



December 4, 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,

A handwritten signature in black ink, appearing to read "Kurt Gibbs", is positioned below the word "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>  | <b>5307</b> | <b>5311</b> |  |
|  |             |             |  |
| <b>Other</b> <span style="color: red; font-size: small;">(Please explain)</span> |             | 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.

|   |  |
|---|--|
| <b>Title of Coordinated Plan:</b>   | Marathon County Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023  |
| <b>The goal(s) and/or strategies from which your project is included:</b>           | 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 of 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. |
| <b>Page number(s) of the Coordinated plan in which the goals may be referenced:</b> | Pages 9 and 10.  |

**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 | X |   |
| NO  |   | (If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.) |
|     |   |   |

# 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<br><i>(Minivan, Medium Bus, etc.)</i> | Full VIN Number   | Model Year  | Current Mileage | No. of Ambulatory /<br>Wheelchair Positions<br><i>(Ambulatory/Non-<br/>Ambulatory)</i> | Funding Source (mark with X) |       |          |                          | Place "X" in<br>box to<br>indicate if<br>vehicle is<br>leased to<br>another<br>party. |
|--|-------------------|-------------|-----------------|--|------------------------------|-------|----------|--------------------------|---|
|  |                   |             |                 |  | 5310                         | 85.21 | Trust    | Other                    |   |
| <b>Chevrolet/Glavel</b>                            | 1GB6G5BL3C1125202 | <b>2012</b> | <b>60,163</b>   | <b>8/2</b>   |                              |       | <b>X</b> | <input type="checkbox"/> |   |
| <b>Chevrolet/Glavel</b>                            | 1GB6G5BL0C1124718 | <b>2012</b> | <b>58,555</b>   | <b>8/2</b>   |                              |       | <b>X</b> | <input type="checkbox"/> |   |
| <b>Chevrolet/Glavel</b>                            | 1GB6G5BL8C1124272 | <b>2012</b> | <b>64,803</b>   | <b>8/2</b>   |                              |       | <b>X</b> | <input type="checkbox"/> |   |
| <b>Chevrolet/Glavel</b>                            | 1GB6G5BL1C1124999 | <b>2012</b> | <b>55,925</b>   | <b>8/2</b>   |                              |       | <b>X</b> | <input type="checkbox"/> |   |
|  |                   |             |                 |  |                              |       |          | <input type="checkbox"/> |   |
| <b>3 Ford Starcraft</b>                            | 1FDDE4FS7FDA08699 | <b>2015</b> | <b>85,555</b>   | <b>8/3</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>62 Ford Starcraft</b>                           | 1FD3E35L28DB51845 | <b>2008</b> | <b>66,609</b>   | <b>4/2</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>65 Ford Starcraft</b>                           | 1FDDE35LX9DA92666 | <b>2010</b> | <b>95,607</b>   | <b>12 amb</b>  | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>66 Ford Starcraft</b>                           | 1FDDE35LX9DA90920 | <b>2010</b> | <b>75,459</b>   | <b>7/1</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>67 Ford Starcraft</b>                           | 1FDDE35L19DA92684 | <b>2010</b> | <b>80,558</b>   | <b>7/1</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>5 Ford Starcraft</b>                            | 1FDDE4FS4HDC35528 | <b>2017</b> | <b>72,781</b>   | <b>8/3</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>57 Ford Transit</b>                             | 1FDZX2CM6KKA70912 | <b>2019</b> | <b>17,078</b>   | <b>7/1</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>100 Ford Starcraft</b>                          | 1FDDE3FS2KDC26212 | <b>2019</b> | <b>32,765</b>   | <b>12</b>  | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>101 Ford Starcraft</b>                          | 1FDES8PV6KKA50050 | <b>2019</b> | <b>34,145</b>   | <b>6/2</b>   | <b>X</b>                     |       |          | <input type="checkbox"/> |   |
| <b>20 Ford Strcraft</b>                            | 1FDE4FSXKDC65608  | <b>2017</b> | <b>42,443</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<br><i>(Lease or Contract)</i> | Start Date<br><i>(MM/DD/YY)</i> | Expiration Date<br><i>(MM/DD/YY)</i> | Last Bid Date | Contract Price    | If over \$10k, was a competitive solicitation completed? | Year of Contract (1 to 5) |
|---------------------------|---|---|---------------------------------|--------------------------------------|---------------|-------------------|--|---------------------------|
| North Central Health Care | North Central Health Care                   | Contract  | 01/01/24                        | 12/31/28                             | 06/28/23      | \$318,304 in 2024 | Yes  | 1                         |
| Metro Ride                | Wausau Area Transit System, dba, Metro Ride | Contract  | 01/01/24                        | 12/31/28                             | 06/28/23      | \$88,418 in 2024  | Yes  | 1                         |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |
|                           |   |   |                                 |                                      |               |                   |  |                           |

## 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<br><i>If non-vehicle capital purchase, please provide description on second page below.</i> | Planned year of purchase<br>(YYYY) | Amt of Trust Used for Project |
|--|------------------------------------|-------------------------------|
| Purchase 2 - 13 Passenger Buses, 1 for Metro Ride (\$135,448) and 1 for NCHC (\$129,435)                     | <b>2024</b>                        | <b>\$264,883.00</b>           |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
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|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
|  |                                    |                               |
| <b>Total projected cost of 3-year plan</b>   |                                    | <b>\$ 264,883.00</b>          |

|   |                     |
|---|---------------------|
| Estimated amount of state aid to be held in trust on 12/31/2023 | <b>\$294,219.43</b> |
|---|---------------------|

| <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 =                               | <b>\$264,883.00</b>  | Funds added for 2024 = <input type="text"/> Estimated balance on 12/31/24 = <b>\$29,336.43</b> |
| Spending plan for 2025 =                               | <b>\$ -</b>  | Funds added for 2025 = <input type="text"/> Estimated balance on 12/31/25 = <b>\$29,336.43</b> |
| Spending plan for 2026 =                               | <b>\$ -</b>  | Funds added for 2026 = <input type="text"/> Estimated balance on 12/31/26 = <b>\$29,336.43</b> |

**Date complete** **December 1, 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.)*

Purchase orders were submitted to A & J Mobility for 2 buses in 2023 using the State Procurement List. The buses will not be delivered until 2024, so these purchases are being placed in the 2024 grant application. This will be reflected in the 2023 year end financial report.

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                     |   | <i>Brief description of Study</i> |  |
| Other <i>(provide explanation)</i> | Paid staff drivers may be used to provide rides to clients if no volunteer drivers are available. There is currently a shortage of volunteer drivers in the county. |                                   |  |

**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 part 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, paid staff drivers may be used or 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 \$447,739.00

*\*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. 129,435

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 \$447,739.00

|  |               |
|--|---------------|
| <b>Expenditures should equal revenue</b> | <b>\$0.00</b> |
|--|---------------|

## 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 \$2.50.

# PROJECT BUDGET

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

## Annual Expenditures

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

**Total Expenses** \$223,866.00

*\*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.** \$135,448

**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** \$223,866.00

C

|  |               |
|--|---------------|
| <b>Expenditures should equal revenue</b> | <b>\$0.00</b> |
|--|---------------|

## 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

|  |            |
|--|------------|
| <b>Expenditures should equal revenue</b> | <b>\$0</b> |
|--|------------|

**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 | \$447,739.00 | \$223,866.00 | \$35,368.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | <b>\$706,973.00</b> |
|------------------------|--------------|--------------|-------------|--------|--------|--------|--------|--------|---------------------|

**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        | \$129,435.00 | \$135,448.00 | \$0.00      | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | <b>\$264,883.00</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> |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|



## 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

### Marathon County's Transportation Coordinating Committee (TCC)

Membership: Per Tran 2.10, membership must include representation from at least the following:

- County Board, County Aging Unit (ADRC), County Department of Social Services, 51.42 Board Member
- Transportation Providers (public, proprietary, and nonprofit), Elderly and Disabled Citizen Advocates and
- Consumer and Agency Advocates. The following is the current member list on the TCC.
  - Supervisor Bruce Lamont
  - Supervisor Donna Krause
  - Supervisor Gayle Marshall
  - David Oberbeck - 51.42 Board Member - Vice-Chair

- Yee Leng Xiong - Social Services Board Member, Chair
- Chris Dickinson, ADRC Board Member
- Metro Ride Director, Transportation Provider
- Kathi Zoern, Elderly and Disabled Advocate
- Dean Verhein, Consumer and Agencies Advocate

Other Organizational Relationships: TCC reports to the Health and Human Services Committee of the County Board. This is for approval of the 85.21 Elderly and Disabled grant application. Spending of the trust fund dollars doesn't need to go to H&HS for approval.

## 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, 2023, and October 24, 2023



Wisconsin  
GANNETT

PO Box 630848 Cincinnati, OH 45263-0848

**PROOF OF PUBLICATION**

MARATHON COUNTY  
Debbie  
Marathon County  
500 Forest ST  
Wausau WI 54403-5554

STATE OF WISCONSIN, COUNTY OF BROWN

I being duly sworn, doth depose and say that I am an authorized representative of The Wausau Daily Herald, a newspaper at Wausau Wisconsin and that an advertisement of which the annexed is a true copy, taken from said paper, has been published in said newspaper in the issues dated:

10/20/2023, 10/24/2023

That said newspaper was regularly issued and circulated on those dates and that the fees charged are legal.

Sworn to and subscribed before on 10/24/2023

Legal Clerk

Notary, State of WI, County of Brown

4-6-27

My commission expires

Publication Cost: \$89.96  
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Please do not use this form for payment remittance.

DENISE ROBERTS  
Notary Public  
State of Wisconsin

**2024 SPECIALIZED  
TRANSPORTATION PROGRAM  
FOR THE ELDERLY AND DISABLED  
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Date of public hearing:

October 25, 2022

*No Public Comments were obtained or given at the Public Hearing.*



**Transportation Coordinating Committee  
Minutes  
Wednesday, October 25, 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             |
| Kathi Zoern                 | X              |               |
| Bruce Lamont                | X              |               |
| Gayle Marshall              | X              |               |
| Donna Krause                |                | X             |
| Dean Verhein                | X              |               |

**Also Present in person or Webex:** Dave Mack, Lance Mueller – CPZ; Jenny McKenzie – NCHC

**1. Call to Order**

The agenda being properly signed and posted, and the presence of a quorum, the meeting was called to order at 2:00 pm by Chair Xiong in the large conference room, 210 River Drive, Wausau, WI 54403.

**2. Public Comments – None.**

**3. Approve Minutes of the June 28, 2023 Meeting**

Action: **MOTION / SECOND BY VERHEIN/ MARSHALL TO APPROVE THE MINUTES OF THE JUNE 28, 2023 MEETING AS DISTRIBUTED. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

**4. Public Hearing for the 2024 85.21 Elderly and Disabled Transportation Application**

This is a required public hearing for the public to be able to provide input on the County's Elderly and Disabled Transportation (85.21) grant application. Chairman Xiong opened the Hearing by reading the notice and asked multiple times if anyone was present that would like to address this committee as part of the Public Hearing. With no one coming forward to address the Committee, the Chairman closed the Public Hearing. No comments on the application were received.

**5. Educational Presentations/Outcome Monitoring Reports and Possible Action**

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

Discussion: McKenzie discussed the financial reports provided for NCHC's service during the months of June, July, and August. Costs were up significantly, and they are down to only 5 volunteer drivers. Part of the barriers for volunteers to drive is the cost of insurance as rates can go up by as much as 40% if they become a volunteer driver. The Chairman discussed that this committee may need to create a letter to provide to the state legislature that would support legislation addressing the increased cost in insurance. The Chairman will follow up with Mack and McKenzie to draft this letter.

Action: FOR INFORMATIONAL PURPOSES ONLY.

Follow through: NCHC STAFF WILL CONTINUE TO INFORM THE COMMITTEE REGARDING ITS SERVICES AND FINANCIAL INFORMATION. DRAFT A LETTER REGARDING THE INCREASED INSURANCE COSTS.

B. Financial and Service Delivery Report – Metro Ride

Discussion: Mack provided an update on Metro Ride as Rosenbloom-Jones was not present. Rosenbloom-Jones is resigning from the Director position at Metro Ride, and they are currently looking for a new director.

Action: FOR INFORMATIONAL PURPOSES ONLY.

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

C. Elderly and Disabled Transportation Needs Assessment Status Report

Discussion: Mack explained the County had hired the North Central Wisconsin Regional Planning Commission to perform a transportation needs assessment for Marathon County. This involved having several public meetings over the summer to obtain public input. A meeting was also held in October with transportation professionals. Regional Planning has developed a survey and they will be sending it out shortly.

Action: FOR INFORMATIONAL PURPOSES ONLY.

Follow through: ONCE THE SURVEY IS READY, MACK WILL DISTRIBUTE THE SURVEY TO THE GROUP.

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 & Disabled Transportation Application

Discussion: Mack discussed how this is an annual grant application. Marshall asked if staff time counted towards the match. Mack shared the match must be a cash match, so staff time does not contribute to it. Marshall also asked if the ¾ mile radius from the metro ride route for paratransit service left any of the population out of service. Mack explained that NCHC covers all of the county and any area not served by Metro Ride in the City of Wausau.

Action: **MOTION / SECOND BY LAMONT / ZOERN TO APPROVE THE 2024 85.21 ELDERLY AND DISABLED TRANSPORTATION APPLICATION. MOTION CARRIED BY VOICE VOTE, NO DISSSENT.**

Follow through: THE DRAFT APPLICATION WILL GO TO THE HEALTH AND HUMAN SERVICES COMMITTEE FOR APPROVAL THEN ON TO THE COUNTY BOARD FOR FINAL APPROVAL.

7. Meeting Time, Location, Agenda Items:

To Be Determined by the Chairman

8. Adjourn

Action: There being no further business to discuss, **MOTION / SECOND BY ZOERN / MARSHALL TO ADJOURN THE MEETING AT 2:30 PM. MOTION CARRIED BY VOICE VOTE, NO DISSSENT.**

Submitted by:  
David Mack  
DM: lm  
October 26, 2023