



December 19, 2017

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

MARATHON COUNTY 2018 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for \$319,641.00 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 2018. The County assures that \$63,928.00 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: 2018 Specialized Transportation Application

2018 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

Name David Mack

Telephone Number 715-261-6043 **Extension**

Email Address dave.mack@co.marathon.wi.us

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. 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 (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 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 services and vehicle fleet and to also expand services to meet the needs of transportation service 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	X
Complete Vehicle Inventory <i>(regardless of funding source)</i>	X
Trust Fund Plan <i>(for counties with a signed board resolution)</i>	X
Third Party Contracts	X
Project Descriptions & Budgets	X
Review Summary tab	X
Upload Transmittal Letter	X
Upload Public Hearing and Notice	X
Upload Local Review Form	X
<i>If applicable:</i> Upload Third Party Contracts &/or Leases to the "Resources" tab	

DRAFT

TRUST FUND SPENDING PLAN

County of **Marathon**

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.

Item* <small>(If item is a non-vehicle capital purchase, please scroll to second page to complete the narrative)</small>	Planned year of purchase (YYYY)	Project Cost
Wheelchair Equipped Van	2019	\$45,620.00
Total projected cost of 3-year plan		\$ 45,620.00

Estimated amount state aid to be held in trust on 12/31/2017	\$45,620.00
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<small>Will auto calculate based on year entered above</small>	<small>Enter amount of funds planning to add for the next 3 years. If none, enter "0".</small>	
Spending plan for 2018 = \$ -	Funds added for 2018 = \$ -	Est. balance on 12/31/18 = \$45,620.00
Spending plan for 2019 = \$45,620.00	Funds added for 2019 = \$ -	Est. balance on 12/31/19 = \$ -
Spending plan for 2020 = \$ -	Funds added for 2020 = \$ -	Est. balance on 12/31/20 = \$ -

Date complete November 2, 2017

Prepared by David Mack

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

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 (NCHC)
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)	some of NCHC drivers are also paid staff.		

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 Ride buses or the Metro Ride Paratransit Program. NCHC services were also 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 services area is all parts of Marathon County including the service area of 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.

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PROJECT DESCRIPTION, Continued

Geography of Service

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

All Cities, Villages, and Towns in Marathon County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	based on volunteer availability	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	based on volunteer availability
End Time	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability

Additional description *(if applicable)* **If no volunteer drivers are available, NCHC may contract with a taxi service for the desired trips.**

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

Clients, healthcare provides, advocates, and families can call in advance of the 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 go through an application process.

Passenger Revenue *(Briefly describe 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).

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PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$462,643

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.	\$225,263
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$43,845
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.	\$193,535
<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>		
1. Self Pay Client Revenue (copays)	Total	\$24,300
2. Contracted Services Revenue	Total	\$168,000
3. Other Miscellaneous	Total	\$1,235

4.	
5.	
6.	

Total

Total

Total

Revenue Total

\$462,643

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 (Metro)**

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	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	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 the 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, from 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)

none

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

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)*

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 a 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 regular 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 \$207,274

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.	\$70,244
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$14,049
D. Passenger Revenue	Total from D.	\$10,327
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.	\$112,654
1. State Operating Assistance s.85.20	Total	\$49,746
2. Federal Operating Assistance s.5307	Total	\$62,908
3.	Total	
4.	Total	
5.	Total	
6.	Total	
Revenue Total		\$207,274

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 Department (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 <i>(provide explanation)</i>	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 staff to the Transportation Coordinating Committee that oversees the County program. Funds will be used for salaries of participating staff.

PROJECT DESCRIPTION, Continued

Geography of Service

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

All Cities, Villages and Towns within 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 \$30,168

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.** \$24,134

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

C. County Match Funds **Total from C.** \$6,034

D. Passenger Revenue **Total from D.**

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

F. §5310 Operating or Mobility Management funds **Total from F.**

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

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

1. Total \$0

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$30,168

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2018 PROJECT BUDGET SUMMARY**

County of

Marathon

Project Name

North Central Health Care (NCHC)	Metro Ride (Metro)	Marathon County CPZ Department (CPZ)	Totals
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Project Expenses

Total Project Expenses	\$462,643.00	\$207,274.00	\$30,168.00	\$700,085.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$225,263.00	\$70,244.00	\$24,134.00	\$319,641.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$43,845.00	\$14,049.00	\$6,034.00	\$63,928.00
Passenger Revenue	\$0.00	\$10,327.00	\$0.00	\$10,327.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$193,535.00	\$112,654.00	\$0.00	\$306,189.00
1.	\$24,300.00	\$49,746.00	\$0.00	\$74,046.00
2.	\$168,000.00	\$62,908.00	\$0.00	\$230,908.00
4.	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00
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PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on **November 9, 2017 at 4:00 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, "2018 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 \$319,641 from the State with a local match of \$63,928.

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 David Mack, 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, the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403 or on the Marathon County Website www.co.marathon.wi.us. 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 infomarathon@mail.co.marathon.wi.us one business day before the meeting.

David Mack, Program Manager
Marathon County Conservation, Planning, and Zoning
To be published 10/30/17 and 11/2/17

LOCAL REVIEW FORM

Is the committees or commissions on aging, county aging unit and boards (created under ss. 51.42 and 51.437, Stats.) part of the county's Transportation Coordination Committee or equivalent?

Yes

No

If you selected "No", you **MUST** include evidence of their review of this application and upload to the Online Grant Management section for "Local Review" with this form.

Such evidence may include:

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