

PROJECT 2 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

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

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.)

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							
End Time							

Additional description
(if applicable)

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses

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.**

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.**

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 **\$0**

Expenditures should equal revenue	<input style="width: 100%; height: 20px; background-color: #e0ffff;" type="text"/> \$0
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PROJECT 3 DESCRIPTION

County of **Waupaca**

Instructions

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Project Name

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

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.)*

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							
End Time							

Additional description
(if applicable)

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses

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.**

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.**

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.**

(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

Expenditures should equal revenue	\$0
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PROJECT 4 DESCRIPTION

County of **Waupaca**

Instructions

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Project Name

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Date contract last updated

Type of Service

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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.)*

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.)*

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PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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Total Expenses

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Annual Revenue

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B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.**

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 **\$0**

Expenditures should equal revenue	\$0
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PROJECT 5 DESCRIPTION

County of **Waupaca**

Instructions

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

PROJECT DESCRIPTION, Continued

Geography of Service

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PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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C. County Match Funds **Total from C.**

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.**

(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

Expenditures should equal revenue	\$0
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PROJECT 6 DESCRIPTION

County of **Waupaca**

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Planning Study

Brief description
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PROJECT DESCRIPTION, Continued

Geography of Service

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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 **\$0**

Expenditures should equal revenue	\$0
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Management Study

Planning Study

*Brief description
of Study*

Other *(provide explanation)*

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PROJECT DESCRIPTION, Continued

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1.
 Total

2.
 Total

3.
 Total

4.
 Total

5.
 Total

6.
 Total

Revenue Total

Expenditures should equal revenue	<input style="width: 100%; height: 20px; background-color: #e0ffff;" type="text" value="\$0"/>
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PROJECT 8 DESCRIPTION

County of **Waupaca**

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Planning Study

Brief description
of Study

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PROJECT DESCRIPTION, Continued

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F. \$5310 Operating or Mobility Management funds **Total from F.**

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

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1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total **\$0**

Expenditures should equal revenue	\$0
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