

2025 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2025

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.*

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 | 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 2024-2028

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

Page number(s) of the Coordinated plan in which the goals may be referenced: Page 5 Table 1

Assessibility Please indicate whether or not §85.21 state aid will be used for the transportation of persons who cannot walk or persons who walk with assistance during the calendar year.

| | | |
|------------|---|---|
| YES | x | |
| NO | | (If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.) |
| | | |

APPLICANT CHECKLIST

County of **Eau Claire**

| Required Components | Complete |
|--|-----------------|
| Update Contact Information in BlackCat Online Grant Management System | x |
| Upload completed application workbook: | x |
| Application Information Form | x |
| Complete Vehicle Inventory (<i>regardless of funding source</i>) | x |
| Third Party Contracts | x |
| Trust Fund Plan (for counties with a signed board resolution) | x |
| Project Descriptions and Budgets | x |
| Review Summary Tab | x |
| Upload Transmittal Letter | |
| Upload Public Hearing and Notice | |
| Upload Local Review Form | |
| <u><i>If applicable</i></u> : Upload Third Party Contracts &/or Leases to the Resources Tab | |

VEHICLE INVENTORY

County of **Eau Claire**

Instructions: Please provide your **entire** specialized transit vehicle inventory.
(Include all vehicles used to transport seniors or individuals with disabilities.)

| Vehicle Type <i>(Minivan, Medium Bus, etc.)</i> | Full VIN Number | Model Year | Current Mileage | No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non- Ambulatory)</i> | Fur 5310 |
|--|--------------------------|-------------|-----------------|--|-------------|
| Mini Van | 2C4RDGBGXHR776538 | 2017 | 96,289 | 2 | |
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If you have more vehicles than can fit onto one sheet, please add another copy of this sheet.
Right click on the tab, select **Move or Copy, select **Vehicle Inventory**, check the box to **Create a copy**, c*

ending Source (mark with X)

Place "X" in box to indicate if vehicle is leased to another party.

| 85.21 | Trust | Other | |
|-------|-------|--------------------------|--|
| X | | <input type="checkbox"/> | |
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THIRD PARTY PROVIDERS

County of Eau Claire

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 |
|------------------------------|--------------------------------------|---|---------------------------------|--------------------------------------|---------------|
| Paratransit Project 1 | Abby Vans, Inc | Contract | 01/01/2024 | 12/31/2028 | 2024 |
| Paratransit Project 2 | Abby Vans, Inc | Contract | 01/01/2024 | 12/31/2028 | 2024 |
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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** .

| Contract Price | If over \$10k, was a competitive solicitation completed? | Year of Contract (1 to 5) |
|-----------------|--|---------------------------|
| variable | yes | 2 |
| variable | yes | 2 |
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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 2024 purchases made with trust funds. Please contact WisDOT Program Manager(s) for pre-approval prior to spending trust expenditure.

| 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 |
|--|------------------------------------|-------------------------------|
| Bus Stop Sidewalk Repair | 2025 | \$16,000.00 |
| Rural Transportation Van Replacement | 2025 | \$60,000.00 |
| Vehicle Modification Grant | 2025 | \$20,000.00 |
| Vehicle Modification Grant | 2026 | \$12,000.00 |
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| Total projected cost of 3-year plan | | \$ 108,000.00 |

| | |
|---|---------------------|
| Estimated amount of state aid to be held in trust on 12/31/2024 | \$108,000.00 |
|---|---------------------|

| <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 2025 = \$96,000.00 | Funds added for 2025 = <input style="width: 100%;" type="text"/> | Estimated balance on 12/31/25 = \$12,000.00 |
| Spending plan for 2026 = \$12,000.00 | Funds added for 2026 = <input style="width: 100%;" type="text"/> | Estimated balance on 12/31/26 = \$- |
| Spending plan for 2027 = \$- | Funds added for 2027 = <input style="width: 100%;" type="text"/> | Estimated balance on 12/31/27 = \$- |

Date complete

Prepared by

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.)*

Bus sidewalk repair was a previously approved plan to make a specific bus stop near elderly housing accessible for wheelchairs, walkers and scooters - the work isn't complete yet but is in the process of being done. Anticipated completion is 2025.

Vehicle Modification grant is a long standing grant to allow applicants up to \$5,000 in funding to assist with modifying existing vehicles for accessibility purposes. Also allows eligible applicants assistance with purchasing a vehicle that is already modified. Application process required for each modification.

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 their 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 **01/01/2024**

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.)

Eau Claire City and County

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|----------|----------|-----------|----------|----------|----------|
| Start Time | n/a | 6:00 AM | 6:00 AM | 6:00 AM | 6:00 AM | 6:00 AM | 8:00 AM |
| End Time | n/a | 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 |
|---------------------|--------|
|---------------------|--------|

Annual Expenditures

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

Total Expenses \$263,449.00

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. | \$221,752.00 |
| B. §85.21 funds from trust fund | Total from B. | |
| C. County Match Funds | Total from C. | \$41,697.00 |
| 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 | |
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| 5. | | Total | |
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| 6. | | Total | |
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Revenue Total \$263,449.00

| | |
|--|---------------|
| Expenditures should equal revenue | \$0.00 |
|--|---------------|

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

Paratransit Transportation Program Project 2

Third Party Provider

Abby Vans, Inc

Date contract last updated

1/01/2024

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 (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 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, Altoona, 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 - 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 \$5 per one-way trip and \$10 round trip. If traveling outside of Eau Claire County limits, the passenger is charged \$1.00 per mile outside of the county lines to their desired destination, as well as the co-pay.

PROJECT BUDGET

| Section Description | Amount |
|---------------------|--------|
|---------------------|--------|

Annual Expenditures

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

Total Expenses \$86,746.00

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. | \$55,382.00 |
| B. \$85.21 funds from trust fund | Total from B. | |
| C. County Match Funds | Total from C. | \$31,364.00 |
| 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.)

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| 6. | | Total | |
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Revenue Total \$86,746.00

| | |
|--|---------------|
| Expenditures should equal revenue | \$0.00 |
|--|---------------|

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 **Rural 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

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description
of Study

Other (provide explanation)

Transportation Service with ADRC Employee

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 through this project. Use ALT and Enter to start a new line.)

Eau Claire County with priority placed on rural locations.

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|----------|----------|-----------|----------|----------|----------|
| Start Time | n/a | Variable | Variable | Variable | Variable | Variable | n/a |
| End Time | n/a | Variable | Variable | Variable | Variable | Variable | n/a |

Additional description
(if applicable)

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 accommodated 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 contribution 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 |
|---------------------|--------|
|---------------------|--------|

Annual Expenditures

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

Total Expenses \$32,366.00

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: 90%;" type="text"/> |
| B. \$85.21 funds from trust fund | Total from B. | <input style="width: 90%;" type="text"/> |
| C. County Match Funds | Total from C. | \$32,366.00 |
| D. Passenger Revenue | Total from D. | <input style="width: 90%;" type="text"/> |
| E. Older American Act (OAA) funding | Total from E. | <input style="width: 90%;" type="text"/> |
| F. \$5310 Operating or Mobility Management funds | Total from F. | <input style="width: 90%;" type="text"/> |
| 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. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 2. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 3. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 4. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 5. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 6. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |

Revenue Total \$32,366.00

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|--|--|
| Expenditures should equal revenue | \$0 |
|--|--|

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 **2025 Trust Fund Spending**

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

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

Bus stop sidewalk repair: Pre-approved trust fund expenditure. Bus stop at E. Hamilton Ave and Gateway in Eau Claire is not handicap accessible - work not complete yet.

Rural Transportation Van will need to be replaced in 2025

Vehicle Modification Grant: Offer up to \$5,000 per eligible participant for the year for modifications to an existing vehicle or the purchase of an already modified vehicle for accessibility purposes. Application process required.

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.)*

Application process required for Vehicle Modification Grant.

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

Individuals living with a disability or individuals 60 years old and older.

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

PROJECT BUDGET

| Section Description | Amount |
|---------------------|--------|
|---------------------|--------|

Annual Expenditures

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

Total Expenses \$96,000.00

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: 90%;" type="text"/> |
| B. \$85.21 funds from trust fund | Total from B. | <input style="width: 90%;" type="text" value="\$96,000.00"/> |
| C. County Match Funds | Total from C. | <input style="width: 90%;" type="text"/> |
| D. Passenger Revenue | Total from D. | <input style="width: 90%;" type="text"/> |
| E. Older American Act (OAA) funding | Total from E. | <input style="width: 90%;" type="text"/> |
| F. \$5310 Operating or Mobility Management funds | Total from F. | <input style="width: 90%;" type="text"/> |
| G. Other funds | Total from G. | <input style="width: 90%; background-color: #e0ffff;" 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%; height: 20px;" type="text"/> <input style="width: 98%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 2. | <input style="width: 98%; height: 20px;" type="text"/> <input style="width: 98%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 3. | <input style="width: 98%; height: 20px;" type="text"/> <input style="width: 98%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 4. | <input style="width: 98%; height: 20px;" type="text"/> <input style="width: 98%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 5. | <input style="width: 98%; height: 20px;" type="text"/> <input style="width: 98%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |
| 6. | <input style="width: 98%; height: 20px;" type="text"/> <input style="width: 98%; height: 20px;" type="text"/> | Total | <input style="width: 90%;" type="text"/> |

Revenue Total \$96,000.00

| | |
|--|---------------|
| Expenditures should equal revenue | \$0.00 |
|--|---------------|

PROJECT 5 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

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 |
|---------------------|--------|
|---------------------|--------|

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. | <input style="width: 90%; height: 20px;" type="text"/> |
| B. \$85.21 funds from trust fund | Total from B. | <input style="width: 90%; height: 20px;" type="text"/> |
| C. County Match Funds | Total from C. | <input style="width: 90%; height: 20px;" type="text"/> |
| D. Passenger Revenue | Total from D. | <input style="width: 90%; height: 20px;" type="text"/> |
| E. Older American Act (OAA) funding | Total from E. | <input style="width: 90%; height: 20px;" type="text"/> |
| F. \$5310 Operating or Mobility Management funds | Total from F. | <input style="width: 90%; height: 20px;" type="text"/> |
| 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. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 2. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 3. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 4. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 5. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |
| 6. | <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> | Total | <input style="width: 90%; height: 20px;" type="text"/> |

Revenue Total **\$0.00**

| | |
|--|--|
| Expenditures should equal revenue | \$0.00 |
|--|--|

PROJECT 6 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

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 |
|---------------------|--------|
|---------------------|--------|

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. | <input style="width: 100%;" type="text"/> |
| B. \$85.21 funds from trust fund | Total from B. | <input style="width: 100%;" type="text"/> |
| C. County Match Funds | Total from C. | <input style="width: 100%;" type="text"/> |
| D. Passenger Revenue | Total from D. | <input style="width: 100%;" type="text"/> |
| E. Older American Act (OAA) funding | Total from E. | <input style="width: 100%;" type="text"/> |
| F. \$5310 Operating or Mobility Management funds | Total from F. | <input style="width: 100%;" type="text"/> |
| 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. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 2. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 3. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 4. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 5. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 6. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |

Revenue Total **\$0.00**

| | |
|--|---------------|
| Expenditures should equal revenue | \$0.00 |
|--|---------------|

PROJECT 7 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

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 |
|---------------------|--------|
|---------------------|--------|

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. | <input style="width: 100%; height: 20px;" type="text"/> |
| B. \$85.21 funds from trust fund | Total from B. | <input style="width: 100%; height: 20px;" type="text"/> |
| C. County Match Funds | Total from C. | <input style="width: 100%; height: 20px;" type="text"/> |
| D. Passenger Revenue | Total from D. | <input style="width: 100%; height: 20px;" type="text"/> |
| E. Older American Act (OAA) funding | Total from E. | <input style="width: 100%; height: 20px;" type="text"/> |
| F. \$5310 Operating or Mobility Management funds | Total from F. | <input style="width: 100%; height: 20px;" type="text"/> |
| 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. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 3. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 4. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 5. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. | <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |

Revenue Total **\$0.00**

| | |
|--|---------------|
| Expenditures should equal revenue | \$0.00 |
|--|---------------|

PROJECT 8 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

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 |
|---------------------|--------|
|---------------------|--------|

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 | <input style="width: 100%; background-color: #e0ffff;" type="text" value="\$0.00"/> |
|--|---|

**COUNTY ELDERLY TRANSPORTATION
2025 PROJECT BUDGET SUMMARY**

County of

Eau Claire

Project Name

| Paratransit Transportation Program Project 1 | Paratransit Transportation Program Project 2 | Rural Transportation | 2025 Trust Fund Spending | 0 | 0 | 0 | 0 | Totals |
|--|--|----------------------|--------------------------|---|---|---|---|--------|
|--|--|----------------------|--------------------------|---|---|---|---|--------|

Project Expenses

| | | | | | | | | | |
|------------------------|--------------|-------------|-------------|-------------|--------|--------|--------|--------|---------------------|
| Total Project Expenses | \$263,449.00 | \$86,746.00 | \$32,366.00 | \$96,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$478,561.00 |
|------------------------|--------------|-------------|-------------|-------------|--------|--------|--------|--------|---------------------|

Project Revenue by Funding Source

| | | | | | | | | | |
|--------------------------|--------------|-------------|-------------|-------------|--------|--------|--------|--------|---------------------|
| §85.21 Annual Allocation | \$221,752.00 | \$55,382.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$277,134.00 |
| §85.21 Trust Fund | \$0.00 | \$0.00 | \$0.00 | \$96,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$96,000.00 |
| County funds | \$41,697.00 | \$31,364.00 | \$32,366.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$105,427.00 |
| Passenger Revenue | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 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 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|