PROJECT DESCRIPTION, Continued

Geography of Service	Geogr	raphy	of S	ervice
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(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

Forest County-City of Crandon

Townships: Alvin, Argonne, Armstrong Creek, Blackwell, Caswell, Crandon, Freedom, Hiles, Laona, Lincoln, Nashville, Popple River, Ross and Wabeno

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:30 AM	
End Time		4:30 PM	4:30 PM	4:30 pm	4:30 PM	4:30 PM	

Additional description Schedule is flexible to offer transportation on weekend day for a scheduled event or (if applicable) change bus route as needed per Director's approval.

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

Route transportation is requested by calling the bus driver who is driving the route or by calling the Transportation Clerk at the Office on Aging Office.

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

Routes are open to the public when seating is available. Paid drivers will provide Medical Escort transportation when a passenger is non-ambulatory. Transportation is available to the elderly (55 + and to persons with disabilities.

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

Route transportation fare is \$4.00 round trip per person. (caregivers or providers are not charged a fare if they are along to assist the individual). All fare is paid to the Office on Aging. Route fare for Family Care or IRIS participants is contracted at \$1.82 per mile per participant.

If our paid driver transports an non-ambulatory client to a medical appointment. Our Fee to the passenger is \$10.00 round trip to stay within the New Freedom's Transportation rate.

	PROJECT E	BUDGET	
Section	Description		Amount
Annual	Expenditures		
A STATE OF THE STA	ne amount of total expenditures for this project.		
		the Control of Control and Con	83,766
provid	se note: Breakdown of expenses is not required at this time. You fee the breakdown of actual expenses in the Annual Financial Re fill submit at the end of the calendar year.		
Annual I	Revenue		
	ne amount for <u>each</u> funding source that will be used for complete, please scroll to bottom of this page to ensure the		
A. §8	5.21 funds from annual allocation	Total from A.	\$60,038
B. §8	5.21 funds from trust fund	Total from B.	\$11,000
C. Co	ounty Match Funds	Total from C.	\$11,728
D. Pa	assenger Revenue	Total from D.	\$1,000
E. OI	der American Act (OAA) funding	Total from E.	
F. §5	310 Operating or Mobility Management funds	Total from F.	
	ther funds (Provide name and/or description and record total amount is box to the right of the description. Include sources such as		\$0
1.	grants and/or programs.)	Total	7
200,000		Total	_
2.		Total]
ا ۔			7
3.		Total	
4.		Total]
5. [Tatal	1
5.		Total	1
6.		Total	
	1	Revenue Total	33,766
		agrouper equipmentation in the region (2005)	
	Expenditures should ed	ual revenue	\$0

PROJECT 2 DESCRIPTION

County of Fo	presi
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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.

Project Name Specialized Train	nsportation for Persons with D	ISADIIITIES
Third Party Provider Headwaters, Inc.		
Pate contract last updated		
ype of Service (Place an "x" next to t	the type of service you will be providing	g for this project.)
Volunteer Driver	Voucher Program	
Vehicle Purchase	Management Study	
Planning Study	Brief description of Study	
Other (provide explanation)		
15		
eneral Project Summary (Provide a brief description	ransportation to persons with disab	
	sportation program for those who a	
	e city of Rhinelander. 5310 passeng	

PROJEC	T DESC	RIPTION	Continued
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	ny of Service	cition/orana that	are consided that				
	Forest County-		are serviced thou	ign this project. U	se ALT and El	nter to start a new li	ne.)
	City of Crando						
	Towenships-A	rgonne, Black	well, Caswell,	Freedom, Hiles	, Laona, Lind	coln, Nashville &	Wabeno
Į							
vice H	ours (Indicate	vous ganeral has	ure of consider for	this project \			
		your general hou			T	- I	0.1.1
Ctort	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		6:00 am	6:00 am	6:00 am	6:00 am	6:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
-							
Addit	tional description (if applicable)						
	L						
ice R	equests (Briefl	ly describe how y	our service is re	guested for this n	roject)		
	equests (Briefl Service reques made by consu	ts' are based o	on days of atte	ndance/employ	ment at the	workshop. Arra vaters, Inc.	ngements are
	Service reques	ts' are based o	on days of atte	ndance/employ	ment at the		ngements are
	Service reques	ts' are based o	on days of atte	ndance/employ	ment at the		ngements are
	Service reques	ts' are based o	on days of atte	ndance/employ	ment at the		ngements are
senge	Service reques made by consu	ts' are based of the second se	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of the second se	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of the second se	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of the second se	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of the second se	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of imers, parents	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of imers, parents	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	Service reques made by consu	ts' are based of imers, parents	on days of atte , guardians, o	r others directly	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (B) Priority is given	riefly indicate parents	on days of atte s, guardians, o	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (Bi	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (B) Priority is given	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (Bi	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (Bi	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (Bi	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (Bi	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are
senge	r Eligibility (Bi	riefly indicate parents it of the persons where the persons we have the persons which the persons	on days of atte	r others directly requirements for ental diabilities.	yment at the y with Headv this project.)		ngements are

PROJECT BL	IDGET
Section Description	Amount
Annual Expenditures	
Enter the amount of total expenditures for this project.	
	Total Expenses \$7,000
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Repor you will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used for the *When complete, please scroll to bottom of this page to ensure the Ex	
A. §85.21 funds from annual allocation	Total from A. \$5,600
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C. \$1,400
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 provides to the right of the description.	
grants and/or programs.) 1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total
F	Revenue Total \$7,000
Expenditures should equal reven	ue \$0

PROJECT 3 DESCRIPTION

County of	Forest
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Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- · Hint: Alt and Enter will go to the next line.
- · Be sure to complete all three pages for each project.

Project Name	Medical Esco	rt Volur	teer Driver Progran	n	
ird Party Provider	Center for Indep	endent Liv	ring for Western Wiscons	sin (New Freedom	Γransportation)
e contract last updated					
e of Service	(Place an "x" next	to the type	e of service you will be pi	roviding for this pro-	ect)
0 0, 00, 1,00	(Frace are x riext	to the type	—		
V	olunteer Driver	X	Voucher Prog	gram	
Ve	hicle Purchase		Management S	Study	0.79
	Planning Study		Brief description of Study		
Other (providence)	de explanation)		Oi Study		
		/ 8509H	COPPRISES BY THE SECTION OF STREET		00.00
			of this project line AIT and	d Enter to start a new	naragraph 1

transportation available, if the ambulatory of	ts. Ambulatory so on for their appoi CIL caanot find a older adults and nsportation serv	ntments. This volunteer drive person with dis	is preferred me er to transport.	ethod; howeve Paid drivers	r, we will use p will be used to	paid drivers, if transport non	1-
	ort services are p		y-Friday.				

PROJECT DESCRIPTION, Continued

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(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

Forest County-City of Crandon

Townships: Alvin, Argonne, Armstrong Creek, Blackwell, Caswell, Crandon, Hiles, Laona, Lincoln, Nashville, Popple River, Ross and Wabeno.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		5:00 am	5:00 am	5:00 am	5:00 am	5:00 am	
End Time		6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm	

Additional description (if applicable)

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

Service request for medical escorts are made by phone to CIL the consumer, agencies, family member, providers, or othewrs. If it is a non-ambulatory person request for transportation, consumer, agencies, family member, providers, others can call Forest County Office von Aging to schedule the transport.

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

Medical Escort Transportation is available to older adults who are 55 + and persons with disabilities who are not eligioble for Medicaid Medical Transportation.

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

Medical bEscort ambulatory individuals will pay the driver \$5.00 per one way the day of service. \$10.00 per round trip. The county will reimburse CILWW for the difference between the passenger revenue (copays) collected and volunteer mileage paid. Non-ambulatory clients will pay the county \$10.00 round trip to transport the client to their medical appointment. MCO/IRIS will pay paid driver use \$50.00 minimum for the first two hours and after two hours, the cost will be \$23.62 per hour.

PROJECT BUD	GET
Section Description	Amount
Annual Expenditures	
Enter the amount of <u>total</u> expenditures for this project.	otal Expenses \$17,101
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report to you will submit at the end of the calendar year.	
Annual Revenue Enter the amount for <u>each</u> funding source that will be used for this *When complete, please scroll to bottom of this page to ensure the Expe	
A. §85.21 funds from annual allocation	Total from A. \$14,251
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C. \$2,850
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 (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.)	Total from G. \$0
1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total
Re	venue Total \$17,101
Expenditures should equal revenu	e \$0

COUNTY ELDERLY TRANSPORTATION 2022 PROJECT BUDGET SUMMARY

	0 Totals		\$0.00 \$107,867.00		\$0.00	\$0.00	\$0.00	\$0.00 \$1,000.00	\$0.00	\$0.00	00.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	00 03
	0		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	0		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	80.00
	0		\$0.00		\$0.00	\$0:00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	00.08
	0		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	00 08
	Medical Escort Volunteer Driver Program		\$17,101.00		\$14,251.00	\$0.00	\$2,850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Specialized Transportation for Persons with		\$7,000.00	ırce	\$5,600.00	\$0.00	\$1,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Bus Route Transportation		\$83,766.00	y Funding Sou	\$60,038.00	\$11,000.00	\$11,728.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County of	Project Name	Project Expenses	Total Project Expenses	Project Revenue by Funding Source	§85.21 Annual Allocation	§85.21 Trust Fund	County funds	Passenger Revenue	Older American Act (OAA)	§5310 grant funds	Total from other funds	-	2.	4.	.5.	9	Expenses - revenue =