

2021 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2021

County of Waupaca

Primary Contact for this Grant Program

Name Melissa Anderson

Telephone Number 715-258-6358

Extension

Email Address melissa.anderson@co.waupaca.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.

MA

Organization Info

Place your initials in the 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 knowledge.

MA

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.

Title of Coordinated Plan:	Waupaca County 5-Year Transportation Coordination Plan
The goal(s) and/or strategies from which your project is included:	H - Additional Funding for Budgets
Page number(s) of the Coordinated plan in which the goals may be referenced:	

Assessibility

Please indicate whether or not §85.21 state aid will be used for the transportation of persons who cannot walk or persons 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 **Waupaca**

Required Components	Complete
Update Contact Information in BlackCat Online Grant Management System	X
Upload completed application workbook:	X
Application Information Form	X
Complete Vehicle Inventory <i>(regardless of funding source)</i>	NA
Third Party Contracts	X
Trust Fund Plan (for counties with a signed board resolution)	NA
Project Descriptions and 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	NA

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 **Waupaca**

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 2020 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
Continued exploration and development of the Transportation Application	2021	\$5,531.17
Total projected cost of 3-year plan		\$ 5,531.17

Estimated amount of state aid to be held in trust on 12/31/2020	\$5,531.17
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<i>Will auto calculate based on year entered above</i>	<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	<i>Estimated balance on 12/31/21 =</i>	<i>\$ -</i>
Spending plan for 2021 = \$ 5,531.17	Funds added for 2021 =	Estimated balance on 12/31/21 =	\$ -
Spending plan for 2022 = \$ -	Funds added for 2022 =	Estimated balance on 12/31/22 =	\$ -
Spending plan for 2023 = \$ -	Funds added for 2023 =	Estimated balance on 12/31/23 =	\$ -

Date complete **10/29/2020**

Prepared by *Melissa Anderson*

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.)*

Waupaca County is in the process of developing a Transportation application for smartphone use. This project is anticipated to increase efficiencies across Department of Health and Human Services transport needs as well as significantly decrease costs.

For additional space to complete your narrative, please scroll down to second page.

TRUST FUND SPENDING PLAN

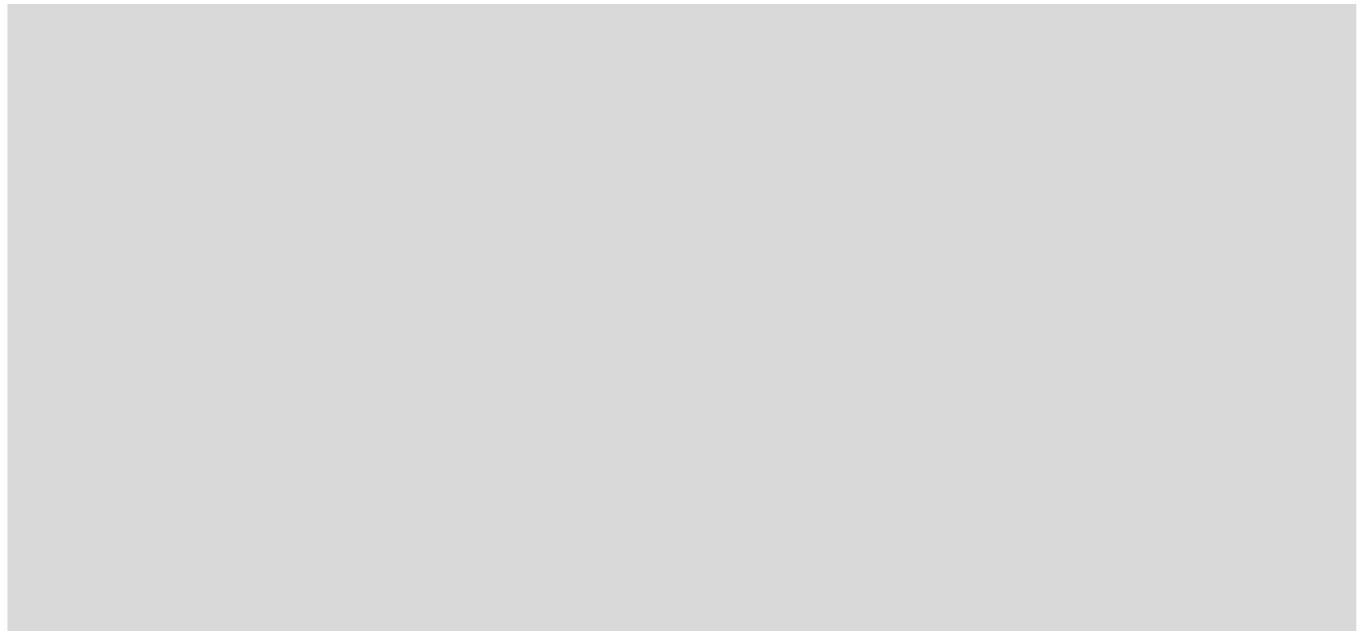
Continued

County of **Waupaca**

Narrative for non-vehicle equipment purchases continued.

(Hint: Use "ALT" and "Enter" to start a new paragraph.)

A large, empty gray rectangular area intended for the user to enter their narrative for non-vehicle equipment purchases. The area is currently blank.



PROJECT 1 DESCRIPTION

County of **Waupaca**

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 **Waupaca County Volunteer Driver Transportation Program**

Third Party Provider

Date contract last updated

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)			

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

During the 2021 85.21 Grant cycle year, the 85.21 funds will be used to support the Waupaca County Volunteer Driver Transportation Program. This program provides transportation to elderly and those with disabilities who reside in Waupaca County. Transportation is provide primarily by volunteer drivers. Volunteer drivers are reimbursed with the set IRS mileage reimbursement rate. 85.21 funds will also be used to support a full-time Transportation Coordinator position. This position is responsible for the scheduling of requested rides and arrangement of appropriate drivers. Local municipal taxi services are also utilized when the volunteer driver program is not able to accomodate the requested rides. The Volunteer Driver Transportation Program of Waupaca County is held within the Waupaca County Department of Health and Human Services, within the Aging & Disability Resource Unit.

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.)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		7:30	7:30	7:30	7:30	7:30	
End Time		3:30	3:30	3:30	3:30	3:30	

Additional description
(if applicable)

Dispatch hours M-F 7:30am-3:30pm (Rides accomdated 24/7 if available driver)

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

Eligible riders contact our Transportation Coordinator during above mentioned dispatch hours. Eligible riders provide their name, contact information, appointment date/time/location/length of appt and driver preference if any. Transportation Coordinator confirms rider-driver match 24-hours in advance of the appointment.

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

Eligible riders are 60+ years of age and/or have a self-identified disability.

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

Riders are billed monthly on a flat rate copayment based on trip distance. Individual riders who do have a billable funding source such as Family Care or IRIS, do not receive a bill. MCO and IRIS members have their transportation costs covered by the MCO or IRIS. MCO and IRIS pay the full cost of the trip which includes volunteer driver mileage reimbursement and an administrative fee per trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this project.

Total Expenses \$242,683

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 Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation	Total from A.	\$156,588
B. §85.21 funds from trust fund	Total from B.	\$5,531
C. County Match Funds	Total from C.	\$38,605
D. Passenger Revenue	Total from D.	\$27,600
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.	\$14,359

(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.	5310 Operating Assistance Grant	Total	\$14,359
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$242,683

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2021 PROJECT BUDGET SUMMARY**

County of

Waupaca

Project Name

Waupaca County Volunteer Driver Transportation Program	0	0	0	0	0	0	0	0	Totals
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Project Expenses

Total Project Expenses	\$242,683.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$242,683.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$156,588.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156,588.00
\$85.21 Trust Fund	\$5,531.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,531.17
County funds	\$38,605.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,605.00
Passenger Revenue	\$27,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,600.00
Older American Act (OAA)	\$0.00	\$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	\$0.00
Total from other funds	\$14,358.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,358.74
1.	\$14,358.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,358.74
2.	\$0.00	\$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	\$0.00
5.	\$0.00	\$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	\$0.00

Expenses - revenue =	(\$0.09)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$0.09)
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