

**COUNTY ELDERLY TRANSPORTATION
2023 PROJECT BUDGET SUMMARY**

County of **Eau Claire**

Project Name	Paratransit Transportation Program Project 1	Specialized Transportation Program Project 2	Eau Claire Rural Transportation Program	Nutritional Support Transportation	Totals
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Project Expenses

Total Project Expenses	\$367,280.00	\$124,875.00	\$32,717.00	\$10,581.00	\$535,453.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$139,400.00	\$104,063.00	\$27,264.00	\$8,817.00	\$279,544.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$27,880.00	\$20,812.00	\$5,453.00	\$1,764.00	\$55,909.00
Passenger Revenue	\$200,000.00	\$0.00	\$0.00	\$0.00	\$200,000.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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2023 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2023

County of Eau Claire

Primary Contact for this Grant Program

Name Betsy Henck

Telephone Number 715-839-6259 Extension

Email Address betsy.henck@eauclairecounty.gov

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.

BH

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.

BH

Federal Grant Match

Please place an "X" next to any federal grant that will be using §85.21 funds as local match.

5310 5307 x 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: Eau Claire Locally Developed Transportation Coordination Plan 2019-2024

The goal(s) and/or strategies from which your project is included: Goal #1, 2, 3, 4, 5

Page number(s) of the Coordinated plan in which the goals may be referenced: 2

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.)

TRUST FUND SPENDING PLAN

County of **Eau Claire**

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)	Project Cost
Vehicle Modification Grant	2023	\$10,000.00
Vehicle Repair Grant	2023	\$20,000.00
Community Transportation Grant	2023	\$50,000.00
ADA Compliant Pedal Boats	2023	\$15,000.00
Bus Stop Sidewalk Repair	2023	\$16,000.00
Vehicle Modification Grant	2024	\$10,000.00
Vehicle Repair Grant	2024	\$20,000.00
Rural Transportation Van Replacement	2024	\$60,000.00
All Terrain Wheelchairs	2023	\$12,000.00
Tricycles for Community Members	2023	\$30,000.00
Tricycles for Community Organization	2023	\$12,000.00
Total projected cost of 3-year plan		\$ 255,000.00

Estimated amount of state aid to be held in trust on 12/31/2022	\$307,000.00
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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>		
Spending plan for 2023 = \$ 165,000.00	Funds added for 2023 =	Estimated balance on 12/31/23 =	\$ 142,000.00
Spending plan for 2024 = \$ 90,000.00	Funds added for 2024 =	Estimated balance on 12/31/24 =	\$ 52,000.00
Spending plan for 2025 = \$ -	Funds added for 2025 =	Estimated balance on 12/31/25 =	\$ 52,000.00

Date complete

Prepared by Betsy Henck

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.)*

*Vehicle Modification Grant, provide up to \$5,000 to approved applicants to help make a current vehicle they own accessible. Items must be installed by an established vendor, application process required
 *Vehicle Repair Grant, provide up to \$2,500 to approved applicants to help make repairs to their vehicles for safety. Does not apply to general maintenance or cosmetic repairs. Repairs must be completed by an established vendor, application process required.
 *Community Transportation Grant approved 7/26/21
 *Bus stop sidewalk repair. There is currently a bus stop located at E. Hamilton Ave & Gateway in Eau Claire that
For additional space to complete your narrative, please scroll down to second page.

TRUST FUND SPENDING PLAN

Continued

County of

Eau Claire

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 a narrative for non-vehicle equipment purchases. The area is currently blank.

PROJECT 1 DESCRIPTION

County of **Eau Claire**

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 **Paratransit Transportation Program Project 1**

Third Party Provider **Abby Vans, INC**

Date contract last updated **2018**

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)	Manage contract for services		

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

The City of Eau Claire and Eau Claire County contract with Abby Vans Inc. to provide the Paratransit Transportation program. This program is for adults with disabilities as well as adults 60+ who have limiting abilities that prevent them from utilizing public transportation. This program is also for individuals meeting the same criteria who live in the rural part of the county who are unable to access public transportation. Rides through the paratransit program are for non-emergency medical, social, employment, and personal business purposes.

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.)

Individuals interested in utilizing the paratransit program must complete an application. These applications are available at the ADRC or Eau Claire City Transit. Once completed, the application is turned into Eau Claire City Transit for review. This review can take up to 21 days. If the applications is approved the rider will be notified and can start utilizing services through Abby Vans Inc. immediately. If denied, appeal rights are found at City Transit.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM
End Time		10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	6:00 PM

Additional description
(if applicable)

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

Individuals interested in utilizing the paratransit program must complete an application. These applications are available at the ADRC or Eau Claire City Transit. Once completed, the application is turned into Eau Claire City Transit for review. This review can take up to 21 days. If the applications is approved the rider will be notified and can start utilizing services through Abby Vans Inc. immediately. If denied, appeal rights are found at City Transit.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public transportation services through the City of Eau Claire, and those individuals meeting the above criteria who reside in the rural part of the county who do not have access to transportation services .

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

Rider co-pay requirements are \$3.50 per one-way trip, or \$7 round trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$367,280

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.	\$139,400
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$27,880
D. Passenger Revenue	Total from D.	\$200,000
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 \$367,280

Expenditures should equal revenue	\$0
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PROJECT 2 DESCRIPTION

County of **Eau Claire**

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

Specialized Transportation Program Project 2

Third Party Provider

Abby Vans, INC

Date contract last updated

2018

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)

Manage contract services

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

The Aging and Disability Resource of Eau Claire County contracts with Abby Vans Inc. to provide the Specialized Transportation Program for adults with disabilities and adults 60+ who do not have access to transportation services before or after regular city bus hours, on Sunday and for special trips to locations outside of Eau Claire County. These rides can be for non-emergency medical care, employment, social and other personal business.

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.)

The service area includes Eau Claire, Fall Creek, Augusta, Fairchild as well as surrounding parts of the county. This project also allows for out of county transportation services in surrounding counties as requested. These requests are processed through the ADRC of Eau Claire County on a case by case basis.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	7:00 AM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 AM to 8:00 AM
End Time	2:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	6:00 PM - 10:00 PM

Additional description
(if applicable)

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

All out of county rides are authorized by the ADRC of Eau Claire County on a case by case basis.

Individuals requesting Project 2 rides who are already certified through the Paratransit application process are able to schedule rides directly through Abby Vans Inc.
Individuals requesting Project 2 rides who are not already certified through the Paratransit application process must contact the ADRC of Eau Claire County to approve.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public transportation services through the City of Eau Claire, and those individuals meeting the above criteria who resides in the rural part of the county who do not have access to transportation services .

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

The rider co-pay is \$3 per one-way trip and \$6 round trip.
If traveling outside of Eau Claire County limits, the passenger is charged \$.55 per mile outside of the county lines to their desired destination, as well as the co-pay.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$124,875

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.** \$104,063

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

C. County Match Funds **Total from C.** \$20,812

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 \$124,875

Expenditures should equal revenue	\$0
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PROJECT 3 DESCRIPTION

County of **Eau Claire**

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 **Eau Claire Rural 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	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	x	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<input type="text"/>		

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

The Aging and Disability Resource of Eau Claire County purchased an accessible van to provide scheduled social trips for adults with disabilities and adults 60+ who do not have access to transportation services in the rural part of the community. These trips include to the bank, grocery store, farmer's market, etc. This does not include medical trips.

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.)

Eau Claire County Rural Communities take priority, City of Eau Claire and Altoona also served if available.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		Variable	Variable	Variable	Variable	Variable	
End Time		Variable	Variable	Variable	Variable	Variable	

Additional description
(if applicable)

Trips are scheduled per availability of driver and pre-planned schedule. These rides take place M-F. These rides times are subject to change per trip type and ride time.

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

All rides are approved by the van driver according to schedule. If there is interest in a trip, an individual needs to contact the driver at the designated number to schedule at least 24 hours in advance. If there are rides not on the schedule, the individual will need to contact the driver to see if it is able to be accomodated and plan on schedule. Rides are subject to change.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who reside Eau Claire County, and preference to those in the rural part of the county.

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

No co-pay is required for these rides. If passengers are interested in making a donation for the ride, they do so to the ADRC. This is voluntary and no money is collected by the driver.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$32,717

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.	\$27,264
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$5,453
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 \$32,717

Expenditures should equal revenue	\$0
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PROJECT 4 DESCRIPTION

County of **Eau Claire**

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 **Nutritional Support Transportation**

Third Party Provider **Abby Vans, INC**

Date contract last updated **2018**

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		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	manage contract servies Providing free rides through paratransit to Nutritional Support Services (i.e. Eau Claire County Food Pantries, The		

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

The Aging & Disability Resource Center of Eau Claire County contracts with Abby Vans, Inc for adults with disabilities and adults 60+ who do not have access to transportation for free rides to and from Eau Claire County Food Pantries or The Community Table.

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.)

Eau Claire County

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)

Transportation must be provided during hours of operations of specific destinations.

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

All transportation to and from food pantries and The Community table are authorized by the ADRC of Eau Claire County on a case by case basis. Individuals requesting rides who are already certified through the paratransit process are able to schedule rides directly through Abby Vans, Inc. Individuals who are not already certified through the paratransit process must contact the ADRC of Eau Claire County to approve.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public transportation services through the City of Eau Claire, and those individuals meeting the above criteria who resides in the rural part of the county who do not have access to transportation services .

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

This transportation is free of charge to the rider.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$10,581

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.	\$8,817
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$1,764
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 \$10,581

Expenditures should equal revenue	\$0
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