc.
Date contract last updated	2023

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 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.

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.

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

Date contract last updated | 2023

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 mileage reimbursemnt equivalent to the current IRS rate. Veteran Rides: both veterans and their spouses receive rides. The drivers are veterans. Some paid drivers transport veterans who 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		7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	
End Time		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description *(if applicable)* | **Time and day depend on driver availability and passenger need. RSVP provides service M-F 8 am to 4 pm. DryHootch provides service M-F 7 am to 4 pm and on some weekend and evenings**

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

> **Passengers cal RSVP and DryHootch directly to schedule. Actual ride scheduling is arranged between the ride scheduler, the driver and the passenger. Volunteer driver programs provide training, oversight and mileage reimbursement. If a volunteer is not available to provide the ride, the customer is sent to the Dane County Transportation Call Center for assistance.**

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

> **Dane County residents 60+ and passengers with disabilities are serviced. Veterans and their spouses regardless of age, disability and discharge status are serviced.**

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

> **By donation only. When donations are received they 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 **$669,985.00**

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.** $270,105.00
B. §85.21 funds from trust fund	**Total from B.**
C. County Match Funds	**Total from C.** $166,979.00
D. Passenger Revenue	**Total from D.** $31,500.00
E. Older American Act (OAA) funding	**Total from E.** $130,401.00
F. §5310 Operating or Mobility Management funds	**Total from F.**
G. Other funds	**Total from G.** $71,000.00

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.	City of Madison	Total $71,000.00
2.		Total
3.		Total
4.		Total
5.		Total
6.		Total

Revenue Total **$669,985.00**

Expenditures should equal revenue	$0

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. $0.00

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 $267,907.00

Expenditures should equal revenue $0.00

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 | 2023

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 receive group or individual rides to program sites. Accessibility 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.)
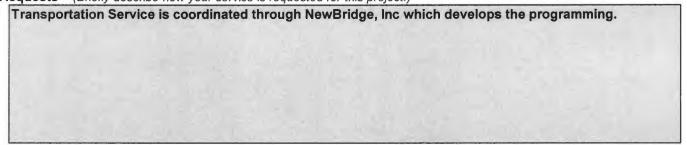
All of Dane County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	
End Time		8:00 pm	8:00 pm	8:00 pm	8:00 pm	8:00 pm	

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.)*

Transportation donations are retained by NewBridge to help support the program.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses **$59,549.00**

*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.** $42,408.00

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

C. County Match Funds — **Total from C.** $17,141.00

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.** $0.00
(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 **$59,549.00**

Expenditures should equal revenue	$0.00

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
Date contract last updated	2023

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)* **Paid staff at One Stop Call Center. Contracted mobility training by RSVP**

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 of 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 also offers a TT program: Bus Buddy (BB). BB utilizes qualified volunteers (RSVP) to train and accompany passengers on mainline routes.

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 for the Transportation Call Center. The Bus Buddy service area coresponds to the Metro Transit service area.

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 typically 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.)*

Rides and travel training are requested by calling the Transportation Call Center at 608-242-6489.

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 $176,832.00

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.** $79,166.00
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.** $97,666.00
G. Other funds	**Total from G.** $0.00

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 $176,832.00

Expenditures should equal revenue	$0.00

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.)*

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 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. $0.00
(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   **$0.00**

Expenditures should equal revenue	$0.00

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.)*

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 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. $0.00
*(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   **$0.00**

Expenditures should equal revenue	$0.00

COUNTY ELDERLY TRANSPORTATION
2024 PROJECT BUDGET SUMMARY

County of Dane

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	$543,605.00	$114,452.00	$669,985.00	$267,907.00	$59,549.00	$176,832.00	$0.00	$0.00	**$1,832,330.00**
Project Revenue by Funding Source									
§85.21 Annual Allocation	$433,260.00	$69,013.00	$270,105.00	$267,907.00	$42,408.00	$79,166.00	$0.00	$0.00	**$1,161,859.00**
§85.21 Trust Fund	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
County funds	$38,845.00	$45,439.00	$166,979.00	$0.00	$17,141.00	$0.00	$0.00	$0.00	**$268,404.00**
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)	$52,000.00	$0.00	$130,401.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$182,401.00**
§5310 grant funds	$0.00	$0.00	$0.00	$0.00	$0.00	$97,666.00	$0.00	$0.00	**$97,666.00**
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
3.	$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**