

Draft 85.21 Grant Application

2018 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2017

County of **Eau Claire**

Primary Contact for this grant program

Name **Aging and Disability Resource Center of Eau Claire County, Emily Gilbertson**

Telephone Number **715-839-5070**

Extension

Email Address emily.gilbertson@co.eau-claire.wi.us

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.*

EG

Organization Info

Place your initials in 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 ability.

EG

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 from

Title of Coordinated Plan:	Eau Claire Locally Developed Transportation Coordination Plan 2014-2018
The goal(s) and/or strategies from which your project is included:	Goal #1, 2 and 3
Page number(s) of the Coordinated plan in which the goals may be referenced:	2

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.

Item* <small>(If item is a non-vehicle capital purchase, please scroll to second page to complete the narrative)</small>	Planned year of purchase (YYYY)	Project Cost
Planned expenditures - applied to services & staff related costs	2018	\$18,500.00
Planned expenditures - applied to services & staff related costs	2019	\$18,500.00
Planned expenditures - applied to services & staff related costs	2020	\$18,324.77
Total projected cost of 3-year plan		\$55,324.77

Estimated amount state aid to be held in trust on 12/31/2017	\$55,324.77
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<small>Will auto calculate based on year entered above</small>		<small>Enter amount of funds planning to add for the next 3 years. If none, enter "0".</small>			
Spending plan for 2018 =	\$-	Funds added for 2018 =		Est. balance on 12/31/18 =	\$55,324.77
Spending plan for 2019 =	\$18,500.00	Funds added for 2019 =		Est. balance on 12/31/19 =	\$36,824.77
Spending plan for 2020 =	\$18,500.00	Funds added for 2020 =		Est. balance on 12/31/20 =	\$18,324.77

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.)*

TRUST FUND SPENDING PLAN

Continued

County of **0**

Narrative for non-vehicle equipment purchases continued.

(Hint: Use "ALT" and "Enter" to start a new paragraph.)

John Swissler, DOT

PROJECT DESCRIPTION

County of **Eau Claire**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Paratransit Transportation Program Project 1**

Third Party Provider **Abby Vans Inc.**

Date contract last updated **2012**

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 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.

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.

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 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 per one-way trip, or \$6 round trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses	\$269,304
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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 to for these projects.

**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.	\$165,545
B. §85.21 funds from trust fund	Total from B.	\$10,500
C. County Match Funds	Total from C.	\$33,109
D. Passenger Revenue	Total from D.	\$60,150
E. Older American Act (OAA) funding	Total from E.	\$0
F. §5310 Operating or Mobility Management funds	Total from F.	\$0
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.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		
4.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		
5.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		
6.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		

Revenue Total **\$269,304**

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Eau Claire**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name

Specialized Transportation Program Project 2

Third Party Provider

Abby Vans Inc.

Date contract last updated

2016

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 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, 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 to 10:00 PM

Additional description
(if applicable)

Saturday specialized hours are 6:00 AM to 8:00 AM as well as 6:00 PM to 10:00 PM.

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 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)*

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 projects

Total Expenses	\$89,045
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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 to for this projects.

**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.	\$60,000
B. §85.21 funds from trust fund	Total from B.	\$8,000
C. County Match Funds	Total from C.	\$12,000
D. Passenger Revenue	Total from D.	\$9,045
E. Older American Act (OAA) funding	Total from E.	\$0
F. §5310 Operating or Mobility Management funds	Total from F.	\$0
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.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		
4.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		
5.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		
6.	<input type="text"/>	Total	<input type="text"/>
	<input type="text"/>		

Revenue Total **\$89,045**

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2018 PROJECT BUDGET SUMMARY**

Eau Claire

Project Name	Paratransit Transportation Program Project 1	Specialized Transportation Program Project 2	0	0	0	0	0	0	0	Totals
Project Expenses										
Total Project Expenses	\$269,304.00	\$89,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$358,349.00

Project Revenue by Funding Source

\$85.21 Annual Allocation	\$165,545.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$225,545.00
\$85.21 Trust Fund	\$10,500.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,500.00
County funds	\$33,109.00	\$12,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,109.00
Passenger Revenue	\$60,150.00	\$9,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$69,195.00
Older American Act (OAA)	\$0.00	\$0.00	\$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	\$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	\$0.00	\$0.00
1.	\$0.00	\$0.00	\$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	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$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	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$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	\$0.00	\$0.00