



December 13, 2024

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

**MARATHON COUNTY 2025 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION**

Marathon County hereby makes an application for \$367,220.00 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 2025. The County assures that \$73,444.00 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 above the typed name.

Kurt Gibbs, Chairperson  
Marathon County Board of Supervisors

Enclosure: 2025 Specialized Transportation Application

# 2025 APPLICANT INFORMATION FORM

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For additional information on this Application Workbook,  
please refer to the §85.21 Application Guidelines for CY2025

**County of** MARATHON

**Primary Contact for this Grant Program**

**Name** Laurie Miskimins

**Telephone Number** 715-261-6024 **Extension**

**Email Address** [laurie.miskimins@marathoncounty.gov](mailto:laurie.miskimins@marathoncounty.gov)

**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. LM

**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. LM

**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.

**Title of Coordinated Plan:** Marathon County Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023

**The goal(s) and/or strategies from which your project is included:** 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.

**Page number(s) of the Coordinated plan in which the goals may be referenced:** 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**

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
<i><u>If applicable</u></i> : Upload Third Party Contracts &/or Leases to the <b>Resources</b> Tab	

## VEHICLE INVENTORY

Count **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	
MED BUS	1FDDE4FS7FDA08699	2015	87,185	12 amb or 6 amb and 4w/c	X			<input type="checkbox"/>	
MED BUS	1FDDE4FS6HDC64450	2017	84,558	12 amb or 8 amb and 2w/c	X			<input type="checkbox"/>	
MED BUS	1FDDE3FS9HDC77876	2017	84,135	2 amb 3w/c or 4 amb and 2w/c	X			<input type="checkbox"/>	
MED BUS	1FDDE4FS0JDC37976	2018	42,113	8 amb and 4w/c	X			<input type="checkbox"/>	
MED BUS	1FDDE3FS8JDC39756	2018	84,048	8 amb and 1w/c	X			<input type="checkbox"/>	
MED BUS	1FDDE4FS7KDC63802	2019	57,898	10 amb and 2w/c	X			<input type="checkbox"/>	
MED BUS	1FDDE4FS9KDC63803	2019	34,978	10 amb and 2w/c or 2 amb and 2w/c	X			<input type="checkbox"/>	
MED BUS	1FDE4FSXKDC65608	2020	58,951	14 amb or 10 amb and 2w/c	X			<input type="checkbox"/>	
FORD TRANSIT	1FDZX2CM6KKA70912	2019	18,900	7 amb or 5 amb and 1w/c	X			<input type="checkbox"/>	
SMALL BUS	1FD3E35L28DB51845	2008	71,208	6 amb and 2w/c	X			<input type="checkbox"/>	
SMALL BUS	1FDES8PV6KKA50050	2019	42,585	6 amb and 2w/c	X			<input type="checkbox"/>	
SMALL BUS	1FDXE4FN3RDD07173	2023	753	10 amb and 2w/c			X	<input type="checkbox"/>	
								<input type="checkbox"/>	
121 Chevrolet/Glavel	1GB6G5BL3C1125202	2012	62,815	8/2			X	<input type="checkbox"/>	
122 Chevrolet/Glavel	1GB6G5BL0C1124718	2012	61,196	8/2			X	<input type="checkbox"/>	
123 Chevrolet/Glavel	1GB6G5BL8C1124272	2012	68,852	8/2			X	<input type="checkbox"/>	
124 Chevrolet/Glavel	1GB6G5BL1C1124999	2012	59,392	8/2			X	<input type="checkbox"/>	
241 Ford E-450	1FDXE4FN6RDD07149	2024	1,072	12/6			X	<input type="checkbox"/>	
								<input type="checkbox"/>	
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								<input type="checkbox"/>	

If you have more vehicles than can fit onto one sheet, please add another copy of this sheet.  
 \*Right click on the tab, select **Move or Copy**, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.



# 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 2024 purchases made with trust funds. Please contact WisDOT Program Manager(s) for pre-approval prior to spending trust expenditure.

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

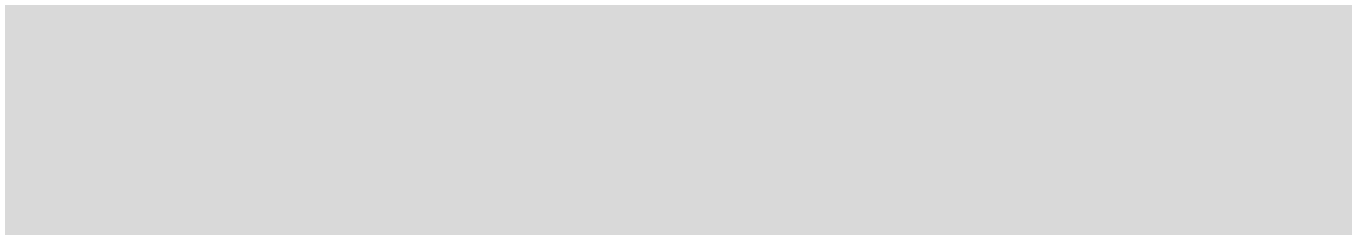
Estimated amount of state aid to be held in trust on 12/31/2024	<b>\$60,000.00</b>
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<i>Will auto calculate based on year entered above</i>		<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 2025 =	\$ -	Funds added for 2025 =	Estimated balance on 12/31/25 = \$ 60,000.00
Spending plan for 2026 =	\$ -	Funds added for 2026 =	Estimated balance on 12/31/26 = \$ 60,000.00
Spending plan for 2027 =	\$ -	Funds added for 2027 =	Estimated balance on 12/31/27 = \$ 60,000.00

**Date complete** December 13th 2024

**Prepared by** Laurie Miskimins

**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.

## TRUST FUND SPENDING PLAN

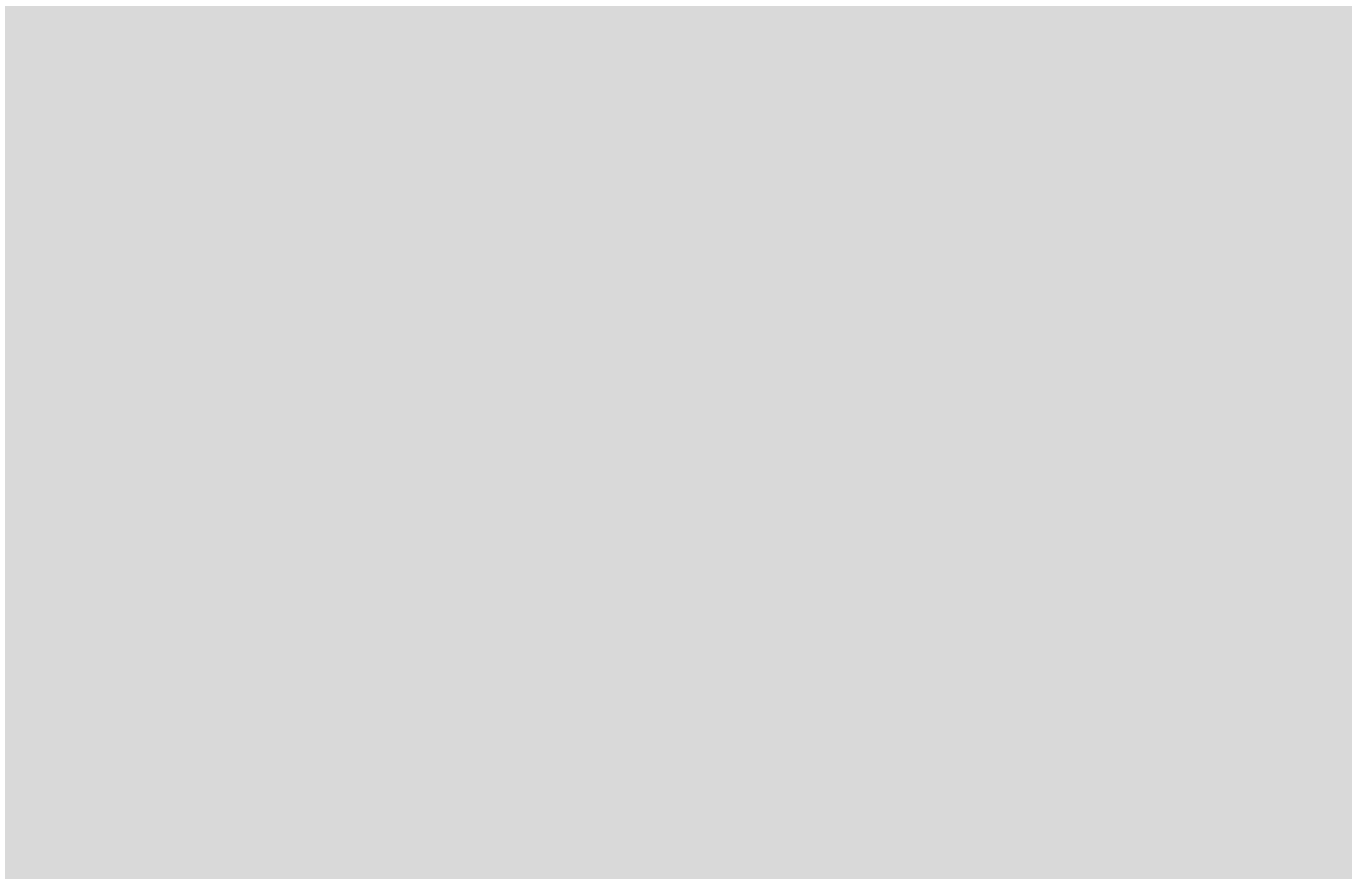
*Continued*

County of

**MARATHON**

### **Narrative for non-vehicle equipment purchases continued.**

*(Hint: Use "ALT" and "Enter" to start a new paragraph.)*



# 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	6/28/2023

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

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** **\$317,278.00**

*\*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.*

<b>A. §85.21 funds from annual allocation</b>	<b>Total from A.</b>	<b>\$264,398.00</b>
<b>B. §85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	<b>\$52,880.00</b>
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. §5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	<b>\$0.00</b>

*(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 <span style="border: 1px solid black; padding: 2px 10px;"></span>
2.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
3.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
4.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>

5.

Total

6.

Total

**Revenue Total** **\$317,278.00**

**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

Date contract last updated

6/28/2023

**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

*Brief description  
of Study*

Other *(provide explanation)*

**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
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### Annual Expenditures

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

**Total Expenses** \$88,133.00

*\*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.*

<b>A. §85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$73,444.00
<b>B. §85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$14,689.00
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. §5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$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 <span style="border: 1px solid black; padding: 2px 10px;"></span>
2.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
3.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
4.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>

5.

Total

6.

Total

**Revenue Total** **\$88,133.00**

**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 1/1/2023

**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>	<b>Grant Administration by Recipient</b>		

**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	<b>N/A</b>	<b>8:00 am</b>	<b>8:00 am</b>	<b>8:00 am</b>	<b>8:00 am</b>	<b>8:00 am</b>	<b>N/A</b>
End Time	<b>N/A</b>	<b>4:30 pm</b>	<b>4:30 pm</b>	<b>4:30 pm</b>	<b>4:30 pm</b>	<b>4:30 pm</b>	<b>N/A</b>

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 **\$35,253.00**

*\*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. **\$29,377.00**

B. §85.21 funds from trust fund

Total from B.

C. County Match Funds

Total from C. **\$5,876.00**

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** **\$35,253.00**

**Expenditures should equal revenue** **\$0**

**COUNTY ELDERLY TRANSPORTATION  
2025 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	\$317,278.00	\$88,133.00	\$35,253.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$440,664.00</b>
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**Project Revenue by Funding Source**

\$85.21 Annual Allocation	\$264,398.00	\$73,444.00	\$29,377.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$367,219.00</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	\$52,880.00	\$14,689.00	\$5,876.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$73,445.00</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

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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## CERTIFICATION

I certify that to the best of my knowledge the information presented to the Wisconsin Department of Transportation on these forms relating to the s. 85.21 Specialized Transit Program for the calendar year of 2025 is true and correct.

Marathon

County

*Laurie Miskimins*

Signature (County Authorized Representative)

*12/13/2024*

Date

Laurie Miskimins

Printed Name

715-261-6024

Phone

Director

Title

[laurie.miskimins@marathoncounty.gov](mailto:laurie.miskimins@marathoncounty.gov)

Email

## 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 Deb Hoppa
  - Supervisor Bill Conway

- Supervisor Jay Schoenborn
- Supervisor Chantelle Foote
- Supervisor Gayle Marshall – Vice-Chair, ADRC Board Member
- Yee Leng Xiong - Social Services Board Member, Chair
- Metro Ride Director, Arran Hersey, 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. If a local newspaper is not a viable option, reasonable digital alternatives are acceptable. Check with WisDOT Program Managers.
3. Public Hearing (Page 2)
  - a. Date of public hearing.
  - b. Provide a summary of comments made before, during, and after the public hearing as they relate to the application. **This includes all forms of comments.** If none, type **None**.
  - c. Notice of the hearing must be published at least 10 days prior to the hearing.
  - d. Public hearing must be held at least 14 days prior to application submittal.
4. Attach **a copy of the meeting minutes** during which the approval for the application was granted.

Date of notice publication:

October 11, 2024, and October 15 2024

## 2025 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 23, 2024 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, "2025 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 \$367,220 from the State with a local match of \$73,444 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 Aaron Anklam, 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 <https://www.marathoncounty.gov/projects-planning/transportation-planning>. 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.

Aaron Anklam, Transportation Planner

Marathon County Conservation, Planning, and Zoning

Published on October 11 and October 15

Date of public hearing:	October 23, 2024
<p><i>(Provide a summary of any public comments that were made before, during and after the meeting regarding the application. This may include but not limited to emails, phone conversations, etc.)</i></p>	

Don't forget to attach a **copy the meeting minutes** during which the approval for the application was granted.