

**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.

2024 APPLICANT INFORMATION FORM

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

County of

Primary Contact for this Grant Program

Name
Telephone Number **Extension**
Email Address

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.*

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.*

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.*

Title of Coordinated Plan:
The goal(s) and/or strategies from which your project is included:
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
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.)*

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	Anticipated or Known Contractor Name	Type of Agreement <i>(Lease or Contract)</i>	Start Date <i>(MM/DD/YY)</i>	Expiration Date <i>(MM/DD/YY)</i>	Last Bid Date	Contract Price	If over \$10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
Northwoods Mobility Service	Carrle Linzmeier	contract	01/01/2024	12/31/2024				
Blue Jay Taxi	Mike Fick	contract	1/1/24	12/31/24				

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 **Lincoln**

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 <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Amt of Trust Used for Project
kayak launch system (Olt's Park)	2024	\$43,229.00
kayak launch system (Sara Park)	2024	\$40,271.00
kayak launch system repairs	2025	\$2,000.00
Total projected cost of 3-year plan		\$ 85,500.00

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 =	Estimated 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 Brawdner

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 meaningful 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.

PROJECT 1 DESCRIPTION

County of **Lincoln**

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 **Medical Transportation**

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		<i>Brief description of Study</i>	
Other (provide explanation)			

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

Provide transportation for all Lincoln County residents to medical appointments throughout the State of Wisconsin.

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.)

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

Service Hours *(Indicate your general hours 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							

Additional description
(if applicable)

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

Client or facility (i.e. nursing home, hospital, etc) will contact transportation program designated number.

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

Client must be 55+ years of age, a Lincoln County resident, not receiving State assistance (i.e. Badger Care, Medicaid, or SSI Disability). If client is younger than 55, they must have a disability determination.

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

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 BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$110,581.20

**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.*

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.	\$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	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$110,581.20

Expenditures should equal revenue	\$0.00
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PROJECT 2 DESCRIPTION

County of **Lincoln**

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

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.)

Volunteer Driver	x	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other (provide explanation)			

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

Lincoln County Department of Social Services will provide transportation to elderly or disabled persons to and from counseling or support services (which include errands, shopping, education, employment or nutrition) on a monthly basis.

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.)

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

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)

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 BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** 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 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. | \$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 | 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 | |
| 2. | | Total | |
| 3. | | Total | |
| 4. | | Total | |
| 5. | | Total | |
| 6. | | Total | |

Revenue Total \$3,400.00

Expenditures should equal revenue	\$0.00
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PROJECT 3 DESCRIPTION

County of **Lincoln**

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 type of service you will be providing for this project.)

Volunteer Driver	x	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other (provide explanation)			

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

Provide transportation for eligible Lincoln County residents to planned activities and promote well-being for independent adults to have access to family functions throughout the State of Wisconsin.

This will provide a break for the care giver, and give the independent adult an opportunity to socialize.

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.)

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

Service Hours *(Indicate your general hours 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							

Additional description
(if applicable)

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

Clients contact 85.21 Transportation program or Merrill Area Community Enrichment Center.

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

Client must be 55+ years of age, a Lincoln County resident, not receiving State assistance (ie. Badger Care, Medicaid, or SSI Disability). If client is younger than 55, they must have a disability determination.

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 BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$1,040.00

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.** \$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 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 \$1,040.00

Expenditures should equal revenue	\$0
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PROJECT 4 DESCRIPTION

County of **Lincoln**

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

Kayak docks

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	<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 (provide explanation)	kayak launch system		

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

Provide elderly or disabled public access to a product that will help them easily and safely launch their kayak or other small water craft from docks. This will aide seniors and individuals with disabilities access to improve and promote self-sufficiency and health. This project will include 4 locations, each location with unique access issues. Docks and preparation of surface will vary accordingly. Additional needs for this project include pamphlet development and distribution, signage and/or promotion.

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.)

Lincoln County (includes Merrill, Tomahawk)

Service Hours *(Indicate your general hours 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							

Additional 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)

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

Passengers must provide their own kayak or other small water craft and personal flotation device (PFDs).

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 \$83,500.00

**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. | <input style="width: 95%;" type="text"/> |
| B. §85.21 funds from trust fund | Total from B. | <input style="width: 95%;" type="text" value="\$83,500.00"/> |
| C. County Match Funds | Total from C. | <input style="width: 95%;" type="text"/> |
| D. Passenger Revenue | Total from D. | <input style="width: 95%;" type="text"/> |
| E. Older American Act (OAA) funding | Total from E. | <input style="width: 95%;" type="text"/> |
| F. §5310 Operating or Mobility Management funds | Total from F. | <input style="width: 95%;" type="text"/> |
| G. Other funds | Total from G. | <input style="width: 95%;" type="text" value="\$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. | <input style="width: 98%;" type="text"/> | Total <input style="width: 95%;" type="text"/> |
| 2. | <input style="width: 98%;" type="text"/> | Total <input style="width: 95%;" type="text"/> |
| 3. | <input style="width: 98%;" type="text"/> | Total <input style="width: 95%;" type="text"/> |
| 4. | <input style="width: 98%;" type="text"/> | Total <input style="width: 95%;" type="text"/> |
| 5. | <input style="width: 98%;" type="text"/> | Total <input style="width: 95%;" type="text"/> |
| 6. | <input style="width: 98%;" type="text"/> | Total <input style="width: 95%;" type="text"/> |

Revenue Total \$83,500.00

Expenditures should equal revenue	\$0.00
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PROJECT 5 DESCRIPTION

County of **Lincoln**

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

Pine Crest

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

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

Provide transportation to any Pine Crest Nursing Home resident for medical appointments.

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.)

Lincoln County

Service Hours *(Indicate your general hours 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							

Additional description
(if applicable)

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

Reservations are made in advance for Pine Crest van; bus company and handicapped van services.

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

Lincoln County residents

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

Co-payments of \$.25 per person is paid by Pine Crest Recreation Department.

PROJECT BUDGET

Section Description

Amount

Annual Expenditures

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

Total Expenses \$360.00

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. | \$300.00 |
| B. §85.21 funds from trust fund | Total from B. | |
| C. County Match Funds | Total from C. | \$60.00 |
| 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 | 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. | <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> | Total | <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div> |
| 2. | <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> | Total | <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div> |
| 3. | <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> | Total | <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div> |
| 4. | <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> | Total | <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div> |
| 5. | <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> | Total | <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div> |
| 6. | <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div> | Total | <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div> |

Revenue Total \$360.00

Expenditures should equal revenue	\$0.00
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PROJECT 6 DESCRIPTION

County of **Lincoln**

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

Merrill Go Round

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)

Transit bus curb-to-curb service

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

Service provided to and from nutrition sites.

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.)

Lincoln County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	n/a	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	n/a
End Time	n/a	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	n/a

Additional description
(if applicable)

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

Request for service can be phoned in to Merrill-Go-Round directly prior to need for service.

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

Passengers must be 60+ or disabled.

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

Agency will be billed at the fixed Wisconsin DHS rate for Merrill transit service of \$3.85 per ride. Agency will purchase a supply of tokens at \$3.85 each to have available for elderly/disabled clients that inquire through agency.

PROJECT BUDGET

Section Description

Amount

Annual Expenditures

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

Total Expenses \$240.00

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.** \$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 **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**

2. **Total**

3. **Total**

4. **Total**

5. **Total**

6. **Total**

Revenue Total \$240.00

Expenditures should equal revenue \$0.00

**COUNTY ELDERLY TRANSPORTATION
2024 PROJECT BUDGET SUMMARY**

Lincoln

County of

Project Name	Medical Transportation	Support services	Respite	Kayak docks	Pine Crest	Merrill Go Round	0	0	Totals
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Project Expenses

Total Project Expenses	\$110,581.20	\$3,400.00	\$1,040.00	\$83,500.00	\$360.00	\$240.00	\$0.00	\$0.00	\$199,121.20
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Project Revenue by Funding Source

\$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	\$0.00	\$0.00	\$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	\$0.00	\$60.00	\$40.00	\$0.00	\$0.00	\$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)	\$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
Total from other funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	\$0.00	\$0.00	\$0.00	\$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
3.	\$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
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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