LINCOLN COUNTY SOCIAL SERVICES COMMITTEE

NOTICE OF PUBLIC HEARING

The Lincoln Social Services Committee will hold a Public Hearing on Monday, January 8, 2024 at 4:15 p.m. to take testimony on the item listed below. The public hearing will be held at the Lincoln County Service Center, meeting room #255/257/260, at 801 N. Sales St., Merrill, WI. The public may attend either in person or via telephone conference (details may be found in agenda once it is posted at https://co.lincoln.wi.us/meetings).

1. **2024 85.21 Transportation Application**. The application materials may be viewed in person at the Lincoln County Department of Social Services office at 607 N. Sales Street, Merrill, Wisconsin during regular business hours. Additionally, they will be posted online at www.co.lincoln.wi.us/meetings no less than 10 days prior to the hearing.

All parties wishing to be heard are requested to be present. Both written and oral testimony will be entered into the record.

For additional information on this Application Workbook, please refer to the §85.21 Application Guidelines for CY2024

County of	Lincoln				
Primary Contact for this	Grant Program				
Name	Jessi Rumsey				
Telephone Number	715-536-6200	Fig. 19 and the second		Extension	1320
Email Address	jessi:rumsey@co:lincoln:wi	<u>us</u>			
Application Preparer (if di	MATERIAL REPORT OF THE PROPERTY OF THE PROPERT	ONNO SERVICIO SERVICIO DE COMO DESTE ANTO PROCESSO EN ESCRETA	Whateston a Paris.		Programo Description de la company de la com
Name	Sarah Brandner				
	Lincoln County Social Se	rvices		200 - 100 -	
Telephone Number		20 (2011) 21 (1011) 20 (2011) 21 (1011) 20 (2011) 21 (1011)		Extension	2519
Email Address	sarah.brandner@co.lincoln.	<u>Wi.us</u>			
Applicant Status	Place your initials in box to the right to county government or an agency of tionganized as a non-profit under Wis.	he county department. Private	non-profits	or Aging Units	Sb
Organization Info	Place your initials in the box certifying been updated in the BlackCat Online best of your knowledge.				sb
Federal Grant Match	Please place an "X" next to any feder	al grant that will be using §85	.21 funds as	local match.	
	5310 X	5307		5311	
	Other (Please explain)			er lyang	- The state of the
Coordination	Please identify the county's coordinat derived.				
	Title of Coordinated Plan: ©	oordinated Public Trai Ian	nsit-Hum	an Services Transp	oortation
The goal(s) and/or s	De	aintain and expand ex rogram operations. (ir osition(s), driver salari quipment, supplies & t	ic. directo es, volun	or/transportation co	ordinator
	Coordinated plan in which page goals may be referenced:	ages 9-10			
	cate whether or not §85.21 state aid wince during the calendar year. (If no, please explain how the Americ ambulatory and non-ambulatory pass	ans with Disabilities Act (ADA			

THIRD PARTY PROVIDERS

County of Lincoln

Instructions: Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the Resources tab.

(If there are no projects or vehicles that are contracted or leased out, please put None In the first gray box.)

Project Name Northwoods Mobility Service	Anticipated or Known Contractor Name Carrie Linzmeior	Type of Agreement (Lease or Contract) contract	Start Date (<i>MM/DD/YY</i>) 01/01/2024	Expiration Date (MM/DD/YY) 12/31/2024	Date Date Price solicitation completed? to				
Blue Jay Taxi	Mike Fick	contract	1/1/24	12/31/24	Commence of the control of the contr				
						r 			

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

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 2023 purchases made with trust funds.

Expenditure Item If non-vehicle capital purchase, please provide description on second page below.	Planned year of purchase (YYYY)	Amt of Trust Used for Project \$43,229.00 \$40,271.00 \$2,000.00		
kayak launch system (Ott's Park)	2024			
kayak launch system (Sara Park)	2024			
kayak launch system repairs	2025			
	100000000000000000000000000000000000000			
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
		- L		
Total projected cost o	f 3-vear plan	_ \$ 85,500.00		

φ (00,000,00

Estimated amount of state aid to be held in trust on 12/31/2023 \$101,277.36

Will auto calculate based on year entered above	Enter the amount of funds to be added for the next three years. If none, enter 0.		
Spending plan for 2024 = \$83,500.00	Funds added for 2024 =	Estimated balance on 12/31/24 =	\$17,777.36
Spending plan for 2025 = \$2,000.00	Funds added for 2025 ≈	Eslimated balance on 12/31/25 =	\$ 15,777.36
Spending plan for 2026 = \$-	Funds added for 2026 =	Estimated balance on 12/31/26 =	\$ 15,777.36

Date complete

Prepared by

Sarah Brandner

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.)

Lincoln County is requesting an exemption to utilize funding for non-vehicles. This request is to spend down our trust fund in a manner that is meaningul to our community and within the scope of the 85:21 program. These funds will increase access to transportation/recreational means in the county for our elderly and disabled as described in our application.

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County of	Lincoln			
 Hint: Alt and I 	ion to describe a specifi Enter will go to the next mplete all three pages f		21 funds.	
Project Name	Medical Transporta	ation		
Third Party Provider				
Date contract last updated			anged announced and the committee of the	and the property of the contract of the contra
Type of Service	(Place an "x" next to th	he type of service you will b	ne providing for this pro	oject.)
	Volunteer Driver	x Voucher Manageme		
Other (provi	Planning Study ide explanation)	Brief description of Study		
Provide transj Wisconsin.	portation for all Linco	ription of this project. Use ALT	edical appointments	

PROJECT	DESCRIPTION	. Continued

				22007117 170	777, 0011411		
Geograph	ny of Service						
(List the co	unties, as well as					Enter to start a new	line.)
	Lincoln Count	y (includes Mei	rill, Tomahaw	k, and surroun	ding towns)	
	lander (F	CATELLIAN CONTRACTOR					
	100 pt 10					Total	
					12.00		
Service H	ours (Indicate	your general hou	rs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs
Time End			7.00	2,1110	-7.1.0		27.00
Time							July 2012 and brillian State of the Control of the
ibbA	tional description						
7,001	(if applicable)						
	,	SHOOMENSELINGENEESSEOTOO			- (10-20-91-24) (10-24) (10-24) (10-24)	A-1011	
Service R		ly describe how y					one as guerra and horizon alany week
	Client or facilit	y (i.e. nursing l	nome, hospita	l, etc) will cont	act transpo	rtation program	designated number
	Programme Control						PARTITION OF THE PARTITION OF T
			Hall			CONTROL OF THE STREET	Talental
						Homeson Parishers Homeson Affine A	
6							100005 100005
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		Briefly indicate pas 55+ years of a				ing State assista	ance (i.e. Badger
							ility determination.
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						economic de la companya de la compan	
1					Ligani New Colonia de la Co		
Passenge	r Revenue (B	riefly describe pas	ssenger revenue	requirements for	this project.)	a voneg kantung pa salam kapasatan mengkasaka	Services com Superior de la companya
4 4	Glient co-pays miles \$20; 101					iles \$10; 26-60 m	iles \$15; 61-100
	υς ψευ, 101	_σσ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AVI TOU IIIIGS	y 10, 000, 700	πιιου ψου:		
						PERMIT	
			ARAGEMENT OF BUILDING				

PROJECT BUDGET						
Section Description		Amount				
Annual Expenditures	- 7					
Enter the amount of <u>total</u> expenditures for this project.	In thousand He was builded					
Total Ex	penses \$1 1	0,581.20				
*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.	I 64					
Annual Revenue						
Enter the amount for <u>each</u> funding source that will be used for this project *When complete, please scroll to bottom of this page to ensure the <u>Expenditures</u>						
A. §85.21 funds from annual allocation	Total from A.	\$87,151.00				
B. §85.21 funds from trust fund	Total from B.					
C. County Match Funds	Total from C.	\$17,430.20				
D. Passenger Revenue	Total from D.	\$6,000.00				
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.	\$0.00				
(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	호 명 전				
	Total	避				
	Total	数				
	Total					
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	Total					
Revenue T	otal \$11	0,581,20				
Expenditures should equal rever	nue	\$0.00				

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	K	u	J		1	. B.		C	L	К	ır		ı	м	v.

 Hint: Alt and 	on to describe a specific project that will use s.85.21 funds. Enter will go to the next line. mplete all three pages for each project.
Project Name	Support services
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.)
V	Volunteer Driver Shicle Purchase Planning Study de explanation) Voucher Program Management Study Brief description of Study
Lincoln Goun to and from a nutrition) on	ry (Provide a brief description of this project. Use ALT and Enter to start a new paragraph.) ry Department of Social Services will provide transportation to elderly or disabled persons bunseling or support services (which include errands, shopping, education, employment or monthly basis.

County of

PROJECT DESCRIPTION, Continued

Geo	ara	phy	of	Ser	vice

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

Lincoln County (includes Merrill, Tomahawk, and surrounding towns)

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

, 0011100	(indicate year general nodes of dervice for this project.)								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Start	7	0.00.08	0.00.488	0.00.00	0.00.000	0.00 484			
Time	n/a	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	n/a		
End	n/a	4:30 PM	4:20 DM	4:20 DM	4:20 DN	4:30 PM	2/0		
Time	IIIa	4.30 F WI	4.30 F W	4.30 F W	A.SU FIVE	4,30 F IVI	n/a		

Additional description
(if applicable)

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

Clients contact 85:21 Transportation program, Merrill-Go-Round, or Merrill Area Community Enrichment Center,

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

Clients with visual impairments or in need of therapeutic support services in order to attend their counseling sessions and/or support groups, which are scheduled as needed or in the case of support groups, scheduled once a month. Clients must be 55+ years of age, suffer from a visual impairment or in need of therapeutic support services, and have no access to public transportation or other means of transportation.

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

Passenger is responsible to pay whatever is required of each means of transportation (i.e. co-pay, bus token, etc.)

Client co-pays are based on loaded mileage (regular vehicle). 0-25 miles \$10; 26-60 miles \$15; 61-100 miles \$20; 101-200 miles \$25; 201-400 miles \$40; over 400 miles \$60.

PROJECT BU	DGET
Section Description	Amount
Annual Expenditures	
Enter the amount of <u>total</u> expenditures for this project.	Total Expenses \$3,400.00
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Reportance you will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used for th *When complete, please scroll to bottom of this page to ensure the <u>Ex</u>	
A. §85.21 funds from annual allocation	Total from A. \$2,000.00
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C. \$400.00
D. Passenger Revenue	Total from D. \$1,000.00
E. Older American Act (OAA) funding	Total from E.
F. §5310 Operating or Mobility Management funds	Total from F.
G. Other funds (Provide name and/or description and record total amount in to box to the right of the description. Include sources such as of	
grants and/or programs.) 1. **The control of the c	Total
	Total
3. The state of th	Total
	Total
	Total
	Total
	Revenue Total \$3,400.00
Expenditures should equal reve	nue \$0.00

PROJECT 3 DESCRIPTION

Lincoln

County of

 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	Respite						
Third Party Provider							
Date contract last updated							
Type of Service	(Place an "x" next to the	ne type of service you will be providing for	this project.)				
Ve	Volunteer Driver ehicle Purchase Planning Study ide explanation)	Voucher Program Management Study Brief description of Study					
Provide transp for independe This will provi	portation for eligible Li nt adults to have acce ide a break for the care	incoln County residents to planned actes to family functions throughout the segiver, and give the independent adult	tivities and promote well-being State of Wisconsin. t an opportunity to socialize.				

L			PROJECT	DESCRIPTION	ON, Continu	ued	
	ny of Service unties, as well as	s cities/areas that	are serviced tho	ugh this project. U	Jse ALT and Er	nter to start a new	line.)
	Lincoln Coun	ty (includes Me	rrill, Tomahaw	k, and surroun	iding towns).		
			· 中国				
		ere desarb Vita desarbas			in december		
•							HINDER CONT. TO ANY DESCRIPTION OF THE STATE OF T
							enter con il li le sociali di qui protoci più altra di a
Service H	Sunday	e your general hou Monday	urs of service for Tuesday	Wednesday	Thursday	Friday	Saturday
Start	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs
Time End Time		7 mg 1900					
							Learning to the second of the
Addi	tional description (if applicable)						
ervice R		fly describe how y				ity Enrichment	Center
	Onemo contac	Acoo.21 Hellop	ortation progr	am or merrii A	ica commun	ity Emicinient	
			and the second				
						epitati dallari Mallari Pallari	
				AU III SANSTANI I AMERIKA			
		Briefly indicate pa					ance (ie. Badger
	Care, Medicai	d, or SSI Disabi	llity). If client	is younger than	n, not receive n 55, they mu	st have a disab	ility determination.
			0.500 mean files				
						170 - 170 -	
						200 G 750 200 G 750 200 G 200	
assenge		Briefly describe pa					
* *	token, etc.)	responsible to:	pay wnatever	is requirea ot e	acn means o	1 transportation	(i.e. co-pay, bus
	Client co-pays	s are based on	loaded mileag	e (regular vehic	cle). 0-25 mil	es \$10; 26 -60 m	iles \$15; 61-100
		1_200 miles \$25					

PROJECT B	BUDGET
Section Description	Amount
Annual Expenditures	
Enter the amount of <u>total</u> expenditures for this project.	
*Please note: Breakdown of expenses is not required at this time. You win provide the breakdown of actual expenses in the Annual Financial Repo tyou will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used for t *When complete, please scroll to bottom of this page to ensure the <u>E</u>	
A. §85.21 funds from annual allocation	Total from A. \$700.00
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C. \$140.00
D. Passenger Revenue	Total from D. \$200.00
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. \$0.00
(Provide name and/or description and record total amount in box to the right of the description. Include sources such as o	
grants and/or programs.) 1.	Total
	Total State Francisco
3.	Total
	Total
5. See 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Total
	Total
	Revenue Total \$1,040.00
	Academic de antique de antique a production de academic de academica de academic de academic de academic de academic de academic de academic de academ

Expenditures should equal revenue

\$0

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Lincoln

County of

 Hint: Alt and 	ion to describe a specific pro Enter will go to the next line. Implete all three pages for e			
Project Name	Kayak docks			
Third Party Provider Date contract last updated	12 Control of the Con			
Type of Service	(Place an "x" next to the ty	pe of service you will be providin	g for this project.)	
	Volunteer Driver dehicle Purchase	Voucher Program Management Study		
Other (prov	Planning Study ide explanation) kayak laur	Brief description of Study	The second secon	
		n of this project. Use ALT and Enter		
kayak or othe access to im location with needs for this	r small water craft from do prove and promote self-su unique access issues. Do project include pamphlet	ss to a product that will help thocks. This will aide seniors an ifficiency and health. This projects and preparation of surface development and distribution	d individuals with di ject will include 4 loo e will vary according , signage and/or pro	sabilities cations, each gly, Additional motion.

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.) Lincoln County (includes Merrill, Tomahawk) Lincoln Cou							
Service H		your general hou			Thursday	Friday	Coturdou
Start Time	Sunday 24 hrs	Monday 24 hrs	Tuesday 24 hrs	Wednesday 24 hrs	Thursday 24 hrs	Friday 24 hrs	Saturday 24 hrs
End Time							
Addi	tional description (if applicable)						
Service Requests (Briefly describe how your service is requested for this project.) 1. Contracted services for 4 docks and launch systems 2. Brochures will be made and distributed to let passengers know entrance and exits locations for water crafts. 3. Signage will be posted at launch sites 4. Additional promotional materials (i.e billboards, cosmo ads, newspaper ads 5. Additional Fees as required 6. Storage Expenses (including fall removal and spring placement)							
Passenge		Briefly indicate pas ust provide the	ir own kayak o	or other small v	vater craft a	ind personal flot	ation device (PFDs).
Passenge	er Revenue (B	riefly describe pas	ssenger revenue	requirements for	this project.)	vanis de vanis de verse de ve	National Middle State Constitution of the Cons
						Fall Hall (1997)	

	PROJECT BUDGET							
Section	Description		Amount					
	Expenditures							
Enter tr	ne amount of <u>total</u> expenditures for this project.	Total Expenses \$8	3,500.00					
provid	se note: Breakdown of expenses is not required at this time. You will be the breakdown of actual expenses in the Annual Financial Repo ill submit at the end of the calendar year.		3 **					
Annual I	Revenue							
	ne amount for <u>each</u> funding source that will be used for the complete, please scroll to bottom of this page to ensure the <u>Ex</u>		2.					
A. §8	5.21 funds from annual allocation	Total from A.						
B. §8	5.21 funds from trust fund	Total from B.	\$83,500.00					
C. Co	ounty Match Funds	Total from C.						
D. Pa	assenger Revenue	Total from D.						
E. O	der American Act (OAA) funding	Total from E.						
F. §5	310 Operating or Mobility Management funds	Total from F.						
G. O	ther funds (Provide name and/or description and record total amount in to box to the right of the description. Include sources such as of		\$0.00					
1.	grants and/or programs.)	Total	(2) (1) (2) (2)					
2.		Total						
3.		Total						
4.		Total						
5.		Total						
6.		Total						
		Revenue Total \$8	3,500.00					
	Expenditures should equal reve	1UE	\$0.00					

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~	KU.	JEC	ı ə		JG	7		w	v

 Hint: Alt and 	etion to describe a specific project I Enter will go to the next line. Complete all three pages for each		
Project Name	Pine Crest		
Third Party Provider Date contract last updated	Translation and translation of the control of the c		
Гуре of Service	(Place an "x" next to the type of	of service you will be providing f	or this project.)
,	Volunteer Driver Vehicle Purchase Planning Study	Voucher Program Management Study Brief description of Study	
Other (pro	vide explanation)	O GRAY Control of the Control of t	
Provide trans	ary (Provide a brief description of sportation to any Pine Crest Ni	ursing Home resident for med	

County of

Lincoln

			PROJECT	DESCRIPTION	ON, Contin	ued	PUMP
			are serviced thou	ugh this project. U	lse ALT and E	nter to start a new l	line.)
iš.	Lincoln Count	ty				The second secon	
	100						
							The state of the s
ervice H	ours (Indicate	e your general hou	urs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs
End Time	10000				49.53		
Addi	tional description			0.10 (2.27) 0.10 (2.27)			
ridan	(if applicable)						
ssenge	r Eligibility <i>(l</i> Lincoln Count	Briefly indicate pa ty residents	ssenger eligibility	y requirements for	r this project.)		
	n Povonuo (F	Oriofly doporibe no	,	roquimments for	this project		
isserige		Briefly describe pa of \$.25 per per:				artment.	
- T B 7							
					100 (100 (100 (100 (100 (100 (100 (100		

	PROJECT BUDGE	T	
Section	Description	Am	ount
	Expenditures		SCALLE .
Enter ti	he amount of <u>total</u> expenditures for this project. Total I	Expenses \$360.0	00
provid	se note: Breakdown of expenses is not required at this time. You will de the breakdown of actual expenses in the Annual Financial Report that will submit at the end of the calendar year.		2
	Revenue		
	he amount for <u>each</u> funding source that will be used for this project of the complete, please scroll to bottom of this page to ensure the <u>Expenditure</u>		
A. §8	B5.21 funds from annual allocation	Total from A.	\$300,00
B. §8	85.21 funds from trust fund	Total from B.	
C. C	ounty Match Funds	Total from C.	\$60.00
D. Pa	assenger Revenue	Total from D.	
E. 0	lder American Act (OAA) funding	Total from E.	2005 Spiritishe 1000 Spiritishe
F. §	5310 Operating or Mobility Management funds	Total from F.	
G. 0	ther funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	Total from G.	\$0.00
1.	grants and/or programs.)	Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	
	Revent	ue Total \$360.0	00
	Expenditures should equal revenue	\$0.00	

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County of			
 Hint: Alt and 	tion to describe a specific pro Enter will go to the next line. omplete all three pages for ea	ject that will use s.85.21 funds. ach project.	
Project Name	Merrill Go Round	The state of the s	
Third Party Provider Date contract last updated	20 AUGUST - CONTROL CO		
Type of Service	(Place an "x" next to the typ	pe of service you will be providing	for this project.)
Á	Volunteer Driver /ehicle Purchase Planning Study /ide explanation/	Voucher Program Management Study Brief description of Study scurb-to-curb service	
	ary (Provide a brief description ded to and from nutrition s	of this project. Use ALT and Enter to ites.	o start a new paragraph.)

PROJECT	DESCRIPTION,	Continued

		Fig. 19. Sept. 1			nter to start a new li	
ce Hours (Indicate Sunday	your general hou Monday	rs of service for Tuesday	this project.) Wednesday	Thursday	Friday	Saturday
tart me n/a	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	n/a
nd me n/a	5;00 PM	5:00 PM	5:00 PM	5;00 PM	5:00 PM	n/a
	fly describe how y ervice can be p		quested for this p		or to need for se	wico.
	Briefly Indicate pa ust be 60+ or o		y requirements for			

PROJECT I	BUDGET
Section Description	Amount
Annual Expenditures	
Enter the amount of <u>total</u> expenditures for this project.	
*Please note: Breakdown of expenses is not required at this time. You	Total Expenses \$240.00
provide the breakdown of actual expenses in the Annual Financial Re you will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used fo *When complete, please scroll to bottom of this page to ensure the	
A. §85.21 funds from annual allocation	Total from A. \$200,00
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C. \$40.00
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 (Provide name and/or description and record total amount box to the right of the description. Include sources such as grants and/or programs.)	
1.	Total
	Revenue Total \$240.00
Expenditures should equal re	venue \$0.00

					2010 Carlos (1900)	Marging Comments of the Commen	1000		
County of	Lincoln								
Project Name	Medical	Support services	Respite	Kayak dooks	.Pine Crest	Weirill Go Round	0	0	Totals
Project Expenses Total Project Expenses	\$110,581.20	\$3,400:00	\$1,040.00	:\$83;500:00	.00:03:83	\$240:00		00:00	\$199,121:20
Project Revenue by Funding Source	y Funding Sou	rce							
§85.21 Annual Allocation	\$87:151:00	\$2,000:00	\$700:00	\$0:00	\$300:00	\$200.00	\$0.00	\$0:00	\$90,351.00
§85.21 Trust Fund	00:0\$	00:0\$:	\$0:00	\$83,500:00	\$0.00	\$0.00	\$0.00	\$0.00	\$83,500:00
County funds	\$17,430,20	\$400.00	\$140:00	00:0\$	\$60:00	\$40.00	\$0.00	00:0\$	\$18,070:20
Passenger Revenue	\$6,000:00	\$1;000;00	\$200:00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,200.00
Older American Act (OAA)	00:0\$	\$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	\$0:00	00:0\$	\$0:00	00:0\$	00'0\$	\$0.00	\$0:00	\$0.00	\$0.00
+		\$0:00	00:0\$	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	\$0:00	\$0:00	\$0.00	\$0:00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ж.	. \$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
.5.	\$0.00	\$0:00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0:00
9	8.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0:00	\$0.00
Expenses • revenue =	\$0:00	\$0:00	80:00	00:08	\$0:00	20:00	80:00	\$0.00	\$0.00

COUNTY ELDERLY TRANSPORTATION 2024 PROJECT BUDGET SUMMARY