# 2024 APPLICANT INFORMATION FORM

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

County of	Dane				
Primary Contact for this C	Frant Program				
Name	Nathanael Br	own	* (.2.)* V .	w .	
Telephone Number	608-242-6486	MARK BEREINS	es 1.51	Extension	
Email Address	brown.nathan	ael@count	rofdane.com		
Application Preparer (if di	fferent than primary	contact)			
Name					
Organization				Commence .	
Telephone Number				Extension	
Email Address					
Applicant Status	county government	t or an agency	of the county department.	- You are certifying that the applicant is a Private non-profits or Aging Units not eligible to apply for this grant.	NB
Organization Info		e BlackCat Onl		mation, including contacts and titles, have ystem (GMS) and are true and correct to the	NB
Federal Grant Match	Please place an "X	" next to any fe	deral grant that will be us	ing §85.21 funds as local match.	
	5310	X	5307	5311	
	Other (Plea	ase explain)	X89983)		
Coordination	derived.			and page number(s) in which your §85.21 pro	
	Title of Coordin	nated Plan:	Coordinated Public Plan For Dane Co	c Transit - Human Services Trans unty 2019-2023	portation
The goal(s) and/or s	_		Transportation: Ri Call Center p 20 a Travel/Mobility Tra transportation: RS	RU/OATA p 21 and SMTAP p 23. I deline/ETA p 23. P33 Available re and Mobility Management p 28. P3 aining: TT p 20. P33 Increase grou GG p 21. P33 Volunteer driver mile SVP/Vets Help Vets p 23. Paratra	sources: 3 up age
Page number(s) of the the	Coordinated pla goals may be r			e strategies.	
	nce during the calen	dar year. in how the Ame		eportation of persons who cannot walk or persons  ct (ADA) requirements for equivalency of serv	

# 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	W.
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	Full VIN Number Model	Madel Vees			No. of Ambulatory / Funding Source (mark wit			X) Place "X" in box to indicate if vehicle is	
(Minivan, Medium Bus, etc.)	Full VIN Number	Wodel Year	Woder real Ourient Willeage	(Ambulatory/Non- Ambulatory)	5310	85.21	Trust	Other	leased to another party.
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Marketing					- Control of the Cont				
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#### 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
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								\$6. St. St. St. St. St. St. St. St. St. St
								No. of States of
	<u> </u>							
	14							

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.

If non-vehicle capital purch	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 co	ost of 3-year plan	\$ -
Estimated amount of state a	aid to be held	in trust on 12/31/2023		
Vill auto calculate based on year e	entered above	Enter the amount of funds to be added for next three years. If none, enter 0.	or the	
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 c	omplete			
Prep	ared by			nasea (nasea sono e <u>r</u>
Narrative for non-veh	icle equip	ment purchases. *Please expl pproval, please list date approval re	ain why you are requesting WisDO	OT approval for an
			State of the state	

### TRUST FUND SPENDING PLAN

Continued

County of Dane		
Narrative for non-vehicle equipe (Hint: Use "ALT" and "Enter" to start a new p	ment purchases continued. 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 Ac	cess - Group Transpor	tation	
hird Party Provider	Care Van Services Inc	c., Transit Solutions Inc.		
Date contract last updated	2023			
ype of Service	Place an "x" next to the	e type of service you will t	be providing for th	nis project.)
V	olunteer Driver	Voucher	Program	70-35-0
Vel	hicle Purchase	Manageme	ent Study	
		Brief description		
F	Planning Study	of Study		

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.

### **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	y Access - Individual Trans	Donation
Third Party Provider		tomas
Pate contract last updated		
ype of Service (Place an "x" ne	ext to the type of service you will b	pe providing for this project.)
Volunteer Driver	Voucher	Program
Vehicle Purchase	Manageme	ent Study
Planning Study	Brief description of Study	
Other (provide explanation)		

- 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.

# **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.

  Page 1 to complete all three pages for or
- · Be sure to complete all three pages for each project.

Project Name	Volunteer Dri	ver Prog	yram		
Third Party Provider	Retired Senior V	olunteer P	rogram, DryHootch		
ate contract last updated	2023				
pe of Service	(Place an "x" next	to the type	e of service you will be	providing for this project	et)
, po o. coc	(, , , , , , , , , , , , , , , , , , ,			providing for time project	
\	/olunteer Driver	X	Voucher P	rogram	
Ve	ehicle Purchase		Managemer	nt Study	
	Planning Study		Brief description of Study		11.75 11.75
Other (providence)	de explanation)		o. c.ucy		= -
anaral Project Summan	v (Provide a brief d	operinties.	of this project the ALT		
eneral Project Summar Eligible riders					
Eligible riders door and volur	receive rides to m nteer drivers will a	edical ap	pointments and othe sengers in getting to	r community services. the correct location w	The service is doo
				ind are usually not acc it IRS rate. Veteran Rid	
				aid drivers transport ve	

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.

PROJECT DESCRIPTION,	Continued
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~~~~	mbse	-6	Cami	ina
Geogra	DIIV	OI	Serv	ice

cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

All of Dane County. Dar	ne County Veterans may b	e provided transporta	tion into surrounding counties.
- 2			

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	1	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	processes:

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

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 BU	JDGET	
Section	Description	A	mount
Annual	Expenditures		
Enter t	he amount of total expenditures for this project.	Total Expenses \$669,9	85.00
provi	ase note: Breakdown of expenses is not required at this time. You wide the breakdown of actual expenses in the <b>Annual Financial Repo</b> will submit at the end of the calendar year.	ill	
Annual	Revenue		
	he amount for <u>each</u> funding source that will be used for the complete, please scroll to bottom of this page to ensure the Ex		
A. §	85.21 funds from annual allocation	Total from A.	\$270,105.00
B. §	85.21 funds from trust fund	Total from B.	
C. C	county Match Funds	Total from C.	\$166,979.00
D. P	assenger Revenue	Total from D.	\$31,500.00
E. C	Older American Act (OAA) funding	Total from E.	\$130,401.00
F. §	5310 Operating or Mobility Management funds	Total from F.	
G. 0	Other funds (Provide name and/or description and record total amount in box to the right of the description. Include sources such as o		\$71,000.00
1.	grants and/or programs.)  City of Madison	Total \$71,000.00	
,.		10tal	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	
		Revenue Total \$669,9	85.00
	Expenditures should equal reve	nue \$	0

Annual Expendit	tures
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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 Exp	enditures 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  (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as oth grants and/or programs.)		\$0.00
1.	Total	
2.	Total	
3.	Total	
4.	Total	
5.	Total	
6.	Total	
R	evenue Total \$267,907.	00
Expenditures should equal reven	ue \$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.

Project Name	Project Name Senior Diversity Program Transportation					
Third Party Provider	NewBridge, Inc. (Mad	ison Focal Point - POS	contract)			
Date contract last updated	2023					
ype of Service	(Place an "x" next to the	e type of service you wi	ill be providing for this project.)			
V	olunteer Driver	Vouch	ner Program			
Ve	hicle Purchase	Manage	ement Study			
	Planning Study	Brief description of Study				
Other (provid	le explanation) Contrac	cted Transportation -	Taxis, vans and buses using paid drivers.			
Seneral Project Summary	(Provide a brief descrip	otion of this project. Use	ALT and Enter to start a new paragraph.)			
			oved by Dane County Department of Human			

iphy	y of Service						
	unties, as well as All of Dane Co		are serviced thou	igh this project. L	Ise ALT and Er	nter to start a new l	ine.)
e H	ours (Indicate	e your general hou	urs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
rt e		7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	
d e		8:00 pm	8:00 pm	8:00 pm	8:00 pm	8:00 pm	
e Re		fly describe how y n Service is coo			the same of the sa	evelops the prog	gramming.
e Re							

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

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

ection Description	Amount	
nnual Expenditures		
Enter the amount of total expenditures for this project.		
То	tal 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 <b>Annual Financial Report</b> the you will submit at the end of the calendar year.	nat	
nnual Revenue		
Enter the amount for <u>each</u> funding source that will be used for this p		
*When complete, please scroll to bottom of this page to ensure the Expen	ditures minus Revenue equais \$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.	
	Total from F.	
F. §5310 Operating or Mobility Management funds		
G. Other funds (Provide name and/or description and record total amount in the	Total from G.	\$0.00
box to the right of the description. Include sources such as other		
grants and/or programs.)		
	Total	
	Tatal	
	Total	
3.	Total	
ELECTED TO THE MANAGEMENT		
4.	Total	
5.	Total	
6.	Total	
Rev	renue Total \$59,549.00	
Expenditures should equal revenue	\$0.00	

### 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 Manager	nent Project
Third Party Provider	Retired Senior and Vo	olunteer Program
Date contract last updated	2023	
Type of Service	(Place an "x" next to the	e type of service you will be providing for this project.)
V	olunteer Driver	Voucher Program
Ve	hicle Purchase	Management Study
	Planning Study	Brief description of Study
Other (providence)	le explanation) Paid sta	aff 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.

			THOSECT	DESCRIPTION	JIV, COITIII	7eu	
unt	of Service						
	ies, as well as	cities/areas that a	are serviced thou	igh this project. U	Ise ALT and E	nter to start a new i	ine.)
ou	rs (Indicate	your general hou	ırs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
774		8:30 am	8:30 am	8:30 am	8:30 am	8:30 am	
-		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	
		4.00 pm	4.00 pm	4.00 pm	4.00 pm	4.00 pm	
÷	des and trav	el training are	requested by c	alling the Tran	roject.) sportation C	all Center at 608	-242-6489.
Ri	des and trav	el training are	requested by c	alling the Tran		all Center at 608	-242-6489.
Ri					sportation C	all Center at 608	-242-6489.
Ri	iligibility (E	Briefly indicate pas	ssenger eligibility	requirements for	sportation C		
Ri Ev	iligibility (E	Briefly indicate pas	ssenger eligibility	requirements for nter. Dane Cou	this project.)	s are eligible for	
Ri Ev	iligibility (E	Briefly indicate pas	ssenger eligibility	requirements for nter. Dane Cou	this project.)	s are eligible for	
Ri Ev	iligibility (E	Briefly indicate pas	ssenger eligibility	requirements for nter. Dane Cou	this project.)	s are eligible for	
Ri Ev	iligibility (E	Briefly indicate pas	ssenger eligibility	requirements for nter. Dane Cou	this project.)	s are eligible for	
Ri Ev	iligibility (E	Briefly indicate pas	ssenger eligibility	requirements for nter. Dane Cou	this project.)	s are eligible for	
Ri Ev rei	iligibility (E reryone is w ferrals to hu	Briefly indicate pas elcome to conta man services to	ssenger eligibility act the Call Ce ransportation	requirements for nter. Dane Cou programs and t	this project.)	s are eligible for	
Ri Ev ret	iligibility (E reryone is w ferrals to hu	Briefly indicate passelcome to contain services to	ssenger eligibility act the Call Ce ransportation	requirements for nter. Dane Cou programs and t	this project.) Inty residents ravel training	s are eligible for g programs.	ride authorizati
Ri Ev rei	eligibility (E veryone is w ferrals to hu	Briefly indicate passes to contacting osidy is determined.	ssenger eligibility act the Call Ce ransportation p	requirements for nter. Dane Courograms and to requirements for er. There is no county Departm	this project.) this project.) this project.) cost to trave	s are eligible for g programs. Il training. Ride A n Services on a	ride authorizati
Ri Ev ref	eligibility (Everyone is we ferrals to hu	Briefly indicate passes to contacting osidy is determined.	ssenger eligibility act the Call Ce ransportation p ssenger revenue g the Call Cent ned by Dane Co pay. The co-pa	requirements for nter. Dane Couprograms and to requirements for er. There is no county Departmy is deducted for the county Departmy is deducted for the county Departments for the county Department for the coun	this project.) this project.) this project.) cost to trave	s are eligible for g programs.	ride authorizati

	PROJECT BUD	GET	
Section De	scription	Amount	
Annual Exp	penditures		
Enter the a	mount of <u>total</u> expenditures for this project.	otal Expenses \$176,832.00	
provide th	ote: Breakdown of expenses is not required at this time. You will be breakdown of actual expenses in the <b>Annual Financial Report</b> submit at the end of the calendar year.		
Annual Rev	<b>/enue</b> mount for <u>each</u> funding source that will be used for this p	project	
	plete, please scroll to bottom of this page to ensure the Expe		
A. §85.2	1 funds from annual allocation	Total from A. \$	79,166.00
B. §85.2	1 funds from trust fund	Total from B.	
C. Coun	ty Match Funds	Total from C.	
D. Pass	enger Revenue	Total from D.	
E. Older	r American Act (OAA) funding	Total from E.	
F. §5310	O Operating or Mobility Management funds	Total from F.	97,666.00
box	rovide name and/or description and record total amount in the x to the right of the description. Include sources such as othe		\$0.00
1.	ants and/or programs.)	Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	
	Re	evenue Total \$176,832.00	10.
	Evpandituras should aqual revenu	so 00	

# **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 Provide	er E		
Date contract last update	ed .		
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 (pro	ovide explanation)		
General Project Summ	nary (Provide a brief descrip	tion of this project. Use ALT and Enter to start a new paragr	aph.)

			PROJECT	DESCRIPTIO	N, Continu	ed	
graphy	of Service						
the cour	nties, as well as	cities/areas that	are serviced thou	ugh this project. L	Ise ALT and En	ter to start a new	line.)
E.							
ice Ho	urs (Indicate	your general hou	urs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
Time End							
Time							
	onal description (if applicable)						
vice Re	quests (Brief	fly describe now y	your service is re	quested for this p	roject.)		
1							
		THILE PARTY OF THE					
senger	Eligibility (E	Briefly indicate pas	ssenger eligibility	requirements for	this project.)		
7							
2							
senger	Revenue (B	riefly describe pa	ssenger revenue	e requirements for	this project.)		

ection Description	Amount
nnual Expenditures	
Enter the amount of total expenditures for this project.	
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the <b>Annual Financial Report</b> that you will submit at the end of the calendar year.	t Expenses
nnual Revenue	
Enter the amount for <u>each</u> funding source that will be used for this pro *When complete, please scroll to bottom of this page to ensure the <u>Expend</u>	
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  (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)	Total from G. \$0.00
grants and/or programs.)  1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total

# **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	74			
Third Party Provider				
Date contract last updated				
Type of Service (F	Place an "x" next to the	type of service you will	be providing for this p	roject.)
Vol	lunteer Driver	Vouche	er Program	
Vehi	icle Purchase		ment Study	
PI	lanning Study	Brief description of Study		
Other (provide	explanation)			
	1			
General Project Summary	(Provide a brief descript	tion of this project. Use A	LT and Enter to start a n	ew paragraph.)
2/ 10 10 10 10 10 10 10 10 10 10 10 10 10			1990	
M-11-11-11-11-11-11-11-11-11-11-11-11-11				
				De Miller of the
13, 50				

he counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)  ice Hours (Indicate your general hours of service for this project.)	raphy o	of Service						
Sunday Monday Tuesday Wednesday Thursday Friday Saturation of the sunday			cities/areas that	are serviced tho	ugh this project. L	Ise ALT and En	ter to start a new	line.)
Sunday Monday Tuesday Wednesday Thursday Friday Saturation of the sunday	13							
Sunday Monday Tuesday Wednesday Thursday Friday Saturation of the sunday								
Sunday Monday Tuesday Wednesday Thursday Friday Saturation of the sunday								
Sunday Monday Tuesday Wednesday Thursday Friday Saturation of the sunday								
Sunday Monday Tuesday Wednesday Thursday Friday Saturation of the sunday								
Sunday Monday Tuesday Wednesday Thursday Friday Saturation and me Additional description (if applicable)  ce Requests (Briefly describe how your service is requested for this project.)  enger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturative Medical Procession of the Common of the C								
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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 submit at the end of the calendar year.	You will  Report that					
Annual Revenue						
Enter the amount for <u>each</u> funding source that will be used f *When complete, please scroll to bottom of this page to ensure the						
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 (Provide name and/or description and record total amount box to the right of the description. Include sources such						
grants and/or programs.)  1.	Total					
	Total					
3.	Total					
4.	Total					
5.	Total					
6.	Total					
	Revenue Total \$0.00					
Expenditures should equal r	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									
otal 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 Sou	irce							
§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