



December 21, 2016

85.21 Program Manager
Bureau of Transit, Local Roads, Railroads & Harbors
Wisconsin Department of Transportation
PO Box 7913
Madison, WI 53707-7913

MARATHON COUNTY 2017 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for \$309,545.00 in state assistance under Section s.85.21 of the Wisconsin Statutes to provide specialized transportation services for the seniors and individuals with disabilities in 2017. The County assures that \$61,909.00 in local funds have been budgeted and will be available as the share required to match the 85.21 grant.

The applicant affirms that the information submitted in this application is true and correct.

Sincerely,

Kurt Gibbs, Chairperson
Marathon County Board of Supervisors

Enclosure: 2017 Specialized Transportation Application

2017 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2017

County of Marathon

Primary Contact for this grant program

<i>Name</i>	David Mack		
<i>Telephone Number</i>	715-261-6043	Extension	
<i>Email Address</i>	dave.mack@co.marathon.wi.us		

Application Preparer *(if different than primary contact)*

<i>Name</i>			
<i>Organization</i>			
<i>Telephone Number</i>		Extension	
<i>Email Address</i>			

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.*

DM

Organization Info

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

DM

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 <i>(Please explain)</i>			

Coordination

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

Title of Coordinated Plan:	Marathon County 2014-2018 Locally Developed, Coordinated Public Transit-Human Services Transportation Plan
The goal(s) and/or strategies from which your project is included:	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.) Apply for 85.21 grant funds to maintain the current levels of service and vehicle fleet and to also expand services to meet the needs of transportation services in Marathon County.
Page number(s) of the Coordinated plan in which the goals may be referenced:	1.) Page 3, 2.) Page 9

Assessibility

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

YES	X	
NO		(If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of **Marathon**

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

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PROJECT DESCRIPTION

County of **Marathon**

Instructions

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

Project Name **North Central Health Care**

Third Party Provider **North Central Health Care**

Date contract last updated **N/A**

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)	Demand Responsive Paid Drive Program		

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

NCHC paratransit services 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 Ridge 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 all parts of Marathon County including the service area of the Metro Ride paratransit service. The overlap in services is based on NCHC providing door-through-door service county wide and Metro Ride providing curb-to-curb service in their area only.

PROJECT DESCRIPTION, Continued

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	varies based on volunteer	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	varies based on volunteer
End Time	varies based on volunteer	varies based on volunteer	varies based on volunteer	varies based on volunteer	varies based on volunteer	varies based on volunteer	varies based on volunteer

Additional description
(if applicable)

No

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

Clients, healthcare providers, advocates and families can call in appointments for service Monday through Friday, 7:00 am to 5:00 pm.

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

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

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

Marathon County Transportation Program through NCHC has a range of copy costs based on mileage from the pickup location (costs are one way). \$6.00, 0-15 miles; \$12.00, 16-30 miles; \$15.00, 31-45 miles; \$20.00, 45 + miles.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$427,508

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

Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$212,187
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$42,437
D. Passenger Revenue	Total from D.	\$57,300
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds <i>(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.)</i>	Total from G.	\$115,584
1. Trips for Youth Aids and Block Grant Clients	Total	\$100,000
2. Trips Provided to Local Nursing Homes	Total	\$15,584
3. 	Total	
4. 	Total	
5. 	Total	
6. 	Total	
Revenue Total		\$427,508

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Marathon**

Instructions

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

Project Name

Metro Ride

Third Party Provider

Wausau Area Transit System, dba, Metro Ride

Date contract last updated

N/A

Type of Service

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

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

*Brief description
of Study*

Other *(provide explanation)*

ADA Paratransit Service

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

Metro Ride paratransit service is an origin-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 a Metro Ride regular fixed bus route within the City of Wausau. Paratransit Service hours are the same as the fixed route bus service hours., 6:30 am to 6:30 pm.

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.)

only in the City of Wausau

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	N/A	6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	N/A
End Time	N/A	6:30 pm	6:30 pm	6:30 pm	6:30 pm	6:30 pm	N/A

Additional description
(if applicable)

no

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

Ride requests must be made no later than 4:00 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)*

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 or 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 describe 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

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$196,201

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

Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$66,403
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$13,281
D. Passenger Revenue	Total from D.	\$8,606
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds <i>(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.)</i>	Total from G.	\$107,911
1. State Transit Operating Assistance s.85.20	Total	\$47,089
2. Federal Transit Operating Assistance s.5307	Total	\$60,822
3.	Total	
4.	Total	
5.	Total	
6.	Total	

Revenue Total \$196,201

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Marathon**

Instructions

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

Project Name **Marathon County CPZ**

Third Party Provider N/A

Date contract last updated N/A

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)	Grant Administration by recipient		

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

Marathon County CPZ Department provides Grant administration work for the county and the two project components of this entire program, Metro Ride and NCHC. CPZ staff is also the Stff to the Transportation Coordinating Committee that oversees the county program. Funds will be for salaries of participating staff.

PROJECT DESCRIPTION, Continued

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 cities, villages and towns within the Marathon County

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

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

Additional description
(if applicable)

N/A

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

Not Applicable

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

Not Applicable

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

Not Applicable

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$37,146

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

Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$30,955
B. \$85.21 funds from trust fund	Total from B.	\$0
C. County Match Funds	Total from C.	\$6,191
D. Passenger Revenue	Total from D.	\$0
E. Older American Act (OAA) funding	Total from E.	\$0
F. \$5310 Operating or Mobility Management funds	Total from F.	\$0
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	\$0
2.		Total	\$0
3.		Total	\$0
4.		Total	\$0
5.		Total	\$0
6.		Total	\$0

Revenue Total \$37,146

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2017 PROJECT BUDGET SUMMARY**

County of **Marathon**

Project Name

North Central Health Care	Metro Ride	Marathon County CPZ	0	0	0	0	0	Totals
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Project Expenses

Total Project Expenses	\$427,508.00	\$196,201.00	\$37,146.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$660,855.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$212,187.00	\$66,403.00	\$30,955.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$309,545.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$42,437.00	\$13,281.00	\$6,191.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,909.00
Passenger Revenue	\$57,300.00	\$8,606.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,906.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$115,584.00	\$107,911.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$223,495.00
1.	\$100,000.00	\$47,089.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$147,089.00
2.	\$15,584.00	\$60,822.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76,406.00
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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PUBLIC NOTICE AND HEARING FORMS

Date of notice publication:

10/21/16 and 10/24/16

PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on October 31, 2016 at 4:30 p.m. in the Conservation, Planning & Zoning Department large conference room, 210 River Drive, Wausau, WI for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2017 Specialized Transportation Program for the Elderly and Disabled." Project elements under consideration include the following:

- A) Transportation services for the elderly provided by City/County Transportation.
- B) Transportation services for the developmentally disabled provided by City/County Transportation.
- C) Transportation services for persons who reside within the Wausau Area Transit System regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.
- D) Marathon County is eligible to receive \$309,545.00 from the State with a local match of \$61,909.00.

At the hearing interested persons will have an opportunity to be heard with respect to the proposed project. Interested persons may submit oral or written comments regarding the project at the hearing, or may submit written comments to Rebecca Frisch, Conservation, Planning and Zoning Director, 210 River Drive, Wausau, Wisconsin, 54403.

A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 210 River Drive Wausau WI 54403, or at the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail inforamathon@mail.co.marathon.wi.us one business day before the meeting.

Rebecca J. Frisch, Director
Marathon County

Run: Oct 21, 24, 2016 WNAXLP

Date of public hearing:	10/31/16
<i>(Please provide a summary of any public comments that were made at the meeting in regards to the application)</i>	

Don't forget to attach a **copy the meeting minutes** during which the approval for the application was granted.

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LOCAL REVIEW FORM

Please indicate if the county aging unit (or 51.42/51.437 if necessary) is part of the county's TCC or equivalent.

Yes No

If the county TCC or equivalent does not include a member of the county aging unit (or 51.42/51.437 if necessary) you **MUST** include evidence of their review of the application. Such evidence may include:

- Written endorsements
- Recommendations or criticism
- Minutes of meetings attended by the above organizations at which the application was discussed.

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