



# MARATHON COUNTY TRANSPORTATION COORDINATING COMMITTEE AGENDA

**October 23, 2024**  
**2:00 p.m.**

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

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

The meeting site identified above will be open to the public. Instead of attendance in person, Transportation Coordinating Committee members and the public may attend this meeting by telephone and video conference. **Persons wishing to attend the meeting by virtually may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:**

**PHONE NUMBER:** 1-408-418-9388

**Access Code:** 2490 716 6556

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

**Members:** *Yee Leng Xiong – Chairman, Gayle Marshall– Vice Chair, Deb Hoppa, Bill Conway, Jay Schoenborn, Chantelle Foote, Arran Hersey, Dean Verhein, Kathi Zoern,*

- 1. Call to Order**
- 2. Public Comment**
- 3. Approve Minutes of the May 22, 2024, Meeting**
- 4. Policy Issues Discussion and Committee Determination to the Health and Human Services Committee for its Consideration and Possible Action**
  - A. 2025 85.21 Elderly and Disabled Transportation Application**
- 5. Set Future Meeting Dates and Times – Next Meeting TBD**
- 6. Adjourn**

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

SIGNED \_\_\_\_\_  
PRESIDING OFFICER OR DESIGNEE

EMAILED TO: Courthouse, Daily Herald, TPP Printing, City Pages  
Midwest Radio Group, Marshfield News

EMAILED BY: AA \_\_\_\_\_  
EMAILED DATE/TIME: 10/8/2024 10:30am

NOTICE POSTED AT COURTHOUSE:  
By: \_\_\_\_\_  
Date: \_\_\_\_\_



**Transportation Coordinating Committee  
Minutes  
Wednesday, May 22, 2024  
Large Conference Room  
210 River Drive, Wausau, WI**

<u>Attendance:</u>	<u>Present</u>	<u>Absent</u>
Yee Leng Xiong – Chair	X	
Gayle Marshall – Vice-chair	X	
Deb Hoppa	X	
Bill Conway	X	
Jay Schoenborn	X	
Chantelle Foote	X	
Arran Hersey		X
Dean Verhein	X	
Kathi Zoern	X	

**Also Present in person or Webex:** Dave Mack, Aaron Anklam, Laurie Miskimins, Morgan Arnold – CPZ, Darryl Landeau - NCWRPC

**1. Call to Order / Introductions**

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. Followed by introductions of staff and committee members.

**2. Public Comments** – None.

**3. Approve Minutes of the October 25, 2023, Meeting**

Action: **MOTION / SECOND BY SCHOENBORN / FOOTE TO APPROVE THE MINUTES OF THE OCTOBER 25, 2023, MEETING AS DISTRIBUTED. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

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

A) Transportation Coordinating Committee Orientation

Discussion: Mack gave the committee a brief overview of the history of the committee, various orientation materials, helpful resources, and plans that apply to the Transportation Coordinating Committee. The materials included going over the Mission/Purpose and Duties and Responsibilities of the committee, going through the 85.21 program and application, going over the Locally Developed, Coordinated Public Transit-Human Service Transportation Plan, the Transit Development Plan (TDP), and the Elderly & Disabled Transportation Needs Assessment.

Action: For informational purposes only.

B) Financial and Service Delivery Report – North Central Health Care (NCHC)

Discussion: Mack went through the materials supplied by NCHC highlighting the number of rides given each month by NCHC and reviews they have received in Q1 2024.

Action: For informational purposes only.

C) Financial and Service Delivery Report – Metro Ride

Discussion: No information was provided by Metro Ride.

Action: For informational purposes only.

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

A) ACCEPTANCE OF THE ELDERLY AND DISABLED TRANSPORTATION NEEDS ASSESSMENT – NCWRPC

DISCUSSION: LANDEAU DISCUSSED THE RECOMMENDATIONS FROM THE NEEDS ASSESSMENT AND HIGHLIGHTED IMPORTANT AREAS THAT THE COMMITTEE SHOULD BE FOCUSING ON AT FUTURE MEETINGS. THE RECOMMENDATIONS INCLUDED ADDRESSING THE LACK OF VOLUNTEER DRIVERS, INCREASING COMMUNICATION, UTILIZING THE CILWWW DRIVER PROGRAM, AND ESTABLISHING MORE ROUTE SERVICE.

ACTION: **MOTION / SECOND BY CONWAY / MARSHALL TO ACCEPT THE ELDERLY AND DISABLED TRANSPORTATION NEEDS ASSESSMENT RECOMMENDATIONS. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

**6. Set Future Meeting Dates and Times**  
To be Determined by the Chairman

**7. Adjourn**

Action: There being no further business to discuss, **MOTION / SECOND BY FOOTE / HOPPA TO ADJOURN THE MEETING AT 2:56 PM. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

Submitted by:  
Aaron Anklam  
AA: Im  
05/22/2024

MARATHON COUNTY  
TRANSPORTATION COORDINATING COMMITTEE  
PUBLIC HEARING

October 23, 2024

2:00 pm

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

1. Open the Public Hearing. (Chairman Xiong)
2. The Marathon County Transportation Coordination Committee is now meeting in public hearing on the 2025 Specialized Transportation Program for the Elderly and Disabled Grant Application.
3. Welcome all the people who are present.
4. Speaker's Ground Rules
  1. Name & address of speaker
  2. Stay on the topic of the 85.21 Grant Application
  3. Limit your comments to only 5 minutes per person.
  4. Committee members and staff will not be answering question from the speakers
5. Reading of the Specialized Transportation Program for the Elderly and Disabled Grant Application Public Notice
6. Invite the Public to Speak.
  1. Anyone in favor of the Grant Application.
  2. Anyone opposed to the Grant Application.
  3. Anyone, with any other interest in the Grant Application.
7. Close the Hearing. (Chairman Xiong)

"If no one else wishes to testify, I am now declaring the public hearing on the 2025 Specialized Transportation Program for the Elderly and Disabled grant application closed."

**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



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

\*\*\*\*\*

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.

<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.
<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**

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	







# 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>

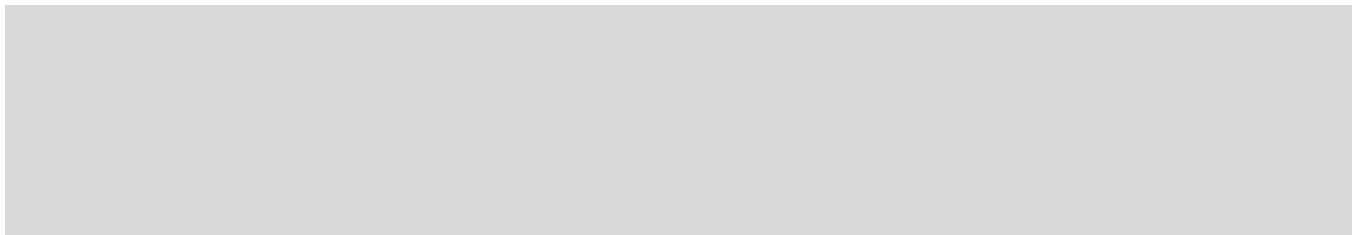
Estimated amount of state aid to be held in trust on 12/31/2024	<b>\$60,000.00</b>
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<i>Will auto calculate based on year entered above</i>		<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>		
Spending plan for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

**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

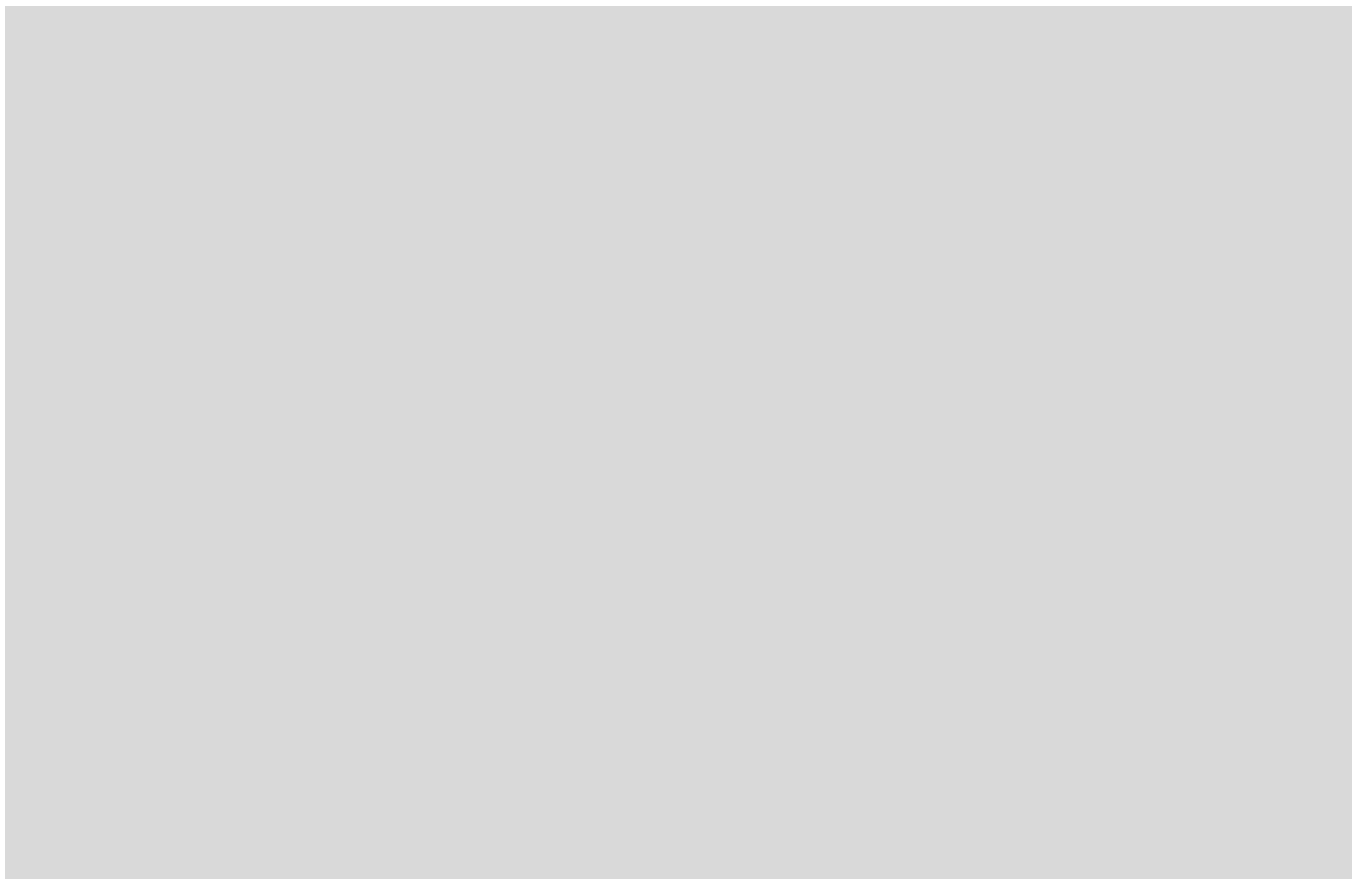
*Continued*

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		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>			

**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
---------------------	--------

### 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	
2.			Total	
3.			Total	
4.			Total	

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		Brief description of Study	
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.



**Human Service Board Serving North Central Health Care**  
 Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 5/1/2024 Through 5/31/2024**  
 (In Whole Numbers)

	Current Period Actual	Current Period Budget - NCHC	Current Period Budget Variance - NCHC	Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
<b>Revenues</b>						
Direct Service Revenue	3000	3,153	4,251	30,832	15,764	15,069
Other Revenue	3100	140	(140)	0	700	(700)
Contracted Services Revenue	3150	2,500	(2,500)	0	12,500	(12,500)
Other Grants	3350	27,300	(967)	134,981	136,500	(1,519)
Allocated Revenue - Administration 0105	3802	5,355	(5,282)	419	26,777	(26,357)
Allocated Revenue - Human Resources 0205	3807	0	0	3	0	3
Allocated Revenue - Accounting 0300	3811	40	213	1,486	201	1,285
Allocated Revenue - IMS 0500	3813	0	(0)	1	0	1
Allocated Revenue - Environmental Support 0700	3817	101	(7)	468	503	(36)
Direct Service Contra Revenue	4000	0	(367)	(8,229)	0	(8,229)
Administrative Writeoffs	4100	0	0	(318)	0	(318)
<b>Total Revenues</b>	<b>33,790</b>	<b>38,589</b>	<b>(4,799)</b>	<b>159,644</b>	<b>192,944</b>	<b>(33,301)</b>
<b>Expenditures</b>						
<b>Salaries and Wages</b>						
Salaries	6000	17,184	(4,756)	78,564	85,919	7,355
Overtime	6010	33	(33)	194	0	(194)
Paid Leave Time	6020	1,118	(1,118)	3,988	0	(3,988)
Holiday	6030	0	0	3,332	0	(3,332)
Other Nonworking	6050	420	(420)	420	0	(420)
Bonus	6080	0	0	1,000	0	(1,000)
Accrued Salaries Expense	6090	(5,799)	5,799	(1,257)	0	1,257
Accrued P.L.T Expense	6100	1,132	(1,132)	4,472	0	(4,472)
<b>Total Salaries and Wages</b>	<b>18,844</b>	<b>17,184</b>	<b>(1,661)</b>	<b>90,714</b>	<b>85,919</b>	<b>(4,795)</b>
<b>Other Direct Expenses</b>						
FICA	6110	1,229	85	6,123	6,573	450
Retirement	6120	1,192	(24)	4,390	5,843	1,452
Worker's Comp Premiums	6130	175	(175)	895	0	(895)
Life Insurance	6140	7	(7)	47	0	(47)
Health Insurance	6150	4,774	305	23,410	25,395	1,986
Unemployment	6160	(14)	14	38	0	(38)
Dental Insurance Expense	6180	204	12	1,022	1,082	60

**Human Service Board Serving North Central Health Care**  
 Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 5/1/2024 Through 5/31/2024**  
 (In Whole Numbers)

	Current Period	Current Period	Current Period	Current Year	YTD Budget -	YTD Budget
	Actual	Budget - NCHC	Variance - NCHC	Actual	NCHC	Variance - NCHC
Vision Insurance Expense	6190	0	17	(10)	0	10
Postage	6250	0	(130)	384	0	(384)
Supplies	6270	33	12	93	167	74
Other Contracted Services	6350	42	42	28	208	180
Vehicle Usage	6357	5,417	719	22,874	27,083	4,210
Client Transportation	6500	2,500	428	8,476	12,500	4,025
Telephone	6870	83	27	275	417	142
IT Device Support	6875	0	(58)	290	0	(290)
IT Service Agreements	6876	0	(25)	243	0	(243)
Mileage and Meals Expense	6900	42	42	0	208	208
Employee Recognition	6940	0	14	0	69	69
Allocated Expense - General 0100	7201	(48)	(48)	0	(242)	(242)
Allocated Expense - Administration 0105	7202	6,355	4,973	5,212	31,775	26,563
Allocated Expense - Marketing and Communications 0110	7203	223	89	764	1,113	349
Allocated Expense - Human Resources 0205	7207	531	874	4,238	4,370	132
Allocated Expense - Infection Prevention 0220	7210	0	147	0	733	733
Allocated Expense - Accounting 0300	7211	448	750	2,979	3,750	771
Allocated Expense - IMS 0500	7213	906	1,344	5,215	6,718	1,504
Allocated Expense - Environmental Support 0700	7217	94	101	468	503	36
Allocated Expense - In-House Transportation 0710	7218	5,595	6,767	25,821	33,834	8,013
Allocated Expense - Housekeeping 0740	7220	66	69	341	345	4
Employee Assistance Program	8080	(0)	0	30	0	(30)
Total Other Direct Expenses	23,764	32,489	8,724	113,642	162,443	48,801
Total Expenditures	42,609	49,672	7,064	204,356	248,362	44,006
Net Revenue Over Expenditures	(8,818)	(11,084)	2,265	(44,712)	(55,418)	10,705

*753 rides*  
*\$56.59 per ride*

### Human Service Board Serving North Central Health Care

#### Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 6/1/2024 Through 6/30/2024**  
 (In Whole Numbers)

	Current Period Actual	Current Period Budget - NCHC	Current Period Budget Variance - NCHC	Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
<b>Revenues</b>						
Direct Service Revenue	3000	3,153	3,306	37,291	18,917	18,374
Other Revenue	3100	140	(140)	0	840	(840)
Contracted Services Revenue	3150	2,500	(2,500)	0	15,000	(15,000)
Other Grants	3350	27,300	(967)	161,314	163,800	(2,486)
Allocated Revenue - Administration 0105	3802	5,355	(5,266)	509	32,132	(31,623)
Allocated Revenue - Human Resources 0205	3807	0	0	4	0	4
Allocated Revenue - Accounting 0300	3811	40	312	1,838	241	1,597
Allocated Revenue - IMS 0500	3813	0	0	1	0	1
Allocated Revenue - Environmental Support 0700	3817	101	(7)	561	604	(43)
Direct Service Contra Revenue	4000	0	(357)	(8,587)	0	(8,587)
Administrative Writeoffs	4100	0	0	(318)	0	(318)
Total Revenues	<u>32,970</u>	<u>38,589</u>	<u>(5,619)</u>	<u>192,613</u>	<u>231,533</u>	<u>(38,920)</u>
<b>Expenditures</b>						
Salaries and Wages	6000	17,184	4,422	91,326	103,103	11,777
Salaries	6010	212	(212)	406	0	(406)
Overtime	6020	2,512	(2,512)	6,500	0	(6,500)
Paid Leave Time	6030	998	(998)	4,329	0	(4,329)
Holiday	6050	0	0	420	0	(420)
Other Nonworking	6080	0	0	1,000	0	(1,000)
Bonus	6090	1,628	(1,628)	372	0	(372)
Accrued Salaries Expense	6100	(875)	875	3,597	0	(3,597)
Accrued PLT Expense						
Total Salaries and Wages	<u>17,237</u>	<u>17,184</u>	<u>(53)</u>	<u>107,951</u>	<u>103,103</u>	<u>(4,848)</u>
Other Direct Expenses	6110	1,142	173	7,264	7,887	623
FICA	6120	813	355	5,204	7,011	1,807
Retirement	6130	(522)	522	373	0	(373)
Worker's Comp Premiums	6140	0	(0)	48	0	(48)
Life Insurance	6150	3,971	1,108	27,380	30,474	3,094
Health Insurance	6160	(0)	0	37	0	(37)
Unemployment	6180	198	18	1,220	1,299	79
Dental Insurance Expense						

**Human Service Board Serving North Central Health Care**  
 Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
 From 6/1/2024 Through 6/30/2024  
 (In Whole Numbers)

	Current Period Actual	Current Period Budget - NCHC	Current Period Budget Variance - NCHC	Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
Vision Insurance Expense	6190	0	16	(26)	0	26
Postage	6250	0	(17)	401	0	(401)
Supplies	6270	33	33	93	200	107
Other Contracted Services	6350	42	42	28	250	222
Vehicle Usage	6357	5,417	(1,015)	29,305	32,500	3,195
Client Transportation	6500	2,500	(62)	11,038	15,000	3,962
Telephone	6870	83	27	331	500	169
IT Device Support	6875	0	(58)	348	0	(348)
IT Service Agreements	6876	0	(25)	268	0	(268)
Mileage and Meals Expense	6900	42	42	0	250	250
Employee Recognition	6940	14	14	0	83	83
Allocated Expense - General 0100	7201	(48)	(49)	0	(291)	(291)
Allocated Expense - Administration 0105	7202	6,355	5,225	6,341	38,130	31,788
Allocated Expense - Marketing and Communications 0110	7203	223	74	913	1,336	423
Allocated Expense - Human Resources 0205	7207	874	(65)	5,177	5,244	67
Allocated Expense - Infection Prevention 0220	7210	147	147	0	879	879
Allocated Expense - Accounting 0300	7211	750	142	3,587	4,500	913
Allocated Expense - IMS 0500	7213	1,344	412	6,146	8,062	1,916
Allocated Expense - Environmental Support 0700	7217	101	7	561	604	43
Allocated Expense - In-House Transportation 0710	7218	6,767	554	32,033	40,601	8,567
Allocated Expense - Housekeeping 0740	7220	69	2	408	414	6
Employee Assistance Program	8080	0	(29)	59	0	(59)
Total Other Direct Expenses	24,894	32,489	7,594	138,537	194,932	56,395
Total Expenditures	42,131	49,672	7,541	246,487	298,034	51,547
Net Revenue Over Expenditures	(9,162)	(11,084)	1,922	(53,874)	(66,501)	12,627

*761 rides \$55.36 per ride*

### Human Service Board Serving North Central Health Care

#### Statement of Revenues and Expenditures - 2750--Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 7/1/2024 Through 7/31/2024**  
 (In Whole Numbers)

	Current Period		Current Period		Current Period		Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
	Actual	Budget - NCHC	Budget - NCHC	NCHC	Budget Variance - NCHC				
<b>Revenues</b>									
Direct Service Revenue	3000	5,066	3,153	1,913	42,356	22,069	20,287		
Other Revenue	3100	0	140	(140)	0	980	(980)		
Contracted Services Revenue	3150	0	2,500	(2,500)	0	17,500	(17,500)		
Other Grants	3350	26,333	27,300	(967)	187,647	191,100	(3,453)		
Allocated Revenue - Administration 0105	3802	85	5,355	(5,271)	593	37,487	(36,894)		
Allocated Revenue - Human Resources 0205	3807	0	0	0	4	0	4		
Allocated Revenue - Accounting 0300	3811	569	40	528	2,407	281	2,125		
Allocated Revenue - IMS 0500	3813	(0)	0	(0)	1	0	1		
Allocated Revenue - Environmental Support 0700	3817	94	101	(7)	655	704	(50)		
Direct Service Contra Revenue	4000	(1,055)	0	(1,055)	(9,641)	0	(9,641)		
Administrative Writeoffs	4100	(48)	0	(48)	(366)	0	(366)		
Charity Care Adjustments	4250	60	0	60	60	0	60		
<b>Total Revenues</b>		<b>31,103</b>	<b>38,589</b>	<b>(7,486)</b>	<b>223,716</b>	<b>270,122</b>	<b>(46,406)</b>		
<b>Expenditures</b>									
<b>Salaries and Wages</b>									
Salaries	6000	13,049	17,184	4,135	104,374	120,286	15,912		
Overtime	6010	277	0	(277)	683	0	(683)		
Paid Leave Time	6020	2,577	0	(2,577)	9,077	0	(9,077)		
Holiday	6030	991	0	(991)	5,320	0	(5,320)		
Other Nonworking	6050	0	0	0	420	0	(420)		
Bonus	6080	0	0	0	1,000	0	(1,000)		
Accrued Salaries Expense	6090	1,259	0	(1,259)	1,630	0	(1,630)		
Accrued PLT Expense	6100	(725)	0	725	2,872	0	(2,872)		
<b>Total Salaries and Wages</b>		<b>17,427</b>	<b>17,184</b>	<b>(243)</b>	<b>125,377</b>	<b>120,286</b>	<b>(5,091)</b>		
<b>Other Direct Expenses</b>									
FICA	6110	1,192	1,315	122	8,457	9,202	745		
Retirement	6120	849	1,169	320	6,052	8,180	2,127		
Worker's Comp Premiums	6130	216	0	(216)	588	0	(588)		
Life Insurance	6140	(61)	0	61	(13)	0	13		
Health Insurance	6150	2,574	5,079	2,505	29,955	35,554	5,599		
Unemployment	6160	(125)	0	125	(88)	0	88		

**Human Service Board Serving North Central Health Care**  
 Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Program  
 2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau

From 7/1/2024 Through 7/31/2024  
 (In Whole Numbers)

	Current Period	Current Period	Current Period	Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
	Actual	Budget - NCHC	Budget Variance - NCHC			
Dental Insurance Expense	6180	209	216	1,429	1,515	86
Vision Insurance Expense	6190	(17)	0	(43)	0	43
Postage	6250	88	0	489	0	(489)
Supplies	6270	22	33	115	233	118
Other Contracted Services	6350	0	42	28	292	264
Vehicle Usage	6357	5,438	5,417	34,744	37,917	3,173
Client Transportation	6500	2,270	2,500	13,308	17,500	4,192
Telephone	6870	56	83	388	583	196
IT Device Support	6875	182	0	529	0	(529)
IT Service Agreements	6876	25	0	293	0	(293)
Mileage and Meals Expense	6900	0	42	0	292	292
Employee Recognition	6940	0	14	0	96	96
Allocated Expense - General 0100	7201	(0)	(48)	0	(339)	(339)
Allocated Expense - Administration 0105	7202	1,137	6,355	7,478	44,485	37,006
Allocated Expense - Marketing and Communications 0110	7203	133	223	1,046	1,558	512
Allocated Expense - Human Resources 0205	7207	523	874	5,700	6,118	418
Allocated Expense - Infection Prevention 0220	7210	0	147	0	1,026	1,026
Allocated Expense - Accounting 0300	7211	457	750	4,044	5,250	1,206
Allocated Expense - IMS 0500	7213	957	1,344	7,103	9,406	2,302
Allocated Expense - Environmental Support 0700	7217	94	101	654	704	50
Allocated Expense - In-House Transportation 0710	7218	5,313	6,767	37,346	47,367	10,021
Allocated Expense - Housekeeping 0740	7220	63	69	471	483	12
Employee Assistance Program	8080	(0)	0	59	0	(59)
Total Other Direct Expenses	21,595	32,489	10,894	160,132	227,421	67,289
Total Expenditures	39,022	49,672	10,651	285,509	347,707	62,198
Net Revenue Over Expenditures	(7,919)	(11,084)	3,165	(61,793)	(77,585)	15,792

*699 rides*

*\$55.83 per ride*

### Human Service Board Serving North Central Health Care

#### Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 8/1/2024 Through 8/31/2024**  
 (In Whole Numbers)

Revenues	Current Period Actual	Current Period Budget - NCHC	Current Period Budget Variance - NCHC	Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
Direct Service Revenue	3000	3,153	2,389	47,898	25,222	22,676
Other Revenue	3100	140	(140)	0	1,120	(1,120)
Contracted Services Revenue	3150	2,500	(2,500)	0	20,000	(20,000)
Other Grants	3350	27,300	(967)	213,980	218,400	(4,420)
Allocated Revenue - Administration 0105	3802	5,355	(5,263)	686	42,843	(42,157)
Allocated Revenue - Human Resources 0205	3807	0	1	5	0	5
Allocated Revenue - Accounting 0300	3811	469	429	2,876	322	2,554
Allocated Revenue - IMS 0500	3813	0	0	1	0	1
Allocated Revenue - Environmental Support 0700	3817	101	(7)	748	805	(57)
Direct Service Contra Revenue	4000	0	(152)	(9,794)	0	(9,794)
Administrative Writeoffs	4100	0	0	(366)	0	(366)
Charity Care Adjustments	4250	0	0	60	0	60
<b>Total Revenues</b>	<b>32,378</b>	<b>38,589</b>	<b>(6,211)</b>	<b>256,094</b>	<b>308,711</b>	<b>(52,617)</b>
<b>Expenditures</b>						
<b>Salaries and Wages</b>						
Salaries	6000	14,521	2,663	118,895	137,470	18,575
Overtime	6010	107	(107)	790	0	(790)
Paid Leave Time	6020	1,829	(1,829)	10,906	0	(10,906)
Holiday	6030	0	0	5,320	0	(5,320)
Other Nonworking	6050	0	0	420	0	(420)
Bonus	6080	0	0	1,000	0	(1,000)
Accrued Salaries Expense	6090	2,625	(2,625)	4,255	0	(4,255)
Accrued P.L.T Expense	6100	(321)	321	2,551	0	(2,551)
<b>Total Salaries and Wages</b>	<b>18,760</b>	<b>17,184</b>	<b>(1,576)</b>	<b>144,138</b>	<b>137,470</b>	<b>(6,668)</b>
<b>Other Direct Expenses</b>						
FICA	6110	1,211	104	9,668	10,517	849
Retirement	6120	836	332	6,888	9,348	2,460
Worker's Comp Premiums	6130	182	(182)	770	0	(770)
Life Insurance	6140	12	(12)	(1)	0	1
Health Insurance	6150	4,318	761	34,272	40,633	6,360
Unemployment	6160	282	(282)	194	0	(194)

### Human Service Board Serving North Central Health Care

#### Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 8/1/2024 Through 8/31/2024**  
 (In Whole Numbers)

	Current Period		Current Period		Current Period		Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
	Actual	Budget - NCHC	Budget - NCHC	Budget Variance - NCHC	Budget - NCHC				
Dental Insurance Expense	6180	205	216	12	1,634	1,731	98		
Vision Insurance Expense	6190	35	0	(35)	(8)	0	8		
Postage	6250	89	0	(89)	578	0	(578)		
Supplies	6270	0	33	33	115	267	152		
Other Contracted Services	6350	0	42	42	28	333	305		
Vehicle Usage	6357	5,609	5,417	(193)	40,353	43,333	2,981		
Client Transportation	6500	3,289	2,500	(789)	16,597	20,000	3,403		
Telephone	6870	57	83	27	444	667	222		
IT Device Support	6875	73	0	(73)	603	0	(603)		
IT Service Agreements	6876	25	0	(25)	318	0	(318)		
Mileage and Meals Expense	6900	0	42	42	0	333	333		
Employee Recognition	6940	0	14	14	0	110	110		
Allocated Expense - General 0100	7201	0	(48)	(48)	0	(388)	(388)		
Allocated Expense - Administration 0105	7202	1,298	6,355	5,057	8,776	50,840	42,063		
Allocated Expense - Marketing and Communications 0110	7203	199	223	23	1,245	1,781	535		
Allocated Expense - Human Resources 0205	7207	850	874	24	6,550	6,992	442		
Allocated Expense - Infection Prevention 0220	7210	0	147	147	0	1,172	1,172		
Allocated Expense - Accounting 0300	7211	554	750	196	4,598	6,000	1,402		
Allocated Expense - IMS 0500	7213	1,082	1,344	261	8,186	10,749	2,564		
Allocated Expense - Environmental Support 0700	7217	94	101	7	748	805	57		
Allocated Expense - In-House Transportation 0710	7218	5,615	6,767	1,151	42,962	54,134	11,172		
Allocated Expense - Housekeeping 0740	7220	54	69	14	525	552	26		
Employee Assistance Program	8080	30	0	(30)	89	0	(89)		
Total Other Direct Expenses	26,000	32,489	6,489	6,489	186,131	259,909	73,778		
Total Expenditures	44,760	49,672	4,913	4,913	330,269	397,379	67,110		
Net Revenue Over Expenditures	(12,382)	(11,084)	(1,298)	(1,298)	(74,175)	(88,668)	14,493		

*714 notes*

*\$62.68 per ride*



### Human Service Board Serving North Central Health Care

#### Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
**From 9/1/2024 Through 9/30/2024**  
 (In Whole Numbers)

	Current Period Actual	Current Period Budget - NCHC	Current Period Budget Variance - NCHC	Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
<b>Revenues</b>						
Direct Service Revenue	3000	4,660	1,507	52,558	28,375	24,183
Other Revenue	3100	0	(140)	0	1,260	(1,260)
Contracted Services Revenue	3150	0	(2,500)	0	22,500	(22,500)
Other Grants	3350	26,333	(967)	240,313	245,700	(5,387)
Allocated Revenue - Administration 0105	3802	78	(5,278)	764	48,198	(47,434)
Allocated Revenue - Human Resources 0205	3807	0	0	5	0	5
Allocated Revenue - Accounting 0300	3811	391	351	3,266	362	2,905
Allocated Revenue - IMS 0500	3813	(0)	(0)	1	0	1
Allocated Revenue - Environmental Support 0700	3817	94	(7)	842	906	(64)
Direct Service Contra Revenue	4000	576	576	(9,218)	0	(9,218)
Administrative Writeoffs	4100	(776)	(776)	(1,142)	0	(1,142)
Bad Debts	4200	(30)	(30)	(30)	0	(30)
Charity Care Adjustments	4250	0	0	60	0	60
<b>Total Revenues</b>	<b>31,325</b>	<b>38,589</b>	<b>(7,264)</b>	<b>287,419</b>	<b>347,300</b>	<b>(59,881)</b>
<b>Expenditures</b>						
<b>Salaries and Wages</b>						
Salaries	6000	12,953	4,231	131,847	154,654	22,806
Overtime	6010	229	(229)	1,019	0	(1,019)
Paid Leave Time	6020	2,701	(2,701)	13,608	0	(13,608)
Holiday	6030	966	(966)	6,285	0	(6,285)
Other Nonworking	6050	0	0	420	0	(420)
Bonus	6080	0	0	1,000	0	(1,000)
Accrued Salaries Expense	6090	235	(235)	4,490	0	(4,490)
Accrued PLT Expense	6100	(1,497)	1,497	1,054	0	(1,054)
<b>Total Salaries and Wages</b>	<b>15,586</b>	<b>17,184</b>	<b>1,597</b>	<b>159,724</b>	<b>154,654</b>	<b>(5,070)</b>
<b>Other Direct Expenses</b>						
FICA	6110	1,098	217	10,765	11,831	1,066
Retirement	6120	851	318	7,739	10,517	2,777
Worker's Comp Premiums	6130	165	(165)	935	0	(935)
Life Insurance	6140	(63)	63	(65)	0	65
Health Insurance	6150	4,358	721	38,630	45,712	7,082

**Human Service Board Serving North Central Health Care**  
 Statement of Revenues and Expenditures - 2750-Demand Transportation Rev & Expenses by Progr

2750 - Demand Transportation  
 20 - Marathon County - Human Services  
 100 - Wausau  
 From 9/1/2024 Through 9/30/2024  
 (In Whole Numbers)

	Current Period		Current Period		Current Period		Current Year Actual	YTD Budget - NCHC	YTD Budget Variance - NCHC
	Actual	Budget - NCHC	Budget - NCHC	Budget Variance - NCHC	Budget - NCHC				
Unemployment	6160	27	0	(27)	221	0	(221)		
Dental Insurance Expense	6180	207	216	10	1,841	1,948	107		
Vision Insurance Expense	6190	(18)	0	18	(27)	0	27		
Postage	6250	93	0	(93)	670	0	(670)		
Supplies	6270	17	33	16	132	300	168		
Other Contracted Services	6350	0	42	42	28	375	347		
Vehicle Usage	6357	4,628	5,417	788	44,981	48,750	3,769		
Client Transportation	6500	1,826	2,500	674	18,423	22,500	4,077		
Telephone	6870	62	83	22	506	750	244		
IT Device Support	6875	73	0	(73)	676	0	(676)		
IT Service Agreements	6876	25	0	(25)	343	0	(343)		
Mileage and Meals Expense	6900	0	42	42	0	375	375		
Employee Recognition	6940	0	14	14	0	124	124		
Allocated Expense - General 0100	7201	0	(48)	(48)	0	(436)	(436)		
Allocated Expense - Administration 0105	7202	948	6,355	5,407	9,724	57,195	47,470		
Allocated Expense - Marketing and Communications 0110	7203	160	223	63	1,405	2,003	598		
Allocated Expense - Human Resources 0205	7207	324	874	550	6,874	7,866	991		
Allocated Expense - Infection Prevention 0220	7210	0	147	147	0	1,319	1,319		
Allocated Expense - Accounting 0300	7211	469	750	282	5,067	6,750	1,683		
Allocated Expense - IMS 0500	7213	1,205	1,344	139	9,391	12,093	2,702		
Allocated Expense - Environmental Support 0700	7217	94	101	7	841	906	64		
Allocated Expense - In-House Transportation 0710	7218	5,203	6,767	1,563	48,165	60,901	12,736		
Allocated Expense - Housekeeping 0740	7220	67	69	2	593	621	28		
Employee Assistance Program	8080	(1)	0	1	87	0	(87)		
Total Other Direct Expenses	21,817	32,489	10,672	12,269	207,948	292,398	84,450		
Total Expenditures	37,403	49,672	12,269	5,005	367,672	447,052	79,380		
Net Revenue Over Expenditures	(6,078)	(11,084)	5,005	(80,253)	(99,752)	19,498			

*687 miles*

*\$54,44 per mile*

50 CARDS SENT OUT  
30 CARDS RETURNED

28 EXCELLENTS

930% EXCELLENT

THESE ARE THE CARDS W/ COMMENTS

# North Central Health Care

Person centered. Outcome focused.

## TRANSPARTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: I want you to serve your  
much I appreciate the service.  
I don't know what I would do  
without this service. Thank you  
for providing this service

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPARTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: The nurses are  
really good as well

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPARTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: OVERALL  
My wife with the  
guy from MARRATHAN  
who I WAS READY  
to Merrill

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

VERY SATISFIED  
KEEP UP GOOD WORK  
GEMICKSON

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

GEMIE and the office staff do an excellent job. All of the drivers are kind & very helpful. Great job so I would work

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

PRIMPT & LOBNTIS

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

We are very happy with the excellent advise that we have with the staff especially with Dave and Suzanne - we appreciate them for their help.

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: DRIVERS ALWAYS FUN AND FRIENDLY.

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: GNBART SERVICES!

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: YOUR DRIVERS ARE VERY PLEASANT TRY HELP MY PASSENGERS ON AND OFF THE BUS. IT WOULD NICE TO TO THEM

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## TRANSPORTATION

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments: Better timing of pick-up, sometimes we have very few seats on van for an apt - one time our apt was over with before our scheduled pick up. Had to wait at Drs

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

Program/Service: EXAMINATION

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

My overall satisfaction with this service is:

Excellent

Good

Fair

Poor

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

Comments:

Doctors get great service!

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

Program/Service: EXAMINATION

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

My overall satisfaction with this service is:

Excellent

Good

Fair

Poor

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

Comments: Wonderful service,

without this, my husband could not get to medical appointments. Drivers are also great. Thank you.

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

Program/Service: TRANSPORTATION

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

My overall satisfaction with this service is:

Excellent

Good

Fair

Poor

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

Comments: IN ALL ASPECTS

THE SERVICES ARE TOP NOTCH.

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

Program/Service: TRANSPORTATION

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

My overall satisfaction with this service is:

Excellent

Good

Fair

Poor

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

Comments: THE SERVICES HEREIN ARE TOP NOTCH. THE DRIVERS VALUES AND DRIVES ARE EVIDENT TO OURS DELIGHT!

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## Transportation

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

Appreciated having transportation following my emergency to the hospital. Thank you for your service.

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## Transportation

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

Friendly drivers!

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## Transportation

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

Wonderful job!

Thank you for your time.

# North Central Health Care

Person centered. Outcome focused.

## Transportation

Program/Service:

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

My overall satisfaction with this service is:

- Excellent
- Good
- Fair
- Poor

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

Comments:

Love your helpers. They are so good to us people.

Thank you for your time.