

2020 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2020

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>	Same as above		
<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>	None		

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 Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023
The goal(s) and/or strategies from which your project is included:	Strategy #3, Update County-wide human service transit needs assessment to gain better understanding of the current unmet needs for transportation services and how to better focus efforts to meet those needs. Expand study to include employment related needs. Actions: Utilize 85.21 grant funding for match to apply for 5304 discretionary planning funds. Strategy #8, Maintain and expand existing services through support of program operations, maintenance, repair and scheduled replacement of vehicle fleet as appropriate. Actions: Continue to make use fo 85.21 grants to maintain and expand the level of transportation service within the County. Continue to apply for 5310 capital grants to maintain and expand the human service transportation vehicle fleet within Marathon County, and explore ways to increase the
Page number(s) of the Coordinated plan in which the goals may be referenced:	Pages 9 and 10.

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	<input checked="" type="checkbox"/>	
NO	<input type="checkbox"/>	<i>(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.)</i>

APPLICANT CHECKLIST

County of **MARATHON**

Required Components	Complete
Update Contact Information in BlackCat Online GMS	X
Upload completed application workbook:	X
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	

VEHICLE INVENTORY

County of **MARATHON**

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

Vehicle Type <i>(Mini van, Med. Bus, etc)</i>	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non-Ambulatory)</i>	Funding Source (mark with X)			Place "X" in box to indicate if vehicle is leased to another party.
				5310	85.21	Other	
Chevrolet/Glavel	2012	39,804	8/2				<input type="checkbox"/>
Chevrolet/Glavel	2012	38,313	8/2				<input type="checkbox"/>
Chevrolet/Glavel	2012	46,646	8/2				<input type="checkbox"/>
Chevrolet/Glavel	2012	34,756	8/2				<input type="checkbox"/>
1 Ford HSV	2013	80,705	6/3	x			<input type="checkbox"/>
2Ford HSV	2013	97,136	6/3	x			<input type="checkbox"/>
3 Ford Starcraft	2015	51,752	8/3	x			<input type="checkbox"/>
49 Ford Starcraft	2007	117,805	12/2	x			<input type="checkbox"/>
50 Ford Starcraft	2007	97,272	9/1	x			<input type="checkbox"/>
60 GMC Startran	2007	69,930	26/2	x			<input type="checkbox"/>
62 Ford Starcraft	2008	51,507	4/2	x			<input type="checkbox"/>
63International SB	2009	106,869	32/2	x			<input type="checkbox"/>
64 International SB	2009	91,688	32/2	x			<input type="checkbox"/>
65 Ford Starcraft	2010	69,210	12 amb	x			<input type="checkbox"/>
66 Ford Starcraft	2010	69,737	7/1	x			<input type="checkbox"/>
67Ford Starcraft	2010	63,410	7/1	x			<input type="checkbox"/>
68GMC Startran	2010	60,788	30/2	x			<input type="checkbox"/>
69 International SB	2011	56,572	30/2	x			<input type="checkbox"/>
5 Ford Starcraft	2017	22,629	8/3	x			<input type="checkbox"/>
57 Ford Transit	2019	1,188	7/1	x			<input type="checkbox"/>
76 Supreme Bus	2010	72,609	10/2	x			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.

*Right click on tab, select "Move or Copy", select "Vehicle Inventory", check the box to "Create a copy", click "OK".

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. Do NOT include 2019 purchases made with trust funds.

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Project Cost
20 Video Camera Security System - NCHC Vehicles	2020	\$40,000.00
5 new ADA Compliant Bus Stop Shelters with Solar Lighting - Metro Ride	2020	\$35,000.00
Local Matching funds for Elderly and Disabled Needs Assessment	2020	\$6,000.00
Total projected cost of 3-year plan		\$ 81,000.00

Estimated amount state aid to be held in trust on 12/31/2019 **\$83,456.00**

<i>Will auto calculate based on year entered above</i>	<i>Enter amount of funds planning to add for the next 3 years. If none, enter "0".</i>		
Spending plan for 2020 = \$81,000.00	Funds added for 2020 =	Est. balance on 12/31/20 =	\$2,456.00
Spending plan for 2021 = \$-	Funds added for 2021 =	Est. balance on 12/31/21 =	\$2,456.00
Spending plan for 2022 = \$-	Funds added for 2022 =	Est. balance on 12/31/21 =	\$2,456.00

Date complete **November 21, 2019**

Prepared by *Dave 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 paragraph.)*

The video security system is warranted for the safety of the drivers and the passengers to facilitate any issues arising from complaints on the vehicles. 20 camera setups and the video storage equipment will be a part of this system.

The current bus shelters still being used by Metro Ride passengers were constructed before the ADA regulations and this funding would cover the cost of replacing 5 shelters with ADA compliant space and be solar lighted facilities.

PROJECT 1 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 <i>(provide explanation)</i>	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 and 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 service area is all parts of Marathon County including the service area of Metro Ride Paratransit service. The overlap in service is based on NCHC providing door-through-door services 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	based on volunteer availability	8:00 am	based on volunteer availability				
End Time	based on volunteer availability						

Additional description
(if applicable)

If no volunteer drivers are available, NCHC may contract with taxi services 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 services 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 or 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).

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$502,473

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.** \$258,808

B. \$85.21 funds from trust fund **Total from B.** \$40,000

C. County Match Funds **Total from C.** \$51,761

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.** \$151,904

(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. Self Pay Client Revenue (copays) Total \$50,700

2. Contracted Services Total \$100,000

3. Other Miscellaneous Revenues Total \$1,204

4. Total

5. Total

6. Total

Revenue Total \$502,473

Expenditures should equal revenue	\$0
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PROJECT 2 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 Ssystem, 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"/>	Brief description of Study	<input type="text"/>
Other <i>(provide explanation)</i>	ADA Paratransit Servcie		

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 fo 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 route within the City of Wausau. Paratransit servcie 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 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	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 Matro 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 mediaci 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 fare for the fixed route bus service. The Metro Ride adult 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 \$249,187

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.** \$74,734

B. \$85.21 funds from trust fund **Total from B.** \$35,000

C. County Match Funds **Total from C.** \$14,947

D. Passenger Revenue **Total from D.** \$10,987

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.** \$113,519

(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. State Operating Assistance s.85.20 Total \$51,405

2. Federal Operating Assistance S. 5307 Total \$62,114

3. Total

4. Total

5. Total

6. Total

Revenue Total \$249,187

Expenditures should equal revenue	\$0
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PROJECT 3 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	<input type="text"/>
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 services 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.All

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	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 \$40,804

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.** \$29,003

B. \$85.21 funds from trust fund **Total from B.** \$6,000

C. County Match Funds **Total from C.** \$5,801

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

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$40,804

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2020 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	\$502,473.00	\$249,187.00	\$40,804.00	\$792,464.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$258,808.00	\$74,734.00	\$29,003.00	\$362,545.00
\$85.21 Trust Fund	\$40,000.00	\$35,000.00	\$6,000.00	\$81,000.00
County funds	\$51,761.00	\$14,947.00	\$5,801.00	\$72,509.00
Passenger Revenue	\$0.00	\$10,987.00	\$0.00	\$10,987.00
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	\$151,904.00	\$113,519.00	\$0.00	\$265,423.00
1.	\$50,700.00	\$51,405.00	\$0.00	\$102,105.00
2.	\$100,000.00	\$62,114.00	\$0.00	\$162,114.00
4.	\$1,204.00	\$0.00	\$0.00	\$1,204.00
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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