

# APPLICANT INFORMATION FORM

## Contact Information

County Name	Marathon County
Applicant Preparer	David Mack
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## Federal Grant Match

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

5307	<input type="checkbox"/>	5311	<input type="checkbox"/>	5310	<input type="checkbox"/>
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## Coordination

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

Title of Coordinated Plan	Marathon County 2014-2018 Locally Developed, Coordinated Public Transit-Human Services Transportation Plan
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The name or number of the goal(s) from which your project is included in

1.) The purpose of the Coordinated planning process is to have stakeholder involvement in the assessment of elderly and disabled transportation and to provide strategies to improve those transportation alternatives. 2.) Maintain current level of Service and vehicle fleet and expand services to meet needs by applying for 85.21 Grants to maintain and expand the level of transportation services within Marathon County.

Page number(s) of the goal(s)

1.) Page 3, 2.) Page 9

## Accessibility

Will s. 85.21 aid in 2015 be used for the transportation of persons who cannot walk or who walk with assistance? (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.

Yes

No

Empty response area for explaining ADA requirements.

# APPLICANT CHECKLIST

County Name

## Required Documents

### Excel Packet

### Completed

Application Information Form

Yes

Vehicle Inventory

Yes

Project Descriptions & Budgets

Yes

### Other Documents (if applicable)

3 Year Trust Fund Form

N/A

Third Party Contracting Form

Yes

### Guidelines Packet

Transmittal Letter

Yes

Public Hearing Notice

Yes

Local Review Documentation

Yes

## VEHICLE INVENTORY

### Instructions

Please provide your specialized transit vehicle inventory (including vehicles that are used for transportation of seniors and individuals with disabilities, regardless of funding source).

Model Year/Type	Last four digits of VIN	Current Mileage	No. of Wheelchair Positions	Place an "X" in the Box if Vehicle will be disposed of in 2016
Chevrolet / Glavel	5202	18,111	2	
Chevrolet / Glavel	4718	17,236	2	
Chevrolet / Glavel	4272	17,062	2	
Chevrolet / Glavel	4999	15,762	2	
2013 Ford HSV	5218	39,887	1	
2013 Ford HSV	5217	38,555	1	
2015 Ford Starcraft	8699	5,993	1	
2013 Ford Goshen	8161	93,391	1	
2007 Ford Starcraft	5749	84,075	2	
2007 Ford Starcraft	1319	79,685	1	
2008 Chevy Uplander	4636	55,549	1	
2007 GMC Startran	4739	52,003	2	
2007 Chevy Uplander	8355	53,153	1	
2008 Ford Starcraft	1845	38,416	2	
2009 International Bus	8718	79,860	2	
2009 International Bus	8710	72,117	2	
2010 Ford Small Bus	2666	40,792	0	
2010 Ford Small Bus	920	53,913	1	
2010 Ford Small Bus	2684	50,695	1	
2010 GMC Large Bus	1272	42,248	2	
2009 International Bus	4631	26,546	2	

## VEHICLE INVENTORY

### Instructions

Please provide your specialized transit vehicle inventory (including vehicles that are used for transportation of seniors and individuals with disabilities, regardless of funding source).

<b>Model Year/Type</b>	<b>Last four digits of VIN</b>	<b>Current Mileage</b>	<b>No. of Wheelchair Positions</b>
2006 Ford Starcraft	8345	114,079	2
2006 Ford Starcraft	8346	106,371	2



# THREE YEAR TRUST FUND PLAN

## 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.

This section is two pages long

County Name

Marathon County

Item	Planned Year of Purchase	Project Cost

Total Projected cost for 3-year plan

\$0.00

Amount of s.85.21 aid held in trust as of 12/1/2015

Continue to narration section below

**Narrative for non-vehicle equipment purchases. Press ALT+Enter to start a new paragraph**

[Large empty gray area for narrative input]

**Prepared by**

David Mack

**Date**

03-Nov-15

# PROJECT DESCRIPTIONS - Project 1

## Instructions

Use this section to describe your project that will use s.85.21 funds.

Be sure to complete:

- \* Project description information
- \* Project budget information

This section is three pages long

## General Information

County Name

Marathon County

Project Name

North Central Health Care

## 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

Planning/Management Study

Other (provide description)

Demand Responsive Paid Driver Program

## General Project Summary

Please provide a **brief** description of this project. Press ALT+Enter to start a new paragraph

NCHC paratransit service is public transportation for persons over 60 or persons with disabilities. Access to this service is limited to persons whose physical or mental disability prevents them from riding the Metro Ride buses or the Metro Ride Paratransit Program. NCHC services were designed to meet the needs of clients that live outside the Metro Ride Paratransit service area or those that are in need of door-through-door services who does not have other resources for transportation. The NCHC service area is outside the Metro Ride Paratransit Program area within all of the remaining parts of Marathon County.

## Geography of Service

Please list the cities that are serviced though this project.

All of the Cities, Villages and Towns within Marathon County

### Service Hours

Please indicate your general hours of service for this project.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start time</b>	varies d/t volunteer available	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	varies d/t volunteer available
<b>End Time</b>	varies d/t volunteer available	varies d/t volunteer available	varies d/t volunteer available	varies d/t volunteer available	varies d/t volunteer available	varies d/t volunteer available	varies d/t volunteer available

### Service Requests

Briefly describe how your service is requested for this project. Press ALT+Enter to start a new paragraph

Clients, healthcare providers, advocates and families call in appointments for services Monday through Friday, 7:00 AM to 5:00 PM

### Passenger Eligibility

Briefly indicate passenger eligibility requirements for this project. Press ALT+Enter to start a new paragraph

Marathon County residents 60 years old and older or developmentally disabled through an application process.

**Passenger Revenue**

Briefly indicate passenger revenue requirements for this project

Marathon County Transportation Program through NCHC has a range of copay costs based on mileage from the pickup location (costs are one way).

\$6, 0-15 miles;

\$12, 16-30 miles;

\$15, 31-45 miles;

\$20, 45 + miles.

**PROJECT BUDGET - Project 1**

**Annual Expenditures**

Total Expenditures for this project

**Total** \$420,718

**Annual Funding Sources**

Breakout By Funding Source

A. s.85.21 Funds from Annual Allocation

**Total** \$200,000

B. s.85.21 Funds from Trust Fund

**Total**

C. County Match Funds

**Total** \$40,000

D. Passenger Revenue

**Total** \$1,718

E. Older American Act funding

**Total**

F. Other Funds (including Medicaid, other grants, or sources of funding) describe below and record the total amount

1. Contracted Services

2. Self Pay

3. Charity -Self Pay

4.

5.

6.

**Total** \$179,000

Expenditures should equal funding sources **\$0**

# PROJECT DESCRIPTIONS - Project 2

## Instructions

Use this section to describe your project that will use s.85.21 funds.

Be sure to complete:

- \* Project description information
- \* Project budget information

This section is three pages long

## General Information

County Name

Marathon County

Project Name

Metro Ride Paratransit

## 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

Planning/Management Study

Other (provide description)

ADA Paratransit Service

## General Project Summary

Please provide a **brief** description of this project. Press ALT+Enter to start a new paragraph

Metro Ride Paratransit is an origin-to-destination service provided pursuant to the Americans with Disabilities Act (ADA). It is available to persons who are unable, because of a physical or mental disability, to access Metro Ride fixed route bus service. The service area includes all areas within 3/4 of a mile from any Metro Ride regular fixed bus route within the City of Wausau. Paratransit service hours are the same as fixed-route bus service hours.

## Geography of Service

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Please list the cities that are serviced through this project.

City of Wausau

## Service Hours

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Please indicate your general hours of service for this project.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start time</b>	N/A	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM	N/A
<b>End Time</b>	N/A	6:30 PM	6:30 PM	6:30 PM	6:30 PM	6:30 PM	N/A

## Service Requests

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Briefly describe how your service is requested for this project. Press ALT+Enter to start a new paragraph

Ride requests must be made no later than 4:30 pm on the day prior to the desired trip. Requests are taken via telephone by Metro Ride staff. Requests on holidays and weekends may be made via voicemail.

## Passenger Eligibility

Briefly indicate passenger eligibility requirements for this project. Press ALT+Enter to start a new paragraph

The program is available to persons who are unable, because of a physical or mental disability, to navigate to and from Metro Ride bus Stops of to board, alight or ride a Metro Ride transit bus. Applying for the program involves the completion of a paper application, which includes verification from a medical professional. Eligibility determinations are made by Metro Ride staff.

## Passenger Revenue

Briefly indicate passenger revenue requirements for this project

ADA paratransit fares cannot exceed twice the adult bus fare. The Metro Ride adult bus fare is \$1.75 and the paratransit fare is \$2.25.

## PROJECT BUDGET - Project 2

### Annual Expenditures

Total Expenditures for this project

**Total** \$237,838

### Annual Funding Sources

Breakout By Funding Source

A. s.85.21 Funds from Annual Allocation

**Total** \$81,989

B. s.85.21 Funds from Trust Fund

**Total**

C. County Match Funds

**Total** \$16,398

D. Passenger Revenue

**Total** \$8,640

E. Older American Act funding

**Total**

F. Other Funds (including Medicaid, other grants, or sources of funding) describe below and record the total amount

1. State s85.20

2. Federal s5307

3.

4.

5.

6.

**Total** \$130,811

Expenditures should equal funding sources

**\$0**

# PROJECT DESCRIPTIONS - Project 3

## Instructions

Use this section to describe your project that will use s.85.21 funds.

Be sure to complete:

- \* Project description information
- \* Project budget information

This section is three pages long

## General Information

County Name

Marathon County

Project Name

Marathon County CPZ Department

## 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

Planning/Management Study

Other (provide description)

Grant Administration

## General Project Summary

Please provide a **brief** description of this project. Press ALT+Enter to start a new paragraph

Marathon County CPZ Department provides grant administration work for the County and the other two project components of this program, Metro Ride and North Central Health Care. Funds will be for salaries of participating staff.

## Geography of Service

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Please list the cities that are serviced through this project.

All cities, villages, and towns within Marathon County

## Service Hours

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Please indicate your general hours of service for this project.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start time</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>End Time</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## Service Requests

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Briefly describe how your service is requested for this project. Press ALT+Enter to start a new paragraph

Not applicable

**Passenger Eligibility**

Briefly indicate passenger eligibility requirements for this project. Press ALT+Enter to start a new paragraph

Not Applicable

**Passenger Revenue**

Briefly indicate passenger revenue requirements for this project

Not Applicable

**PROJECT BUDGET - Project 3**

**Annual Expenditures**

Total Expenditures for this project

**Total** \$37,913

**Annual Funding Sources**

Breakout By Funding Source

A. s.85.21 Funds from Annual Allocation

**Total** \$31,594

B. s.85.21 Funds from Trust Fund

**Total**

C. County Match Funds

**Total** \$6,319

D. Passenger Revenue

**Total**

E. Older American Act funding

**Total**

F. Other Funds (including Medicaid, other grants, or sources of funding) describe below and record the total amount

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Total**

Expenditures should equal funding sources

**\$0**

## 2016 COUNTY PROJECT BUDGET SUMMARY

### Instructions

Please enter your county name. The rest of the spreadsheet should auto-fill from each of the project sheets. Be sure to review each budget before submitting and that your project expenses equal your funding sources.

County Name

Project Name	North Central Health Care	Metro Ride Paratransit	Marathon County CPZ Department	Totals
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### Projected Expenses

Total Projected Expenses	\$420,718	\$237,838	\$37,913	\$696,469
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### Funding Sources

2016 s.85.21 Funds	\$200,000	\$81,989	\$31,594	\$313,583
s.85.21 Funds from Trust Fund	\$0	\$0	\$0	\$0
County Funds	\$40,000	\$16,398	\$6,319	\$62,717
Passenger Revenue	\$1,718	\$8,640	\$0	\$10,358
Older American Act	\$0	\$0	\$0	\$0
Other Funds	\$179,000	\$130,811	\$0	\$309,811
Funding source should equal expenses	\$0	\$0	\$0	\$696,469