



MARATHON COUNTY TRANSPORTATION COORDINATING COMMITTEE

October 25, 2023
2:00 p.m.

Large Conference Room
210 River Dr., Wausau, WI

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12/20/05)*

Committee Purpose/Mission Statement: *To coordinate the county's specialized transportation.*

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

PHONE NUMBER: 1-408-418-9388
Access Code: 146 513 0623

When you enter the telephone conference, PLEASE PUT YOUR PHONE ON MUTE!

Members: *Yee Leng Xiong - Chairman, David Oberbeck – Vice Chair, Chris Dickinson, Bruce Lamont, Donna Krause, Gayle Marshall, Kathi Zoern, Dean Verhein, Matthew Rosenbloom-Jones*

1. Call to Order
2. Public Comment
3. Approve Minutes of the June 28, 2023, Meeting
4. Public Hearing for the 2024 85.21 Elderly and Disabled Transportation Application
5. Educational Presentations/Outcome Monitoring Reports and Possible Action
 - A. Financial and Service Delivery Report – North Central Health Care (NCHC)
 - B. Financial and Service Delivery Report – Metro Ride
 - C. Elderly and Disabled Transportation Needs Assessment Status Report
6. Policy Issues Discussion and Committee Determination to the Health and Human Services Committee for its Consideration and Possible Action
 - A. 2024 85.21 Elderly and Disabled Transportation Application
7. Set Future Meeting Dates and Times – Next Meeting to Be Determined
8. Adjourn

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 one business day before the meeting.

SIGNED 
PRESIDING OFFICER OR DESIGNEE

EMAILED TO: Courthouse, Daily Herald, TPP Printing,
City Pages Midwest Radio Group, Marshfield News
EMAILED BY: DM
EMAILED DATE/TIME: 10/18/2023 9:00am

NOTICE POSTED AT COURTHOUSE:
By: _____



**Transportation Coordinating Committee
Minutes
Wednesday, June 28, 2023
Large Conference Room
212 River Drive, Wausau, WI**

| <u>Attendance:</u> | <u>Present</u> | <u>Absent</u> |
|-----------------------------|----------------|---------------|
| Yee Leng Xiong – Chair | X | |
| David Oberbeck – Vice-chair | X | |
| Chris Dickinson | | X |
| Matthew Rosenbloom-Jones | X | |
| Ben Lee | | X (excused) |
| Kathi Zoern | X | |
| Bruce Lamont | X | |
| Gayle Marshall | X | |
| Donna Krause | | X (excused) |

Also Present in person or Webex: Dave Mack, Lance Mueller – CPZ; Megan Newman – Metro Ride; Dean Verhein – Opportunity Inc.

1. Call to Order

The agenda being properly signed and posted, and the presence of a quorum, the meeting was called to order at 2:02 pm by Chair Xiong in the large conference room, 210 River Drive, Wausau, WI 54403.

2. Public Comments – None.

3. Approve Minutes of the March 22, 2023 Meeting

Action: **MOTION / SECOND BY OBERBECK / MARSHALL TO APPROVE THE MINUTES OF THE MARCH 22, 2023 MEETING AS DISTRIBUTED. MOTION CARRIED BY VOICE VOTE, NO DISSSENT.**

4. Educational Presentations/Outcome Monitoring Reports and Possible Action

A. Financial Service Delivery Report – North Central Health Care (NCHC)

Discussion: Mack discussed a financial report that was received from Jenny McKenzie at NCHC. It was noted that Jenny McKenzie was needed to be able to explain the report in detail.

Follow through: NCHC STAFF WILL CONTINUE TO INFORM THE COMMITTEE REGARDING ITS SERVICES AND FINANCIAL INFORMATION.

B. Financial and Service Delivery Report – Metro Ride

Discussion: Rosenbloom-Jones shared that ridership has returned to approximately $\frac{3}{4}$ of the pre-pandemic numbers. Costs remain elevated.

Action: FOR INFORMATIONAL PURPOSES ONLY.

Follow through: METRO RIDE STAFF WILL CONTINUE TO INFORM THE COMMITTEE REGARDING ITS SERVICES AND FINANCIAL INFORMATION.

C. Trust Fund Spending – Bus Purchase – NCHC, Metro Ride

Discussion: Mack explained the purpose of the 85.21 trust fund. The fund recently had a balance of approximately \$295,000. WisDOT prefers these funds be used to purchase vehicles. A handout was included in the packet which showed vehicles that may be purchased using the WisDOT Human Service Vehicle Price Sheet. Both Metro Ride and NCHC went for item 12. Both buses will total approximately \$265,000, leaving approximately \$30,000 remaining in the trust fund. The vehicles will take approximately 6 months or more to arrive. Supervisor Lamont asked if the buses were in addition to the bus shelters that were purchased, or in place of. Lamont also asked if electric vehicles were considered. Mack replied the buses were in addition to the bus shelters and that electric vehicles were considered, but they were not ideal for both entities to use in this situation. Rosenbloom-Jones added that although these buses were not

electric, it does appear that the Federal Transit Administration is heading that way with their funding as a recent grant awarded the purchase of 200 buses nationwide and only 2 of those were diesel.

Action: FOR INFORMATIONAL PURPOSES ONLY.

Follow through: STAFF WILL UPDATE THE COMMITTEE ON PURCHASING OF NEW VEHICLES.

D. Bus Shelters – Metro Ride

Discussion: Mack explained why the old shelters were being replaced and that they had been purchased and received by Metro Ride. Rosenbloom-Jones noted the shelters had been assembled and should be installed in approximately 3 weeks. Chairman Xiong mention there should be a dedication for the shelters once they are installed and a press release should also be made.

Action: FOR INFORMATIONAL PURPOSES ONLY.

Follow through: ROSENBLOOM-JONES WILL CREATE A PRESS RELEASE AFTER THE FIRST SHELTER IS INSTALLED AND STAFF WILL WORK ON HAVING A DEDICATION CEREMONY ONCE ALL OF THE SHELTERS ARE IN INSTALLED.

5. Policy Issues Discussion and Committee Determination to the Health and Human Services Committee for its Consideration and Possible Action

A. Elderly & Disabled Transportation Services Request for Proposals

Discussion: Mack shared that staff put out an RFP to procure services for the 85.21 program. Mack mentioned that it was necessary to do this as it is a requirement of the 85.21 program to obtain services through an RFP process every 5 years. This was also called out in a county audit. Staff had inquired with WisDOT to obtain an exemption, but determined the exemption process was more onerous than going through the RFP process. The only two respondents were Metro Ride and NCHC. When awarding the 85.21 contracts, the new award will reference that it is a multi-year contract for a total of 5 years.

Action: **MOTION / SECOND BY OBERBECK / ZOERN TO APPROVE A FIVE-YEAR COMMITMENT TO NCHC AND METRO RIDE. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

6. Meeting Time, Location, Agenda Items:

To Be Determined by the Chairman

7. Adjourn

Action: There being no further business to discuss, **MOTION / SECOND BY ZOERN / MARSHALL TO ADJOURN THE MEETING AT 2:32 PM. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

Submitted by:
David Mack
DM: Im
October 18, 2023

MARATHON COUNTY
TRANSPORTATION COORDINATING COMMITTEE
PUBLIC HEARING

October 25, 2023

2:00 pm

Large Conference Room, 210 River Drive, Wausau, WI 54403

1. Open the Public Hearing. (Chairman Xiong)
2. The Marathon County Transportation Coordination Committee is now meeting in public hearing on the 2024 Specialized Transportation Program for the Elderly and Disabled Grant Application.
3. Welcome all the people who are present.
4. Speaker's Ground Rules
 1. Name & address of speaker
 2. Stay on the topic of the 85.21 Grant Application
 3. Limit your comments to only 5 minutes per person.
 4. Committee members and staff will not be answering question from the speakers
5. Reading of the Specialized Transportation Program for the Elderly and Disabled Grant Application Public Notice
6. Invite the Public to Speak.
 1. Anyone in favor of the Grant Application.
 2. Anyone opposed to the Grant Application.
 3. Anyone, with any other interest in the Grant Application.
7. Close the Hearing. (Chairman Xiong)

"If no one else wishes to testify, I am now declaring the public hearing on the 2024 Specialized Transportation Program for the Elderly and Disabled grant application closed."

**2024 SPECIALIZED TRANSPORTATION PROGRAM
FOR THE ELDERLY AND DISABLED**

PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on **October 25, 2023 at 2:00 p.m.** in the **Conservation, Planning & Zoning Department large conference room, 210 River Drive, Wausau, WI** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2024 Specialized Transportation Program for the Elderly and Disabled." Project elements under consideration include the following:

- A) Transportation services for the elderly provided by Metro Ride and North Central Health Care on behalf of Marathon County.
- B) Transportation services for the developmentally disabled also provided by Metro Ride and North Central Health Care on behalf of Marathon County.
- C) Transportation services for persons who reside within the Metro Ride regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.
- D) Marathon County is eligible to receive \$368,408 from the State with a local match of \$73,682 to be paid by Marathon County.

At the hearing, interested persons will have an opportunity to be heard with respect to the proposed project. Interested persons may submit oral or written comments regarding the project at the hearing, or may submit written comments to David Mack, Conservation, Planning and Zoning Planning Manager, 210 River Drive, Wausau, Wisconsin, 54403.

A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 210 River Drive Wausau WI 54403, the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403 or on the Marathon County Website www.co.marathon.wi.us. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

David Mack, Planning Manager
Marathon County Conservation, Planning, and Zoning
Published on October 20 and October 24

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 6/1/2023 Through 6/30/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|--|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Revenues | | | | | | | |
| Direct Service Revenue | 3000 | 3,596 | 3,333 | 263 | 20,342 | 20,000 | 342 |
| Other Revenue | 3100 | 0 | 800 | (800) | 0 | 4,800 | (4,800) |
| Contracted Services Revenue | 3150 | 1,246 | 7,000 | (5,754) | 5,434 | 42,000 | (36,566) |
| Other Grants | 3350 | 26,333 | 26,000 | 333 | 167,493 | 156,000 | 11,493 |
| Allocated Revenue - Administration 0105 | 3802 | 187 | 137 | 50 | 919 | 822 | 97 |
| Allocated Revenue - Human Resources 0205 | 3807 | 0 | 0 | 0 | 1 | 0 | 1 |
| Allocated Revenue - Learning and Development 0210 | 3808 | 0 | 6 | (6) | 3 | 36 | (33) |
| Allocated Revenue - Accounting 0300 | 3811 | 47 | 14 | 33 | 116 | 86 | 30 |
| Allocated Revenue - Environmental Support 0700 | 3817 | 96 | 88 | 7 | 575 | 530 | 45 |
| Allocated Revenue - In-House Transportation 0710 | 3818 | 2,037 | 0 | 2,037 | 2,037 | 0 | 2,037 |
| Direct Service Contra Revenue | 4000 | 295 | 0 | 295 | (8) | 0 | (8) |
| Administrative Writeoffs | 4100 | (360) | 0 | (360) | (360) | 0 | (360) |
| Total Revenues | | 33,478 | 37,379 | (3,901) | 196,551 | 224,274 | (27,723) |
| Expenditures | | | | | | | |
| Salaries and Wages | | | | | | | |
| Salaries | 6000 | 20,197 | 16,132 | (4,064) | 87,570 | 96,795 | 9,225 |
| Overtime | 6010 | 431 | 0 | (431) | 1,206 | 0 | (1,206) |
| Paid Leave Time | 6020 | 2,505 | 0 | (2,505) | 8,696 | 0 | (8,696) |
| Holiday | 6030 | 1,001 | 538 | (463) | 3,384 | 3,227 | (157) |
| Other Nonworking | 6050 | 0 | 0 | 0 | 283 | 0 | (283) |
| Bonus | 6080 | 750 | 0 | (750) | 750 | 0 | (750) |
| Accrued Salaries Expense | 6090 | (6,292) | 0 | 6,292 | (419) | 0 | 419 |
| Accrued PLT Expense | 6100 | 65 | 0 | (65) | 1,583 | 0 | (1,583) |
| Total Salaries and Wages | | 18,656 | 16,670 | (1,985) | 103,054 | 100,022 | (3,033) |
| Other Direct Expenses | | | | | | | |
| FICA | 6110 | 1,187 | 1,275 | 88 | 6,568 | 7,652 | 1,083 |
| Retirement | 6120 | 1,398 | 1,134 | (265) | 5,629 | 6,801 | 1,172 |
| Worker's Comp Premiums | 6130 | (415) | 0 | 415 | 488 | 0 | (488) |
| Life Insurance | 6140 | (15) | 0 | 15 | (87) | 0 | 87 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 6/1/2023 Through 6/30/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|--|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Health Insurance | 6150 | 6,090 | 5,150 | (940) | 31,918 | 30,897 | (1,021) |
| Unemployment | 6160 | 10 | 0 | (10) | 78 | 0 | (78) |
| Dental Insurance Expense | 6180 | 264 | 272 | 8 | 1,393 | 1,630 | 237 |
| Vision Insurance Expense | 6190 | (12) | 0 | 12 | 18 | 0 | (18) |
| Supplies | 6270 | 0 | 42 | 42 | 144 | 250 | 106 |
| Other Contracted Services | 6350 | 14 | 42 | 28 | 434 | 250 | (184) |
| Vehicle Usage | 6357 | 6,723 | 5,417 | (1,306) | 31,025 | 32,500 | 1,475 |
| Client Transportation | 6500 | 2,163 | 5,417 | 3,253 | 9,568 | 32,500 | 22,932 |
| Telephone | 6870 | 81 | 75 | (6) | 399 | 450 | 51 |
| IT Device Support | 6875 | 16 | 100 | 84 | 96 | 600 | 504 |
| Travel Expense | 6900 | 0 | 42 | 42 | 0 | 250 | 250 |
| Employee Recognition | 6940 | 0 | 14 | 14 | 0 | 81 | 81 |
| Allocated Expense - General 0100 | 7201 | 0 | 8 | 8 | 0 | 47 | 47 |
| Allocated Expense - Administration 0105 | 7202 | 1,222 | 1,004 | (217) | 7,094 | 6,027 | (1,067) |
| Allocated Expense - Marketing and Communications 0110 | 7203 | 200 | 204 | 4 | 1,199 | 1,221 | 22 |
| Allocated Expense - Nursing Services Administration 0120 | 7205 | 0 | 79 | 79 | 0 | 477 | 477 |
| Allocated Expense - Human Resources 0205 | 7207 | 661 | 534 | (127) | 3,745 | 3,203 | (541) |
| Allocated Expense - Learning and Development 0210 | 7208 | 189 | 187 | (2) | 1,015 | 1,123 | 108 |
| Allocated Expense - Infection Prevention 0220 | 7210 | 136 | 138 | 2 | 700 | 827 | 127 |
| Allocated Expense - Accounting 0300 | 7211 | 537 | 567 | 30 | 3,415 | 3,401 | (15) |
| Allocated Expense - IMS 0500 | 7213 | 1,080 | 1,416 | 336 | 6,694 | 8,495 | 1,801 |
| Allocated Expense - Environmental Support 0700 | 7217 | 96 | 88 | (7) | 575 | 530 | (45) |
| Allocated Expense - In-House Transportation 0710 | 7218 | 1,150 | 1,057 | (93) | 22,175 | 6,341 | (15,833) |
| Allocated Expense - Housekeeping 0740 | 7220 | 68 | 64 | (3) | 377 | 385 | 7 |
| Employee Assistance Program | 8080 | 0 | 0 | (0) | 27 | 0 | (27) |
| Depreciation - Automobiles | 8630 | 0 | 0 | 0 | 283 | 0 | (283) |
| Total Other Direct Expenses | | 22,842 | 24,323 | 1,481 | 134,970 | 145,939 | 10,969 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 6/1/2023 Through 6/30/2023

(In Whole Numbers)

| | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|-------------------------------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Total Expenditures | <u>41,498</u> | <u>40,993</u> | <u>(504)</u> | <u>238,024</u> | <u>245,961</u> | <u>7,936</u> |
| Net Revenue Over Expenditures | <u>(8,020)</u> | <u>(3,614)</u> | <u>(4,405)</u> | <u>(41,473)</u> | <u>(21,686)</u> | <u>(19,787)</u> |

June → 572 rides @ \$72.54

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 7/1/2023 Through 7/31/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|--|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Revenues | | | | | | | |
| Direct Service Revenue | 3000 | 3,354 | 3,333 | 21 | 23,696 | 23,333 | 363 |
| Other Revenue | 3100 | 0 | 800 | (800) | 0 | 5,600 | (5,600) |
| Contracted Services Revenue | 3150 | 555 | 7,000 | (6,445) | 5,988 | 49,000 | (43,012) |
| Other Grants | 3350 | 59,628 | 26,000 | 33,628 | 227,121 | 182,000 | 45,121 |
| Allocated Revenue - Administration 0105 | 3802 | 155 | 137 | 18 | 1,074 | 959 | 115 |
| Allocated Revenue - Human Resources 0205 | 3807 | 0 | 0 | 0 | 1 | 0 | 1 |
| Allocated Revenue - Learning and Development 0210 | 3808 | 0 | 6 | (6) | 3 | 42 | (39) |
| Allocated Revenue - Accounting 0300 | 3811 | 7 | 14 | (7) | 123 | 100 | 23 |
| Allocated Revenue - Environmental Support 0700 | 3817 | 96 | 88 | 7 | 671 | 619 | 52 |
| Allocated Revenue - In-House Transportation 0710 | 3818 | 0 | 0 | 0 | 2,037 | 0 | 2,037 |
| Direct Service Contra Revenue | 4000 | (30) | 0 | (30) | (38) | 0 | (38) |
| Administrative Writeoffs | 4100 | (31) | 0 | (31) | (391) | 0 | (391) |
| Total Revenues | | <u>63,735</u> | <u>37,379</u> | <u>26,356</u> | <u>260,286</u> | <u>261,653</u> | <u>(1,367)</u> |
| Expenditures | | | | | | | |
| Salaries and Wages | | | | | | | |
| Salaries | 6000 | 13,958 | 16,132 | 2,175 | 101,527 | 112,927 | 11,400 |
| Overtime | 6010 | 58 | 0 | (58) | 1,264 | 0 | (1,264) |
| Paid Leave Time | 6020 | 1,541 | 0 | (1,541) | 10,237 | 0 | (10,237) |
| Holiday | 6030 | 761 | 538 | (223) | 4,145 | 3,765 | (380) |
| Other Nonworking | 6050 | 0 | 0 | 0 | 283 | 0 | (283) |
| Bonus | 6080 | 0 | 0 | 0 | 750 | 0 | (750) |
| Accrued Salaries Expense | 6090 | 1,605 | 0 | (1,605) | 1,186 | 0 | (1,186) |
| Accrued PLT Expense | 6100 | (438) | 0 | 438 | 1,145 | 0 | (1,145) |
| Total Salaries and Wages | | <u>17,484</u> | <u>16,670</u> | <u>(814)</u> | <u>120,539</u> | <u>116,692</u> | <u>(3,847)</u> |
| Other Direct Expenses | | | | | | | |
| FICA | 6110 | 1,100 | 1,275 | 176 | 7,668 | 8,927 | 1,259 |
| Retirement | 6120 | 944 | 1,134 | 190 | 6,573 | 7,935 | 1,362 |
| Worker's Comp Premiums | 6130 | 184 | 0 | (184) | 672 | 0 | (672) |
| Life Insurance | 6140 | (39) | 0 | 39 | (126) | 0 | 126 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 7/1/2023 Through 7/31/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|---|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Health Insurance | 6150 | 6,335 | 5,150 | (1,185) | 38,253 | 36,047 | (2,206) |
| Unemployment | 6160 | 27 | 0 | (27) | 105 | 0 | (105) |
| Dental Insurance Expense | 6180 | 272 | 272 | (1) | 1,665 | 1,902 | 236 |
| Vision Insurance Expense | 6190 | 20 | 0 | (20) | 37 | 0 | (37) |
| Supplies | 6270 | 0 | 42 | 42 | 144 | 292 | 147 |
| Other Contracted Services | 6350 | 0 | 42 | 42 | 434 | 292 | (142) |
| Vehicle Usage | 6357 | 5,908 | 5,417 | (491) | 36,933 | 37,917 | 984 |
| Client Transportation | 6500 | 2,401 | 5,417 | 3,016 | 11,968 | 37,917 | 25,948 |
| Telephone | 6870 | 81 | 75 | (6) | 480 | 525 | 45 |
| IT Device Support | 6875 | 16 | 100 | 84 | 112 | 700 | 588 |
| Travel Expense | 6900 | 0 | 42 | 42 | 0 | 292 | 292 |
| Employee Recognition | 6940 | 0 | 14 | 14 | 0 | 95 | 95 |
| Allocated Expense - General 0100 | 7201 | 0 | 8 | 8 | 0 | 55 | 55 |
| Allocated Expense - Administration 0105 | 7202 | 1,200 | 1,004 | (196) | 8,294 | 7,031 | (1,263) |
| Allocated Expense - Marketing and Communications 0110 | 7203 | 203 | 204 | 1 | 1,402 | 1,425 | 23 |
| Allocated Expense - Nursing Services Administration 0120 | 7205 | 0 | 79 | 79 | 0 | 556 | 556 |
| Allocated Expense - Human Resources 0205 | 7207 | 621 | 534 | (88) | 4,366 | 3,737 | (629) |
| Allocated Expense - Learning and Development 0210 | 7208 | 150 | 187 | 38 | 1,164 | 1,310 | 146 |
| Allocated Expense - Infection Prevention 0220 | 7210 | 132 | 138 | 5 | 832 | 965 | 133 |
| Allocated Expense - Accounting 0300 | 7211 | 500 | 567 | 67 | 3,915 | 3,967 | 52 |
| Allocated Expense - IMS 0500 | 7213 | 1,299 | 1,416 | 116 | 7,994 | 9,911 | 1,918 |
| Allocated Expense - Environmental Support 0700 | 7217 | 96 | 88 | (7) | 671 | 619 | (52) |
| Allocated Expense - In-House Transportation 0710 | 7218 | (8,725) | 1,057 | 9,782 | 13,450 | 7,398 | (6,052) |
| Allocated Expense - Housekeeping 0740 | 7220 | 60 | 64 | 4 | 437 | 449 | 12 |
| Employee Assistance Program | 8080 | 27 | 0 | (27) | 54 | 0 | (54) |
| Depreciation - Automobiles | 8630 | 0 | 0 | 0 | 283 | 0 | (283) |
| Total Other Direct Expenses | | 12,812 | 24,323 | 11,511 | 147,782 | 170,262 | 22,480 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 7/1/2023 Through 7/31/2023

(In Whole Numbers)

| | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|-------------------------------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Total Expenditures | <u>30,297</u> | <u>40,993</u> | <u>10,697</u> | <u>268,321</u> | <u>286,954</u> | <u>18,633</u> |
| Net Revenue Over Expenditures | <u>33,438</u> | <u>(3,614)</u> | <u>37,053</u> | <u>(8,035)</u> | <u>(25,301)</u> | <u>17,266</u> |

July → 507 rides @ \$59.70

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 8/1/2023 Through 8/31/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|--|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Revenues | | | | | | | |
| Direct Service Revenue | 3000 | 4,490 | 3,333 | 1,157 | 28,186 | 26,667 | 1,519 |
| Other Revenue | 3100 | 0 | 800 | (800) | 0 | 6,400 | (6,400) |
| Contracted Services Revenue | 3150 | 1,094 | 7,000 | (5,906) | 7,083 | 56,000 | (48,917) |
| Other Grants | 3350 | 26,333 | 26,000 | 333 | 253,454 | 208,000 | 45,454 |
| Allocated Revenue - Administration 0105 | 3802 | 159 | 137 | 22 | 1,234 | 1,096 | 138 |
| Allocated Revenue - Human Resources 0205 | 3807 | 0 | 0 | 0 | 1 | 0 | 1 |
| Allocated Revenue - Learning and Development 0210 | 3808 | 0 | 6 | (6) | 3 | 49 | (45) |
| Allocated Revenue - Accounting 0300 | 3811 | 25 | 14 | 11 | 149 | 114 | 34 |
| Allocated Revenue - Environmental Support 0700 | 3817 | 96 | 88 | 7 | 767 | 707 | 60 |
| Allocated Revenue - In-House Transportation 0710 | 3818 | 0 | 0 | 0 | 2,037 | 0 | 2,037 |
| Direct Service Contra Revenue | 4000 | (81) | 0 | (81) | (119) | 0 | (119) |
| Administrative Writeoffs | 4100 | 0 | 0 | 0 | (391) | 0 | (391) |
| Total Revenues | | 32,117 | 37,379 | (5,262) | 292,403 | 299,032 | (6,630) |
| Expenditures | | | | | | | |
| Salaries and Wages | | | | | | | |
| Salaries | 6000 | 14,814 | 16,132 | 1,319 | 116,341 | 129,059 | 12,718 |
| Overtime | 6010 | 357 | 0 | (357) | 1,621 | 0 | (1,621) |
| Paid Leave Time | 6020 | 1,976 | 0 | (1,976) | 12,213 | 0 | (12,213) |
| Holiday | 6030 | 0 | 538 | 538 | 4,145 | 4,303 | 157 |
| Other Nonworking | 6050 | 0 | 0 | 0 | 283 | 0 | (283) |
| Bonus | 6080 | 0 | 0 | 0 | 750 | 0 | (750) |
| Accrued Salaries Expense | 6090 | 1,547 | 0 | (1,547) | 2,733 | 0 | (2,733) |
| Accrued PLT Expense | 6100 | (339) | 0 | 339 | 806 | 0 | (806) |
| Total Salaries and Wages | | 18,354 | 16,670 | (1,684) | 138,893 | 133,362 | (5,531) |
| Other Direct Expenses | | | | | | | |
| FICA | 6110 | 1,173 | 1,275 | 103 | 8,841 | 10,202 | 1,361 |
| Retirement | 6120 | 971 | 1,134 | 162 | 7,544 | 9,069 | 1,524 |
| Worker's Comp Premiums | 6130 | 193 | 0 | (193) | 865 | 0 | (865) |
| Life Insurance | 6140 | (33) | 0 | 33 | (160) | 0 | 160 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 8/1/2023 Through 8/31/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|---|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Health Insurance | 6150 | 6,288 | 5,150 | (1,138) | 44,541 | 41,197 | (3,345) |
| Unemployment | 6160 | 1 | 0 | (1) | 107 | 0 | (107) |
| Dental Insurance Expense | 6180 | 272 | 272 | (1) | 1,938 | 2,173 | 236 |
| Vision Insurance Expense | 6190 | 3 | 0 | (3) | 41 | 0 | (41) |
| Supplies | 6270 | 0 | 42 | 42 | 144 | 333 | 189 |
| Other Contracted Services | 6350 | 32 | 42 | 10 | 466 | 333 | (133) |
| Vehicle Usage | 6357 | 7,272 | 5,417 | (1,856) | 44,205 | 43,333 | (872) |
| Client Transportation | 6500 | 2,724 | 5,417 | 2,693 | 14,692 | 43,333 | 28,641 |
| Telephone | 6870 | 81 | 75 | (6) | 562 | 600 | 38 |
| IT Device Support | 6875 | 460 | 100 | (360) | 572 | 800 | 228 |
| Travel Expense | 6900 | 0 | 42 | 42 | 0 | 333 | 333 |
| Employee Recognition | 6940 | 0 | 14 | 14 | 0 | 108 | 108 |
| Allocated Expense - General 0100 | 7201 | 0 | 8 | 8 | 0 | 63 | 63 |
| Allocated Expense - Administration 0105 | 7202 | 1,284 | 1,004 | (280) | 9,578 | 8,036 | (1,543) |
| Allocated Expense - Marketing and Communications 0110 | 7203 | 217 | 204 | (14) | 1,620 | 1,629 | 9 |
| Allocated Expense - Nursing Services Administration 0120 | 7205 | 0 | 79 | 79 | 0 | 636 | 636 |
| Allocated Expense - Human Resources 0205 | 7207 | 715 | 534 | (181) | 5,081 | 4,271 | (809) |
| Allocated Expense - Learning and Development 0210 | 7208 | 253 | 187 | (65) | 1,417 | 1,497 | 80 |
| Allocated Expense - Infection Prevention 0220 | 7210 | 127 | 138 | 11 | 959 | 1,103 | 144 |
| Allocated Expense - Accounting 0300 | 7211 | 465 | 567 | 101 | 4,381 | 4,534 | 153 |
| Allocated Expense - IMS 0500 | 7213 | 1,248 | 1,416 | 168 | 9,242 | 11,327 | 2,086 |
| Allocated Expense - Environmental Support 0700 | 7217 | 96 | 88 | (7) | 767 | 707 | (60) |
| Allocated Expense - In-House Transportation 0710 | 7218 | 1,058 | 1,057 | (1) | 14,507 | 8,455 | (6,053) |
| Allocated Expense - Housekeeping 0740 | 7220 | 63 | 64 | 2 | 500 | 513 | 13 |
| Employee Assistance Program | 8080 | 29 | 0 | (29) | 84 | 0 | (84) |
| Depreciation - Automobiles | 8630 | 0 | 0 | 0 | 283 | 0 | (283) |
| Total Other Direct Expenses | | 24,992 | 24,323 | (669) | 172,774 | 194,585 | 21,811 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 8/1/2023 Through 8/31/2023

(In Whole Numbers)

| | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|-------------------------------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Total Expenditures | <u>43,346</u> | <u>40,993</u> | <u>(2,353)</u> | <u>311,667</u> | <u>327,947</u> | <u>16,281</u> |
| Net Revenue Over Expenditures | <u>(11,229)</u> | <u>(3,614)</u> | <u>(7,615)</u> | <u>(19,264)</u> | <u>(28,915)</u> | <u>9,651</u> |

August → 719 rides @ \$60.29

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 9/1/2023 Through 9/30/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|--|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Revenues | | | | | | | |
| Direct Service Revenue | 3000 | 4,487 | 3,333 | 1,154 | 32,673 | 30,000 | 2,673 |
| Other Revenue | 3100 | 0 | 800 | (800) | 0 | 7,200 | (7,200) |
| Contracted Services Revenue | 3150 | 510 | 7,000 | (6,490) | 7,593 | 63,000 | (55,407) |
| Other Grants | 3350 | 26,333 | 26,000 | 333 | 279,787 | 234,000 | 45,787 |
| Allocated Revenue - Administration 0105 | 3802 | 197 | 137 | 60 | 1,431 | 1,233 | 198 |
| Allocated Revenue - Human Resources 0205 | 3807 | 0 | 0 | 0 | 1 | 0 | 1 |
| Allocated Revenue - Learning and Development 0210 | 3808 | 0 | 6 | (6) | 3 | 55 | (51) |
| Allocated Revenue - Accounting 0300 | 3811 | 35 | 14 | 21 | 184 | 129 | 55 |
| Allocated Revenue - Environmental Support 0700 | 3817 | 96 | 88 | 7 | 862 | 795 | 67 |
| Allocated Revenue - In-House Transportation 0710 | 3818 | 0 | 0 | 0 | 2,037 | 0 | 2,037 |
| Direct Service Contra Revenue | 4000 | (81) | 0 | (81) | (200) | 0 | (200) |
| Administrative Writeoffs | 4100 | 0 | 0 | 0 | (391) | 0 | (391) |
| Total Revenues | | 31,578 | 37,379 | (5,801) | 323,981 | 336,411 | (12,431) |
| Expenditures | | | | | | | |
| Salaries and Wages | | | | | | | |
| Salaries | 6000 | 13,762 | 16,132 | 2,370 | 130,103 | 145,192 | 15,089 |
| Overtime | 6010 | 366 | 0 | (366) | 1,987 | 0 | (1,987) |
| Paid Leave Time | 6020 | 1,800 | 0 | (1,800) | 14,013 | 0 | (14,013) |
| Holiday | 6030 | 1,023 | 538 | (485) | 5,168 | 4,840 | (327) |
| Other Nonworking | 6050 | 0 | 0 | 0 | 283 | 0 | (283) |
| Bonus | 6080 | 0 | 0 | 0 | 750 | 0 | (750) |
| Accrued Salaries Expense | 6090 | 1,248 | 0 | (1,248) | 3,981 | 0 | (3,981) |
| Accrued PLT Expense | 6100 | (36) | 0 | 36 | 770 | 0 | (770) |
| Total Salaries and Wages | | 18,162 | 16,670 | (1,492) | 157,055 | 150,032 | (7,023) |
| Other Direct Expenses | | | | | | | |
| FICA | 6110 | 1,194 | 1,275 | 81 | 10,035 | 11,477 | 1,443 |
| Retirement | 6120 | 975 | 1,134 | 158 | 8,519 | 10,202 | 1,683 |
| Worker's Comp Premiums | 6130 | 193 | 0 | (193) | 1,058 | 0 | (1,058) |
| Life Insurance | 6140 | (68) | 0 | 68 | (228) | 0 | 228 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 9/1/2023 Through 9/30/2023

(In Whole Numbers)

| | | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|---|------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Health Insurance | 6150 | 6,109 | 5,150 | (960) | 50,651 | 46,346 | (4,304) |
| Unemployment | 6160 | 57 | 0 | (57) | 164 | 0 | (164) |
| Dental Insurance Expense | 6180 | 267 | 272 | 5 | 2,205 | 2,445 | 241 |
| Vision Insurance Expense | 6190 | 4 | 0 | (4) | 45 | 0 | (45) |
| Supplies | 6270 | 0 | 42 | 42 | 144 | 375 | 231 |
| Other Contracted Services | 6350 | 0 | 42 | 42 | 466 | 375 | (91) |
| Vehicle Usage | 6357 | 6,380 | 5,417 | (963) | 50,585 | 48,750 | (1,835) |
| Client Transportation | 6500 | 645 | 5,417 | 4,772 | 15,336 | 48,750 | 33,414 |
| Telephone | 6870 | 81 | 75 | (6) | 643 | 675 | 32 |
| IT Device Support | 6875 | 72 | 100 | 29 | 644 | 900 | 257 |
| Travel Expense | 6900 | 0 | 42 | 42 | 0 | 375 | 375 |
| Employee Recognition | 6940 | 0 | 14 | 14 | 0 | 122 | 122 |
| Allocated Expense - General 0100 | 7201 | 0 | 8 | 8 | 0 | 71 | 71 |
| Allocated Expense - Administration 0105 | 7202 | 1,145 | 1,004 | (140) | 10,723 | 9,040 | (1,683) |
| Allocated Expense - Marketing and Communications 0110 | 7203 | 183 | 204 | 21 | 1,802 | 1,832 | 30 |
| Allocated Expense - Nursing Services Administration 0120 | 7205 | 0 | 79 | 79 | 0 | 715 | 715 |
| Allocated Expense - Human Resources 0205 | 7207 | 715 | 534 | (181) | 5,795 | 4,805 | (990) |
| Allocated Expense - Learning and Development 0210 | 7208 | 172 | 187 | 15 | 1,589 | 1,684 | 95 |
| Allocated Expense - Infection Prevention 0220 | 7210 | 123 | 138 | 15 | 1,082 | 1,241 | 158 |
| Allocated Expense - Accounting 0300 | 7211 | 453 | 567 | 113 | 4,834 | 5,101 | 267 |
| Allocated Expense - IMS 0500 | 7213 | 1,100 | 1,416 | 316 | 10,341 | 12,743 | 2,402 |
| Allocated Expense - Environmental Support 0700 | 7217 | 96 | 88 | (7) | 862 | 795 | (67) |
| Allocated Expense - In-House Transportation 0710 | 7218 | 2,926 | 1,057 | (1,869) | 17,433 | 9,512 | (7,922) |
| Allocated Expense - Housekeeping 0740 | 7220 | 64 | 64 | (0) | 564 | 577 | 13 |
| Employee Assistance Program | 8080 | 1 | 0 | (1) | 84 | 0 | (84) |
| Depreciation - Automobiles | 8630 | 0 | 0 | 0 | 283 | 0 | (283) |
| Total Other Direct Expenses | | 22,886 | 24,323 | 1,438 | 195,660 | 218,909 | 23,249 |

Human Service Board Serving North Central Health Care

Statement of Revenues and Expenditures

20 - Marathon County - Human Services

100 - Wausau

2750 - Demand Transportation

From 9/1/2023 Through 9/30/2023

(In Whole Numbers)

| | Current Period Actual | Current Period Budget - NCHC | Current Period Budget Variance - NCHC | Current Year Actual | YTD Budget - NCHC | YTD Budget Variance - NCHC |
|-------------------------------|--------------------------|---------------------------------|---|---------------------|-------------------|-------------------------------|
| Total Expenditures | <u>41,048</u> | <u>40,993</u> | <u>(54)</u> | <u>352,715</u> | <u>368,941</u> | <u>16,226</u> |
| Net Revenue Over Expenditures | <u>(9,470)</u> | <u>(3,614)</u> | <u>(5,856)</u> | <u>(28,734)</u> | <u>(32,530)</u> | <u>3,795</u> |

Sept → 500 rides @ \$ 69.81



North Central Health Care

Person centered. Outcome focused.

Program/Service: Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

I would like to see the Eye Clinic take up as it is so the clinics. The recently paid 4/2 for movie.
See previous

Thank you for your time.



North Central Health Care

Person centered. Outcome focused.

Program/Service: Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

PROMPT &
COURTEOUS

Thank you for your time.



North Central Health Care

Person centered. Outcome focused.

Program/Service: Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

I haven't had a driver that wasn't helpful caring & polite.
Mike

Thank you for your time.



North Central Health Care

Person centered. Outcome focused.

Program/Service: Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

Not only is your service excellent, your drivers are happy & cheerful! makes my med. appts tolerable!

Thank you for your time.

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

I really appreciate your service

Thank you for your time.

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

GREAT PEOPLE DRIVERS TO OFFICE THEY CARE ABOUT PEOPLE THAT USE THIS FINE SERVICE

Thank you for your time.

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

This is a really good deal!

Thank you for your time.

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

- Excellent
- Good
- Fair
- Poor

Comments:

The ladies that make the appointments for us by phone are most patience and helpful.

Thank you for your time.

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

Comments: *A couple times I was not able to get a ride.*

Thank you for your time.

I'm glad you sent these out.

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

Comments: *Your drivers are great, but the lady that runs the call center needs an attitude adjustment. When I she refused to transport me so I had to \$80. RT*

Thank you for your time transports. Thank YOU!!

North Central Health Care

Person centered. Outcome focused.

Program/Service:

Transportation

At North Central Health Care, we are committed to providing **Excellent** Service to all those that we serve. Please take a moment to tell us how we are doing.

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

If you were not able to indicate "Excellent", please tell us what we can do better in the comment section below.

Comments: *First couple uses, no call to confirm the day before, ride went well. Last time, no call to confirm + no pickup. Was told no volunteer available. We understand that, but no notification forced us*

Thank you for your time

2nd Quarter Stats for Comment cards

50 sent out

33 returned

28 excellents

85% excellent.



December 15, 2023

85.21 Program Manager
Bureau of Transit, Local Roads, Railroads & Harbors
Wisconsin Department of Transportation
PO Box 7913
Madison, WI 53707-7913

MARATHON COUNTY 2024 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for \$368,408.00 in state assistance under Section s.85.21 of the Wisconsin Statutes to provide specialized transportation services for the seniors and individuals with disabilities in 2024. The County assures that \$73,682.00 in local funds have been budgeted and will be available as the share required to match the 85.21 grant.

The applicant affirms that the information submitted in this application is true and correct.

Sincerely,

Kurt Gibbs, Chairperson
Marathon County Board of Supervisors

Enclosure: 2024 Specialized Transportation Application

2024 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2024

County of MARATHON

Primary Contact for this Grant Program

Name Dave Mack

Telephone Number 715-261-6043 Extension

Email Address dave.mack@co.marathon.wi.us

Application Preparer *(if different than primary contact)*

Name same as above

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.* DM

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. DM

Federal Grant Match Please place an "X" next to any federal grant that will be using §85.21 funds as local match.

| | | |
|--|---|---|
| 5310 <input style="width: 80px; height: 20px;" type="checkbox"/> | 5307 <input style="width: 80px; height: 20px;" type="checkbox"/> | 5311 <input style="width: 80px; height: 20px;" type="checkbox"/> |
| Other <i>(Please explain)</i> None | | |

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.

| | |
|--|---|
| <p>Title of Coordinated Plan:</p> <p>The goal(s) and/or strategies from which your project is included:</p> <p>Page number(s) of the Coordinated plan in which the goals may be referenced:</p> | <p>Marathon County Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023</p> <p>Strategy #3, Update County-wide human service transit needs assessment to gain better understanding of the current unmet needs for transportation services and how to better focus efforts to meet those needs. Expand study to include employment related needs. Actions: Utilize 85.21 grant funding for match to apply for 5304 discretionary planning funds. Strategy #8, Maintain and expand existing services through support of program operations, maintenance, repair and scheduled replacement of vehicle fleet as appropriate. Actions: Continue to make use fo 85.21 grants to maintain and expand the level of transportation service within the County. Continue to apply for 5310 capital grants to maintain and expand the human service transportation vehicle fleet within Marathon County, and explore ways to increase the number of volunteer drivers available to the program.</p> <p>Pages 9 and 10.</p> |
|--|---|

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.

| | | |
|----------------------|----------|---|
| <p>YES</p> <p>NO</p> | <p>X</p> | <p><i>(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.)</i></p> |
|----------------------|----------|---|

APPLICANT CHECKLIST

County of **MARATHON**

| 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 | X |
| Upload Public Hearing and Notice | X |
| Upload Local Review Form | X |
| <u><i>If applicable</i></u> : Upload Third Party Contracts &/or Leases to the Resources Tab | |

VEHICLE INVENTORY

County of **MARATHON**

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> | Funding Source (mark with X) | | | | Place "X" in box to indicate if vehicle is leased to another party. |
|--|-----------------|-------------|-----------------|--|------------------------------|-------|----------|--------------------------|---|
| | | | | | 5310 | 85.21 | Trust | Other | |
| Chevrolet/Glavel | | 2012 | 54,556 | 8/2 | | | X | <input type="checkbox"/> | |
| Chevrolet/Glavel | | 2012 | 54,247 | 8/2 | | | X | <input type="checkbox"/> | |
| Chevrolet/Glavel | | 2012 | 60,805 | 8/2 | | | X | <input type="checkbox"/> | |
| Chevrolet/Glavel | | 2012 | 51,859 | 8/2 | | | X | <input type="checkbox"/> | |
| 1 Ford HSV | | 2013 | 84,770 | 6/3 | X | | | <input type="checkbox"/> | |
| 3 Ford Starcraft | | 2015 | 82,266 | 8/3 | X | | | <input type="checkbox"/> | |
| 50 Ford Starcraft | | 2007 | 104,916 | 9/1 | X | | | <input type="checkbox"/> | |
| 62 Ford Starcraft | | 2008 | 60,243 | 4/2 | X | | | <input type="checkbox"/> | |
| 63 International SB | | 2009 | 120,273 | 32/2 | X | | | <input type="checkbox"/> | |
| 64 International SB | | 2009 | 107,123 | 32/2 | X | | | <input type="checkbox"/> | |
| 65 Ford Starcraft | | 2010 | 80,635 | 12 amb | X | | | <input type="checkbox"/> | |
| 66 Ford Starcraft | | 2010 | 74,363 | 7/1 | X | | | <input type="checkbox"/> | |
| 67Ford Starcraft | | 2010 | 75,306 | 7/1 | X | | | <input type="checkbox"/> | |
| 69 International SB | | 2011 | 70,475 | 30/2 | X | | | <input type="checkbox"/> | |
| 5 Ford Starcraft | | 2017 | 59,250 | 8/3 | X | | | <input type="checkbox"/> | |
| 57 Ford Transit | | 2019 | 14,394 | 7/1 | X | | | <input type="checkbox"/> | |
| 100 Ford Starcraft | | 2019 | 41,680 | 12 | X | | | <input type="checkbox"/> | |
| 101 Ford Starcraft | | 2019 | 24,714 | 6/2 | X | | | <input type="checkbox"/> | |
| 109 Chevy Titan | | 2015 | 177,096 | 10/2 | X | | | <input type="checkbox"/> | |
| 110 Chevy Titan | | 2015 | 162,575 | 10/2 | X | | | <input type="checkbox"/> | |
| 20 Ford Strcraft | | 2020 | 10,688 | 10/2 | x | | | <input type="checkbox"/> | |
| | | | | | | | | <input type="checkbox"/> | |

TRUST FUND SPENDING PLAN

County of **MARATHON**

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 2023 purchases made with trust funds.

| 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 |
|--|------------------------------------|-------------------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total projected cost of 3-year plan | | \$ - |

| | |
|---|--------------------|
| Estimated amount of state aid to be held in trust on 12/31/2023 | \$29,336.00 |
|---|--------------------|

| <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 2024 = | \$ - | Funds added for 2024 = | | Estimated balance on 12/31/24 = \$29,336.00 |
| Spending plan for 2025 = | \$ - | Funds added for 2025 = | | Estimated balance on 12/31/25 = \$29,336.00 |
| Spending plan for 2026 = | \$ - | Funds added for 2026 = | | Estimated balance on 12/31/26 = \$29,336.00 |

Date complete **December 15, 2023**

Prepared by *David Mack*

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.)*

For additional space to complete your narrative, please scroll down to second page.

PROJECT 1 DESCRIPTION

County of **MARATHON**

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 **North Central Health Care (NCHC)**

Third Party Provider North Central Health Care

Date contract last updated 6/28/23

Type of Service (Place an "x" next to the type of service you will be providing for this project.)

| | | | |
|-----------------------------|----------|----------------------------|--|
| Volunteer Driver | X | 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.)

NCHC paratransit services is public transportation for persons over 60 or persons with disabilities. Access to this service is limited to persons whose physical and mental disability prevents them from riding the Metro Ride buses or the Metro Ride Paratransit Program within the City of Wausau. NCHC services are designed to meet the needs of clients that live outside the Metro Ride Paratransit service area or those that are in need of door-through-door services who do not have other resources for transportation. The NCHC service area is all parts of Marathon County including the service area of Metro Ride Paratransit service. The overlap in service is based on NCHC providing door-through-door services county wide and Metro Ride providing curb-to-curb service in their area only.

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.)

Entire County

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Start Time | based on volunteer availability | 8:00 am | 8:00 am | 8:00 am | 8:00 am | 8:00 am | based on volunteer availability |
| End Time | based on volunteer availability | based on volunteer availability | based on volunteer availability | based on volunteer availability | based on volunteer availability | based on volunteer availability | based on volunteer availability |

Additional description *(if applicable)* If no volunteer drivers are available, NCHC may contract with taxi services for the desired trips.

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

Clients, healthcare providers, advocates, and families can call in advance of the appointments for services Monday through Friday, 7:00 am to 5:00 pm.

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

Marathon County residents 60 years old or older or developmentally disabled go through an application process

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

Marathon County Transportation Program through NCHC has a range of copay costs based on mileage from the pickup location (costs are one way).

PROJECT BUDGET

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

Annual Expenditures

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

Total Expenses \$318,304.00

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.** 265,253

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** 53,051

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 \$318,304.00

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

PROJECT 2 DESCRIPTION

County of **MARATHON**

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

Metro Ride

Third Party Provider

Wausau Area Transit System, dba, Metro Ride

Date contract last updated

6/28/23

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> | ADA Paratransit Services | | |

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

Metro Ride Paratransit service is an origin-destination service provided pursuant to the Americans with Disabilities Act (ADA). It is available to persons who are unable, because of a physical or mental disability, to access the Metro Ride fixed route bus service. The service area includes all areas within 3/4 of a mile from a Metro Ride regular fixed route within the City of Wausau. Paratransit service hours are the same as the fixed route bus service hours, from 6:30 am to 6:30 pm. Metro Ride provides curb-to-curb service in their area.

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.)

Within 3/4 of a mile from the Metro Ride fixed route bus service in the City of Wausau.

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|---------|---------|-----------|----------|---------|----------|
| Start Time | N/A | 6:30 am | 6:30 am | 6:30 am | 6:30 am | 6:30 am | N/A |
| End Time | N/A | 6:30 pm | 6:30 pm | 6:30 pm | 6:30 pm | 6:30 pm | N/A |

Additional description
(if applicable)

None

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

Ride requests must be made no later than 4:30 pm on the day prior to the desired trip. Requests are taken via telephone by Metro Ride staff. Requests on Holidays and weekends may be made via email.

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

The program is available to persons who are unable, because of a physical or mental disability, to navigate to and from Metro Ride bus stops or to board, alight or ride a Metro Ride bus. Applying for the program involves the completion of a paper application, which includes a verification from a medical professional. Eligibility determinations are made by Metro Ride staff.

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

ADA paratransit fares cannot exceed twice the regular adult fare for the fixed route bus service. The Metro Ride adult fare is \$1.75 and the paratransit fare is \$2.25.

PROJECT BUDGET

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

Annual Expenditures

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

Total Expenses \$88,418.00

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.** \$73,682

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** \$14,736

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 \$88,418.00

C

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

PROJECT 3 DESCRIPTION

County of **MARATHON**

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 **Marathon County Conservation, Planning, and Zoning (CPZ)**

Third Party Provider N/A

Date contract last updated 1/1/23

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> | Grant Administration by Recipient | | |

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

Marathon County CPZ Department provides grant administration services for the County and the two project components of this entire program, Metro Ride and NCHC. CPZ staff is also the staff to the County's Transportation Coordinating Committee that oversees the County Program. Funds will be used for salaries of participating staff.

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.)

N/A

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|---------|---------|-----------|----------|---------|----------|
| Start Time | N/A | 8:00 am | 8:00 am | 8:00 am | 8:00 am | 8:00 am | N/A |
| End Time | N/A | 4:30 pm | 4:30 pm | 4:30 pm | 4:30 pm | 4:30 pm | N/A |

Additional description
(if applicable)

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

Not Applicable

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

Not Applicable

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

Not Applicable

PROJECT BUDGET

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

Annual Expenditures

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

Total Expenses \$35,368.00

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. \$29,473.00

B. \$85.21 funds from trust fund Total from B.

C. County Match Funds Total from C. \$5,895.00

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

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$35,368.00

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

**COUNTY ELDERLY TRANSPORTATION
2024 PROJECT BUDGET SUMMARY**

County of

MARATHON

Project Name

| | | | | | | | | |
|----------------------------------|------------|--|---|---|---|---|---|--------|
| North Central Health Care (NCHC) | Metro Ride | Marathon County Conservation, Planning, and Zoning (CPZ) | 0 | 0 | 0 | 0 | 0 | Totals |
|----------------------------------|------------|--|---|---|---|---|---|--------|

Project Expenses

| | | | | | | | | | |
|------------------------|--------------|-------------|-------------|--------|--------|--------|--------|--------|---------------------|
| Total Project Expenses | \$318,304.00 | \$88,418.00 | \$35,368.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$442,090.00 |
|------------------------|--------------|-------------|-------------|--------|--------|--------|--------|--------|---------------------|

Project Revenue by Funding Source

| | | | | | | | | | |
|---------------------------|--------------|-------------|-------------|--------|--------|--------|--------|--------|---------------------|
| \$85.21 Annual Allocation | \$265,253.00 | \$73,682.00 | \$29,473.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$368,408.00 |
| \$85.21 Trust Fund | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| County funds | \$53,051.00 | \$14,736.00 | \$5,895.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$73,682.00 |
| 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 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|

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

PUBLIC NOTICE AND HEARING FORMS

Be sure to complete the following components:

1. Publication Notice (Page 1)
 - a. Date of publication.
 - b. Copy of publication in the paper.
2. Public Hearing (Page 2)
 - a. Date of public hearing.
 - b. Provide a summary of comments made during the public hearing as they relate to the application. If none, type **None**.
3. Attach **a copy of the meeting minutes** during which the approval for the application was granted.

Date of notice publication:

October 20, 2023 and October 24, 2023

2024 SPECIALIZED TRANSPORTATION PROGRAM FOR THE ELDERLY AND DISABLED

PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on **October 25, 2023 at 2:00 p.m.** in **Conservation, Planning and Zoning Large Conference Room, 210 River Drive, Wausau, WI** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2024 Specialized Transportation Program for the Elderly and Disabled." Project elements under consideration include the following:

- A) Transportation services for the elderly provided by Metro Ride and North Central Health Care on behalf of Marathon County.
- B) Transportation services for the developmentally disabled also provided by Metro Ride and North Central Health Care on behalf of Marathon County.

- C) Transportation services for persons who reside within the Metro Ride regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.
- D) Marathon County is eligible to receive \$368,408 from the State with a local match requirement of \$73,682 paid by Marathon County.

At the hearing, interested persons will have an opportunity to be heard with respect to the proposed project. Interested persons may submit oral or written comments regarding the project at the hearing, or may submit written comments to David Mack, Conservation, Planning and Zoning Planning Manager, 210 River Drive, Wausau, Wisconsin, 54403.

A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 210 River Drive Wausau WI 54403, the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403 or on the Marathon County Website www.co.marathon.wi.us. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

David Mack, Planning Manager

Marathon County Conservation, Planning, and Zoning

Published on October 20, 2022, and October 24, 2022

Date of public hearing:

October 25, 2022

Comments made and actions taken will be provided in the minutes from the meeting and will be published after the meeting is held.