



# MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE AGENDA

Date & Time of Meeting: **Wednesday, November 1, 2023, at 3:00pm**

Meeting Location: **Courthouse Assembly Room, Courthouse, 500 Forest Street, Wausau WI 54403**

Committee Members: Michelle Van Krey, Chair; Jennifer Aarrestad, Vice-Chair; Ron Covelli, Dennis Gonnering, Donna Krause, Alyson Leahy, Bobby Niemeyer

**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 Mission Statement:** Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing, and recommending to the County Board policies related to health and human services initiatives of Marathon County.

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#: 1-408-418-9388      Access Code: 146 235 4571**

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

The meeting will also be broadcasted on Public Access or at <https://tinyurl.com/MarathonCountyBoard>

1. **Call Meeting to Order**
2. **Pledge of Allegiance**
3. **Public Comment (15 Minutes)** (Any person who wishes to address the committee during the "Public Comment" portion of the meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting. All comments must be germane to a topic within the jurisdiction of the committee.)
4. **Approval of the October 4, 2023, Health and Human Services Committee Meeting Minutes**
5. **Policy Issues Discussion and Potential Committee Determination:**
6. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
  - A. 2024 85.21 Elderly and Disabled Transportation Grant Application
  - B. Resolution supporting Senate Bill 328, Health care price transparency
  - C. Discussion of Human, Resources, Finance, and Property Committee's 2024 Proposed Budget and Possible Recommendations Regarding Modifications
7. **Educational Presentations and Committee Discussion:**
  - A. Update regarding Residential Facility Services for the Developmentally Disabled population and Wausau Adult Day Services (ADS) from North Central Health Care
8. **Next Meeting Date & Time, Announcements and Future Agenda Items**
  - A. Committee members are asked to bring ideas for future discussion.
  - B. Next meeting: Wednesday, December 6, 2023, at 3:00pm
9. **Adjournment**

\*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 261.1500 or email [countyclerk@co.marathon.wi.us](mailto:countyclerk@co.marathon.wi.us) one business day before the meeting.

**SIGNED**           s/s Michelle Van Krey            
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups

EMAILED BY: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

**NOTICE POSTED AT THE COURTHOUSE**

BY: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_



## MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE AGENDA WITH MINUTES

Date & Time of Meeting: **Wednesday, October 4, 2023 at 3:00pm**

Meeting Location: **Courthouse Assembly Room, Courthouse, 500 Forest Street, Wausau WI 54403**

Michelle Van Krey	Present
Jennifer Aarrestad	Present
Ron Covelli	Present
Dennis Gonnering	Webex
Donna Krause	Present (3:03)
Alyson Leahy	Webex
Bobby Niemeyer	Absent

Staff Present: Administrator Leonhard, Chris Holman, Michael Puerner, Laura Scudiere, Kristi Palmer, Jason Hake, Gary Olsen, Vicki Tylka, Christa Jensen, Kate Florek

Others Present: David Baker, John Robinson

### [Meeting Recording](#)

- 1. Call Meeting to Order** – Chair Van Krey called the meeting to order at 3:00 p.m.
- 2. Pledge of Allegiance**
- 3. Public Comment** - None
- 4. Approval of the September 6, 2023, Health and Human Services Committee Meeting Minutes (:00.30)**  
Motion by Covelli, Second by Aarrestad to approve the minutes with the amendment of meeting called to order by Vice Chair Aarrestad instead of Chair Van Krey. Motion carried on voice vote, unanimously.
- 5. Policy Issues Discussion and Potential Committee Determination**
  - A. North Central Health Care's Budget (:01)
  - B. Discussion of HR, Finance & Property Committee's 2024 Proposed Budget and Possible Recommendations Regarding Modifications (:39) – Motion by Aarrestad second by Covelli to recommend to the Human Resources, Finance, and Property Committee to consider the recommendations regarding the Social Improvement Fund. Motion carried on a voice vote unanimously.
- 6. Operational Functions Required by Statute, Ordinance, Resolution, or Policy** - None
- 7. Educational Presentations and Committee Discussion** - None
- 8. Next Meeting Date & Time, Announcements and Future Agenda Items**
  - A. Committee members are asked to bring ideas for future discussion.
  - B. Next meeting: Wednesday, November 1, 2023, at 3:00pm
- 9. Adjournment**  
Motion by Covelli, second by Krause to adjourn. Motion Carried on voice vote, unanimously.  
Meeting adjourned at 4:35 p.m.

Minutes Prepared by Kelley Blume, Deputy County Clerk



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](mailto: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.

<b>5310</b> <input style="width: 80px; height: 20px;" type="checkbox"/>	<b>5307</b> <input style="width: 80px; height: 20px;" type="checkbox"/>	<b>5311</b> <input style="width: 80px; height: 20px;" type="checkbox"/>
<b>Other</b> <i>(Please explain)</i> <span style="background-color: #cccccc; padding: 2px 10px;">None</span>		

**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><b>Title of Coordinated Plan:</b></p> <p><b>The goal(s) and/or strategies from which your project is included:</b></p> <p><b>Page number(s) of the Coordinated plan in which the goals may be referenced:</b></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>
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**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.

YES	<input checked="" type="checkbox"/>	
NO	<input type="checkbox"/>	(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.)

# APPLICANT CHECKLIST

County of **MARATHON**

<b>Required Components</b>	<b>Complete</b>
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 <b>Resources</b> 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	
<b>Chevrolet/Glavel</b>		<b>2012</b>	<b>54,556</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>	
<b>Chevrolet/Glavel</b>		<b>2012</b>	<b>54,247</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>	
<b>Chevrolet/Glavel</b>		<b>2012</b>	<b>60,805</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>	
<b>Chevrolet/Glavel</b>		<b>2012</b>	<b>51,859</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>	
<b>1 Ford HSV</b>		<b>2013</b>	<b>84,770</b>	<b>6/3</b>	<b>X</b>			<input type="checkbox"/>	
<b>3 Ford Starcraft</b>		<b>2015</b>	<b>82,266</b>	<b>8/3</b>	<b>X</b>			<input type="checkbox"/>	
<b>50 Ford Starcraft</b>		<b>2007</b>	<b>104,916</b>	<b>9/1</b>	<b>X</b>			<input type="checkbox"/>	
<b>62 Ford Starcraft</b>		<b>2008</b>	<b>60,243</b>	<b>4/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>63 International SB</b>		<b>2009</b>	<b>120,273</b>	<b>32/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>64 International SB</b>		<b>2009</b>	<b>107,123</b>	<b>32/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>65 Ford Starcraft</b>		<b>2010</b>	<b>80,635</b>	<b>12 amb</b>	<b>X</b>			<input type="checkbox"/>	
<b>66 Ford Starcraft</b>		<b>2010</b>	<b>74,363</b>	<b>7/1</b>	<b>X</b>			<input type="checkbox"/>	
<b>67Ford Starcraft</b>		<b>2010</b>	<b>75,306</b>	<b>7/1</b>	<b>X</b>			<input type="checkbox"/>	
<b>69 International SB</b>		<b>2011</b>	<b>70,475</b>	<b>30/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>5 Ford Starcraft</b>		<b>2017</b>	<b>59,250</b>	<b>8/3</b>	<b>X</b>			<input type="checkbox"/>	
<b>57 Ford Transit</b>		<b>2019</b>	<b>14,394</b>	<b>7/1</b>	<b>X</b>			<input type="checkbox"/>	
<b>100 Ford Starcraft</b>		<b>2019</b>	<b>41,680</b>	<b>12</b>	<b>X</b>			<input type="checkbox"/>	
<b>101 Ford Starcraft</b>		<b>2019</b>	<b>24,714</b>	<b>6/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>109 Chevy Titan</b>		<b>2015</b>	<b>177,096</b>	<b>10/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>110 Chevy Titan</b>		<b>2015</b>	<b>162,575</b>	<b>10/2</b>	<b>X</b>			<input type="checkbox"/>	
<b>20 Ford Strcraft</b>		<b>2020</b>	<b>10,688</b>	<b>10/2</b>	<b>x</b>			<input type="checkbox"/>	
								<input type="checkbox"/>	

### THIRD PARTY PROVIDERS

County of **MARATHON**

**Instructions:** Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the **Resources** tab.  
*(If there are no projects or vehicles that are contracted or leased out, please put **None** in the first gray box.)*

Project Name	Anticipated or Known Contractor Name	Type of Agreement <i>(Lease or Contract)</i>	Start Date <i>(MM/DD/YY)</i>	Expiration Date <i>(MM/DD/YY)</i>	Last Bid Date	Contract Price	If over \$10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
<b>North Central Health Care</b>	<b>North Central Health Care</b>	<b>Contract</b>	<b>01/01/24</b>	<b>12/31/28</b>	<b>06/28/23</b>	<b>\$318,304</b>	<b>Yes</b>	<b>1</b>
<b>Metro Ride</b>	<b>Wausau Area Transit System, dba, Metro Ride</b>	<b>Contract</b>	<b>01/01/24</b>	<b>12/31/28</b>	<b>06/28/23</b>	<b>\$88,418</b>	<b>Yes</b>	<b>1</b>

## 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		
<b>Total projected cost of 3-year plan</b>		<b>\$ -</b>

Estimated amount of state aid to be held in trust on 12/31/2023	<b>\$29,336.00</b>
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<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 = <span style="float: right;">\$29,336.00</span>
Spending plan for 2025 =	\$ -	Funds added for 2025 =	Estimated balance on 12/31/25 = <span style="float: right;">\$29,336.00</span>
Spending plan for 2026 =	\$ -	Funds added for 2026 =	Estimated balance on 12/31/26 = <span style="float: right;">\$29,336.00</span>

**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	<b>X</b>	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
<b>Start Time</b>	based on volunteer availability	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	based on volunteer availability
<b>End Time</b>	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
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## 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

<b>Expenditures should equal revenue</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0.00</span>
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## 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 **None**  
*(if applicable)*

**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
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## 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

<b>Expenditures should equal revenue</b>	<b>\$0.00</b>
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# 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
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## 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

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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**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
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**Project Expenses**

Total Project Expenses	\$318,304.00	\$88,418.00	\$35,368.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$442,090.00</b>
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**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	<b>\$368,408.00</b>
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
County funds	\$53,051.00	\$14,736.00	\$5,895.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$73,682.00</b>
Passenger Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
Total from other funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
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

<b>Expenses - revenue =</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
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## 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](http://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](mailto: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.*

**RESOLUTION # R-\_\_-22**

**2024 ELDERLY AND DISABLED TRANSPORTATION (85.21) APPLICATION**

**WHEREAS,** Section 85.21 of the Wisconsin Statutes authorizes the Wisconsin Department of Transportation to make grants to the counties of Wisconsin for the purpose of assisting them in providing specialized transportation services to the elderly and the disabled; and

**WHEREAS,** each grant must be matched with a local share of not less than 20% of the amount of the grant; and

**WHEREAS,** this body considers that the provision of specialized transportation services would improve and promote the maintenance of human dignity and self-sufficiency of the elderly and the disabled.

**NOW, THEREFORE, BE IT RESOLVED,** that the Board of Supervisors of the County of Marathon does ordain as follows:

- 1) Authorizes the Planning Manager of Conservation, Planning, and Zoning, to prepare and submit to the Wisconsin Department of Transportation an application for assistance during 2024 under Section 85.21 of the Wisconsin Statutes, in conformance with the requirements issued by that Department.
- 2) Authorizes the obligation of funds in the amount of \$73,682.00 in order to provide the required local match.
- 3) Authorizes Kurt Gibbs, County Board Chairperson, to execute a state aid contract with the Wisconsin Department of Transportation under Section 85.21 of the Wisconsin Statutes on behalf of Marathon County.

Dated this 9<sup>th</sup> day of November, 2023

**TRANSPORTATION COORDINATING COMMITTEE**

_____	_____
_____	_____
_____	_____
_____	_____

**HEALTH AND HUMAN SERVICES COMMITTEE**

_____	_____
_____	_____
_____	_____

**Total allocation for 85.21 transportation program for 2024:**

State allocation: \$368,408.00

Local match @ 20%: \$73,682.00

**FISCAL IMPACT STATEMENT:** The required local match for transportation services under the s.85.21 program have been budgeted for 2024.

**RESOLUTION # R-\_\_\_\_\_ - 23**

**RESOLUTION SUPPORTING 2023 SENATE BILL 328**

**WHEREAS**, the Marathon County Board of Supervisors recognizes the need for its citizens to know the actual costs of services before making decisions relative to having a non-emergency healthcare procedure; and

**WHEREAS**, health care transparency is an important tool in allowing patients to compare services and prices and make informed choices; and

**WHEREAS**, average health care expenditures by citizens in the United States continues to grow as a percentage of income; and

**WHEREAS**, the Wisconsin State Senate is currently considering a bipartisan bill, 2023 Senate Bill 328, that would create requirements for hospitals to provide cost information for certain items and services provided by the hospital. Under the bill, each hospital must make publicly available a digital file in a machine-readable format that contains a list of standard charges for certain items and services provided by the hospital and a consumer-friendly list of standard charges for certain shoppable services. If a hospital is not in compliance, the bill requires the Department of Health Services to take certain corrective actions relative to the hospital. The bill also establishes penalties for violations of price transparency requirements.

**NOW, THEREFORE, BE IT RESOLVED** that the Marathon County Board of Supervisors hereby expresses its support of 2023 Senate Bill 328 and instructs the Marathon County Administrator to submit a statement in favor of the legislation on behalf of Marathon County to the Wisconsin Legislature and the Wisconsin Counties Association.

**BE IT FURTHER RESOLVED** that the Marathon County Board Chairperson shall encourage the Wisconsin Counties Association to support 2023 Senate Bill 328..

Respectfully submitted this \_\_\_\_ day of \_\_\_\_\_, 2023.

**HEALTH AND HUMAN SERVICES COMMITTEE**

_____	_____
_____	_____
_____	_____
_____	_____

**Fiscal Impact:** None.

**Legal Note:** This Resolution requires a simple majority vote of the County Board.