

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.)

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
(if applicable)

Schedule is flexible to offer transportation on weekend day for a scheduled event or 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 BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$83,766

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. \$60,038

B. \$85.21 funds from trust fund Total from B. \$11,000

C. County Match Funds Total from C. \$11,728

D. Passenger Revenue Total from D. \$1,000

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 \$83,766

Expenditures should equal revenue \$0

PROJECT 2 DESCRIPTION

County of **Forest**

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 for Persons with Disabilities

Third Party Provider

Headwaters, Inc.

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	<input type="checkbox"/>	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.)

This project provides specialized transportation to persons with disabilities each weekday. Headwaters, Inc. sponsors the transportation program for those who attend programs of Headwaters and others. The facility is located in the city of Rhinelander. 5310 passenger vehicles are used to provide fixed route transportation which is supplemented by feeder routes that meet the buses at specified locations. There is also additional contracted transportation for outlying areas. Priority is given to persons with developmental disabilities. Co-payments and donations are waived.

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.)

Forest County-
City of Crandon
Townships-Argonne, Blackwell, Caswell, Freedom, Hiles, Laona, Lincoln, Nashville & Wabeno

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	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

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

Service requests' are based on days of attendance/employment at the workshop. Arrangements are made by consumers, parents, guardians, or others directly with Headwaters, Inc.

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

Priority is given to persons with developmental disabilities.

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

Co-paymrrernt and donations are waived.

PROJECT BUDGET

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 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.	\$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 grants and/or programs.)

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total **\$7,000**

Expenditures should equal revenue

\$0

PROJECT 3 DESCRIPTION

County of **Forest**

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 Escort Volunteer Driver Program**

Third Party Provider **Center for Independent Living for Western Wisconsin (New Freedom Transportation)**

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 checked="" type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	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.)*

This project uses volunteer drivers who use their own vehicles to transport clients to medical appointments. Ambulatory seniors age 55 + and persons with disabilities call CIL to schedule transportation for their appointments. This is preferred method; however, we will use paid drivers, if available, if CIL cannot find a volunteer driver to transport. Paid drivers will be used to transport non-ambulatory older adults and person with disabilities to medical appointments who are not eligible for Medicaid transportation service.

Medical escort services are provided Monday-Friday.

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.)

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 eligible 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 (co-pays) 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 BUDGET

Section Description

Amount

Annual Expenditures

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

Total 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 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.	\$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	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 **\$17,101**

Expenditures should equal revenue

\$0

