

## Notice of Public Hearing

The Forest County Office on Aging 2020 Transportation Plan is scheduled for public hearing on Tuesday, October 12, 2021 at 1:15 p.m. at the Crandon Public Library Lower Level, 110 W. Polk St. Crandon, WI 54520

The public hearing will be held for the purpose of receiving comment regarding Forest County's proposed elderly and disabled transportation plan as authorized under Section 85.21 of the Wisconsin State Statutes.

Those persons unable to attend the hearing and wishing to submit comments in advance, may do so by mailing their comments prior to the hearing to: Tammy Queen, Director, Forest County Commission on Aging, 200 East Madison, Crandon, WI 54520.

The plan, includes a draft of the 2022 DOT 85.21 grant is available for examination at the Forest County Clerk's Office, 200 East Madison Street in Crandon from 8:00 a.m. to 4:30 p.m. Monday through Friday. Due to Courthouse renovations, public access will be limited. To obtain a copy of the plan you can either contact the County Clerk's office at (715) 478- 2422 and arrange a time to pick a copy up or you can review the plan on the Forest County Website at <http://www.co.forest.wi.gov/>, under plans tab.

Persons with disabilities that require special accommodations wishing to attend the hearing should contact the Office on Aging (715-478-7712) prior to October 12th. The location of the hearing is accessible to persons with disabilities.

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Posted Courthouse:

Forest Republican via e-mail 09/17/2021

Courthouse East & West Entrances 09/17/2021

E-mail – 09/17/2021:

WHDG, Rhinelander

The Northwoods River News

Mailed to: 09/20/2021

Forest County Commission on Aging Members

Forest County Nutrition Sites

Designee: Queen

Designee  
Queen

# 2022 APPLICANT INFORMATION FORM

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For additional information on this Application Workbook,  
please refer to the §85.21 Application Guidelines for CY2022

County of **Forest**

## Primary Contact for this Grant Program

Name **Tammy Queen**  
Telephone Number **715-478-7712** Extension  
Email Address [tqueen@co.forest.wi.us](mailto:tqueen@co.forest.wi.us)

## Application Preparer (if different than primary contact)

Name  
Organization **Forest County Commission on Aging**  
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.

TQ

## 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.

TQ

## 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: **Forest County Locally Developed, Coordinated Public Transit Human Service Transportation for 2019-2023**  
The goal(s) and/or strategies from which your project is included: **1. Support/Coordinate with Regional Volunteer Driver Program to reinforce local program and fill in gaps of service.  
2. Continue to develop and expand coordination between county and tribal transportation programs.**  
Page number(s) of the Coordinated plan in which the goals may be referenced: **Pg. 9**

## Assessability

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.)



***Forest County Commission on Aging***  
***200 East Madison Street***  
***Crandon, WI 54520***  
***Telephone 715-478-7712***  
***Fax 715-478-2847***

September 13, 2021

85.21 Program Manager  
Bureau of Transit and Local Roads, Railroads and Harbors  
Wisconsin Department of Transportation  
P.O. Box 7913  
Madison, WI 53707-7913

Dear 85.21 Program Manager:

Forest County hereby submits its application for \$79,889.00 in state assistance under section 85.21 of Wisconsin Statutes to provide specialized transportation services for seniors and individuals with disabilities in 2022. The County assures that a minimum of \$15,978.00 in local funds has been included in its adopted 2022 budget and will be available as the share required to match the 85.21 grant.

I certify that the information contained in this application is accurate.

Sincerely,

Tammy Queen  
Forest County Aging Director

## LOCAL REVIEW FORM

Are the committees or commissions on aging, county aging unit and boards (created under ss. 51.42 and 51.437, Stats.) part of the county's Transportation Coordination Committee or equivalent?

☒ Yes

☐ No

If you selected No, you **MUST** include evidence of their review of this application and upload it to the Online Grant Management section for "Local Review" with this form.

Such evidence may include:

- Written endorsements
- Recommendations or criticism
- Minutes of meetings attended by the above organizations at which the application was discussed



## APPLICANT CHECKLIST

County of

### Required Components

Complete

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

## VEHICLE INVENTORY

County of **Forest**

**Instructions:** Please provide your **entire** specialized transit vehicle inventory.

(Include all vehicles used to transport seniors or individuals with disabilities.)

[illegible]

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**, click **OK**.