



MARATHON COUNTY

AMENDED

HEALTH AND HUMAN SERVICES COMMITTEE AGENDA

Date & Time of Meeting: **Wednesday, November 6, 2024, at 3:00pm**

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

Committee Members: Matt Bootz, Chair; Jennifer Aarrestad, Vice-Chair; Ron Covelli, Bill Conway, Chantelle Foote, Randy Radtke, Yee Leng Xiong

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

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

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

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

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

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

1. **Call Meeting to Order**
2. **Pledge of Allegiance**
3. **Public Comment (15 Minutes)** (Any person who wishes to address the committee during the "Public Comment" portion of the meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting. All comments must be germane to a topic within the jurisdiction of the committee.)
4. **Approval of the October 2, 2024, Health and Human Services Committee Meeting Minutes**
5. **Approval of the October 17, 2024, Special Meeting Health and Human Services Green Light**
6. **Policy Issues Discussion and Potential Committee Determination**
7. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
 - A. Discussion and Possible Action by HHSC
 1. Development of 2025 Annual Plan Work for the Committee
 - B. Discussion and Possible Action by HHSC to Forward to County Board for Consideration
 1. 2025 85.21 Elderly and Disabled Transportation Grant Application
 2. **Continued Opportunity for Discussion Regarding 2025 Annual Budget**
8. **Educational Presentations and Committee Discussion**
 - A. THC is Changing with guest speaker Michelle Carr, President of Marathon County AOD Partnership
9. **Next Meeting Date & Time, Announcements and Future Agenda Items**
 - A. Committee members are asked to bring ideas for future discussion.
 - B. Next meeting: Wednesday, December 4, 2024, at 3:00pm
10. **Adjournment**

*Any Person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 261.1500 or email countyclerk@marathoncounty.gov one business day before the meeting.

SIGNED s/s Matt Bootz
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups
EMAILED BY: _____
DATE & TIME: _____

NOTICE POSTED AT THE COURTHOUSE
BY: _____
DATE & TIME: _____



MARATHON COUNTY BOARD OF HEALTH AND HEALTH AND HUMAN SERVICES COMMITTEES AGENDA WITH MINUTES

Date & Time of Meeting: **Wednesday October 2, 2024, at 3:00pm**

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

John Kroll	Present	Matt Bootz	Excused
Tara Draeger	Present	Jennifer Aarrestad	Present
Helen Luce	Present	Bill Conway	Present
Jennifer Aarrestad	Present	Ron Covelli	Excused
Yee Leng Xiong	WebEx 3:30 pm	Chantelle Foote	Present
Kelly Sinkler	WebEx	Randy Radtke	Present
Stacey Morache	Present	Yee Leng Xiong	WebEx 3:30 pm
Anne Lemmer	Present		

Staff Present: Lance Leonhard, Kurt Gibbs, Laura Scudiere, Christa Jensen, Gary Olson, Jason Hake, Mike Rhea, Vicki Tylka,
 Present via Web: Tracy Rieger, Kang Yang, Eric Bailly, Caleb Allen, Elveena Fareedi, Keshani Bhushan
 Others Present: Supervisor Robinson, Supervisor Marshall

[Meeting Recoding](#)

1. Call Meeting to Order – Vice Chair Aarrestad called the BOH and HHSC joint meeting to order at 3:00 p.m.
2. Pledge of Allegiance
3. Public Comment: None
4. Approval of the August 13, 2024, Board of Health Committee Meeting Minutes (:00.25) – Motion made by Lemmer seconded by Luce to approve the August 13, 2024, BOH minutes. Motion carried on a voice vote unanimously.
5. Approval of the September 4, 2024, Health and Human Services Committee Meeting Minutes (:00.55) – Motion made by Conway seconded by Foote to approve the September 4, 2024, HHSC minutes. Motion carried on a voice vote unanimously.
6. **Educational Presentations and Joint Committee Discussion**
 - A. Substance Use Gap Analysis Presentation by Third Horizon Strategies (00:1.30)
7. **Adjournment of Board of Health (1:21.05)** – Motion made by Lemmer seconded Luce by to adjourn the Board of Health meeting. Motion carried on a voice vote unanimously.
8. **Policy Issues Discussion and Potential Committee Determination for Health and Human Services Committee**
 - A. Discussion regarding 2025 Annual Budget Development and policy recommendations from the committee, including Review of the Mandatory / Discretionary Program document and discussion of Rates and Fees (1:22.00)
9. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy for Health and Human Services Committee**
 - A. Discussion and Possible Action by HHSC - None
 - B. Discussion and Possible Action by HHSC to Forward to County Board for Consideration - None
10. **Educational Presentations and Committee Discussion for Health and Human Services Committee**
 - A. Overview of the Highlights of the 2025 Annual Budget with Respect to the Departments and Organizations over which the Committee has Jurisdiction (1:23.37)
 - B. Discussion Amongst Supervisors Regarding the Takeaways from Attending the Wisconsin Counties Association Annual Conference (1:39.43)
 1. Were there Interesting Opportunities that you Believe we should Further Investigate
11. **HHSC Next Meeting Date & Time, Announcements and Future Agenda Items**
 - A. Committee members are asked to bring ideas for future discussion.

B. Next HHSC meeting: Wednesday November 6, 2024, at 3:00 p.m.

12. Adjournment

Motion made by Conway, seconded by Foote from HHSC to adjourn. Motion carried on a voice vote unanimously.

Meeting adjourned at 4:45 p.m.

Minutes Prepared by Kelley Blume

DRAFT



MARATHON COUNTY SPECIAL MEETING HEALTH AND HUMAN SERVICES COMMITTEE AGENDA WITH MINUTES

Date & Time of Meeting: **Thursday, October 17, 2024, at 3:00pm**

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

Matt Bootz	Absent
Jennifer Aarrestad	Present
Bill Conway	Present
Ron Covelli	Present
Chantelle Foote	Present
Randy Radtke	Present
Yee Leng Xiong	Web

Staff Present: Administrator Leonhard, Chris Holman, Kurt Gibbs

Others Present:

[Meeting Recording](#)

1. **Call Meeting to Order** – Vice Chair Aarrestad called the meeting to order at 5:30 pm.
2. **Pledge of Allegiance**
3. **Public Comment - none**
4. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
 - A. Discussion and Possible Action by HHSC to Forward to County Board for Consideration – (00:01)
 1. Approve Operation Green Light Resolution for Veterans – Motion made by Covelli, second by Foote to approve the Green Light Resolution for Veterans and forward to the full County Board. Motion carried on a voice vote, unanimously.
5. **Next Meeting Date & Time, Announcements and Future Agenda Items**
 - A. Next meeting: Wednesday, November 6, 2024, at 3:00pm
6. **Adjournment**

Motioned by Covelli, second by Conway to adjourn. Motion Carried on voice vote, unanimously.
Meeting adjourned at 5:35 p.m.

Minutes Prepared by Kelley Blume



December 15, 2023

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

MARATHON COUNTY 2024 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

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

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

Sincerely,

Kurt Gibbs, Chairperson
Marathon County Board of Supervisors

Enclosure: 2024 Specialized Transportation Application

2024 APPLICANT INFORMATION FORM

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

County of MARATHON

Primary Contact for this Grant Program

Name Dave Mack

Telephone Number 715-261-6043 Extension

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

Application Preparer *(if different than primary contact)*

Name same as above

Organization

Telephone Number Extension

Email Address

Applicant Status Place your initials in box to the right to certify your eligibility - *You are certifying that the applicant is a county government or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 46.82(1)(a)3 are not eligible to apply for this grant.* DM

Organization Info Place your initials in the box certifying all organization information, including contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your knowledge. DM

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

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

Coordination Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived.

<p>Title of Coordinated Plan:</p> <p>The goal(s) and/or strategies from which your project is included:</p> <p>Page number(s) of the Coordinated plan in which the goals may be referenced:</p>	<p>Marathon County Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023</p> <p style="font-size: x-small;">Strategy #3, Update County-wide human service transit needs assessment to gain better understanding of the current unmet needs for transportation services and how to better focus efforts to meet those needs. Expand study to include employment related needs. Actions: Utilize 85.21 grant funding for match to apply for 5304 discretionary planning funds. Strategy #8, Maintain and expand existing services through support of program operations, maintenance, repair and scheduled replacement of vehicle fleet as appropriate. Actions: Continue to make use fo 85.21 grants to maintain and expand the level of transportation service within the County. Continue to apply for 5310 capital grants to maintain and expand the human service transportation vehicle fleet within Marathon County, and explore ways to increase the number of volunteer drivers available to the program.</p> <p>Pages 9 and 10.</p>
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Assessibility Please indicate whether or not §85.21 state aid will be used for the transportation of persons who cannot walk or persons who walk with assistance during the calendar year.

YES	<input checked="" type="checkbox"/>	
NO	<input type="checkbox"/>	(If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of **MARATHON**

Required Components	Complete
Update Contact Information in BlackCat Online Grant Management System	X
Upload completed application workbook:	X
Application Information Form	X
Complete Vehicle Inventory (<i>regardless of funding source</i>)	X
Third Party Contracts	X
Trust Fund Plan (for counties with a signed board resolution)	X
Project Descriptions and Budgets	X
Review Summary Tab	X
Upload Transmittal Letter	X
Upload Public Hearing and Notice	X
Upload Local Review Form	X
<u><i>If applicable</i></u> : Upload Third Party Contracts &/or Leases to the Resources Tab	

VEHICLE INVENTORY

County of **MARATHON**

Instructions: Please provide your **entire** specialized transit vehicle inventory.
 (Include all vehicles used to transport seniors or individuals with disabilities.)

Vehicle Type <i>(Minivan, Medium Bus, etc.)</i>	Full VIN Number	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non- Ambulatory)</i>	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is leased to another party.
					5310	85.21	Trust	Other	
Chevrolet/Glavel		2012	54,556	8/2			X	<input type="checkbox"/>	
Chevrolet/Glavel		2012	54,247	8/2			X	<input type="checkbox"/>	
Chevrolet/Glavel		2012	60,805	8/2			X	<input type="checkbox"/>	
Chevrolet/Glavel		2012	51,859	8/2			X	<input type="checkbox"/>	
1 Ford HSV		2013	84,770	6/3	X			<input type="checkbox"/>	
3 Ford Starcraft		2015	82,266	8/3	X			<input type="checkbox"/>	
50 Ford Starcraft		2007	104,916	9/1	X			<input type="checkbox"/>	
62 Ford Starcraft		2008	60,243	4/2	X			<input type="checkbox"/>	
63 International SB		2009	120,273	32/2	X			<input type="checkbox"/>	
64 International SB		2009	107,123	32/2	X			<input type="checkbox"/>	
65 Ford Starcraft		2010	80,635	12 amb	X			<input type="checkbox"/>	
66 Ford Starcraft		2010	74,363	7/1	X			<input type="checkbox"/>	
67Ford Starcraft		2010	75,306	7/1	X			<input type="checkbox"/>	
69 International SB		2011	70,475	30/2	X			<input type="checkbox"/>	
5 Ford Starcraft		2017	59,250	8/3	X			<input type="checkbox"/>	
57 Ford Transit		2019	14,394	7/1	X			<input type="checkbox"/>	
100 Ford Starcraft		2019	41,680	12	X			<input type="checkbox"/>	
101 Ford Starcraft		2019	24,714	6/2	X			<input type="checkbox"/>	
109 Chevy Titan		2015	177,096	10/2	X			<input type="checkbox"/>	
110 Chevy Titan		2015	162,575	10/2	X			<input type="checkbox"/>	
20 Ford Strcraft		2020	10,688	10/2	x			<input type="checkbox"/>	
								<input type="checkbox"/>	

THIRD PARTY PROVIDERS

County of **MARATHON**

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

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

TRUST FUND SPENDING PLAN

County of **MARATHON**

Instructions: Please record your plan on how your county will spend down their trust fund over the next three years.
Be as specific as possible. Do NOT include 2023 purchases made with trust funds.

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Amt of Trust Used for Project
None		
Total projected cost of 3-year plan		\$ -

Estimated amount of state aid to be held in trust on 12/31/2023	\$29,336.00
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<i>Will auto calculate based on year entered above</i>	<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 2024 = \$ -	Funds added for 2024 =	Estimated balance on 12/31/24 = \$29,336.00
Spending plan for 2025 = \$ -	Funds added for 2025 =	Estimated balance on 12/31/25 = \$29,336.00
Spending plan for 2026 = \$ -	Funds added for 2026 =	Estimated balance on 12/31/26 = \$29,336.00

Date complete December 15, 2023

Prepared by David Mack

Narrative for non-vehicle equipment purchases. *Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use ALT and Enter to start a new paragraph.)

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

PROJECT 1 DESCRIPTION

County of **MARATHON**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **North Central Health Care (NCHC)**

Third Party Provider North Central Health Care

Date contract last updated 6/28/23

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

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)			

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)

Entire County

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

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

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

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

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

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

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$318,304.00

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation Total from A. 265,253

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

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

D. Passenger Revenue Total from D.

E. Older American Act (OAA) funding Total from E.

F. \$5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G.

(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$318,304.00

Expenditures should equal revenue	\$0.00
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PROJECT 2 DESCRIPTION

County of **MARATHON**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name

Metro Ride

Third Party Provider

Wausau Area Transit System, dba, Metro Ride

Date contract last updated

6/28/23

Type of Service

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		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 **None**
(if applicable)

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

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

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

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

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

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

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$88,418.00

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.** \$73,682

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

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

D. Passenger Revenue **Total from D.**

E. Older American Act (OAA) funding **Total from E.**

F. \$5310 Operating or Mobility Management funds **Total from F.**

G. Other funds **Total from G.**

(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$88,418.00

C

Expenditures should equal revenue	\$0.00
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PROJECT 3 DESCRIPTION

County of **MARATHON**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

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

Third Party Provider N/A

Date contract last updated 1/1/23

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	Grant Administration by Recipient		

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)

N/A

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

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

Additional description
(if applicable)

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

Not Applicable

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

Not Applicable

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

Not Applicable

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$35,368.00

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation Total from A. \$29,473.00

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

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

D. Passenger Revenue Total from D.

E. Older American Act (OAA) funding Total from E.

F. \$5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G. \$0.00

(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$35,368.00

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2024 PROJECT BUDGET SUMMARY**

County of

MARATHON

Project Name

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

Total Project Expenses	\$318,304.00	\$88,418.00	\$35,368.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$442,090.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$265,253.00	\$73,682.00	\$29,473.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$368,408.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$53,051.00	\$14,736.00	\$5,895.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,682.00
Passenger Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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LOCAL REVIEW FORM

Are the committees or commissions on aging, county aging unit and boards (created under ss. 51.42 and 51.437, Stats.) part of the county's Transportation Coordination Committee or equivalent?

Yes

No

If you selected No, you **MUST** include evidence of their review of this application and upload it to the Online Grant Management section for "Local Review" with this form.

Such evidence may include:

- Written endorsements
- Recommendations or criticism
- Minutes of meetings attended by the above organizations at which the application was discussed

PUBLIC NOTICE AND HEARING FORMS

Be sure to complete the following components:

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

Date of notice publication:

October 20, 2023 and October 24, 2023

2024 SPECIALIZED TRANSPORTATION PROGRAM FOR THE ELDERLY AND DISABLED

PUBLIC HEARING NOTICE

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

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

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

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

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

David Mack, Planning Manager

Marathon County Conservation, Planning, and Zoning

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

Date of public hearing:

October 25, 2022

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



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

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.

5310	5307	5311	
Other (Please explain)		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 Resources 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	1FDEE3FS9HDC77876	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	1FDEE3FS8JDC39756	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"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
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								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<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**.

THIRD PARTY PROVIDERS

County of

MARATHON

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

Project Name	Anticipated or Known Contractor Name	Type of Agreement <small>(Lease or Contract)</small>	Start Date <small>(MM/DD/YY)</small>	Expiration Date <small>(MM/DD/YY)</small>	Last Bid Date	Contract Price	If over \$10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
North Central Health Care	North Central Health Care	Contract	01/01/24	12/31/28	06/28/23	\$317,278	Yes	2
Metro Ride	Wausau Area Transit System	Contract	01/01/24	12/31/28	06/28/23	\$88,133	Yes	2

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.
 *Right click on 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
Total projected cost of 3-year plan		\$ -

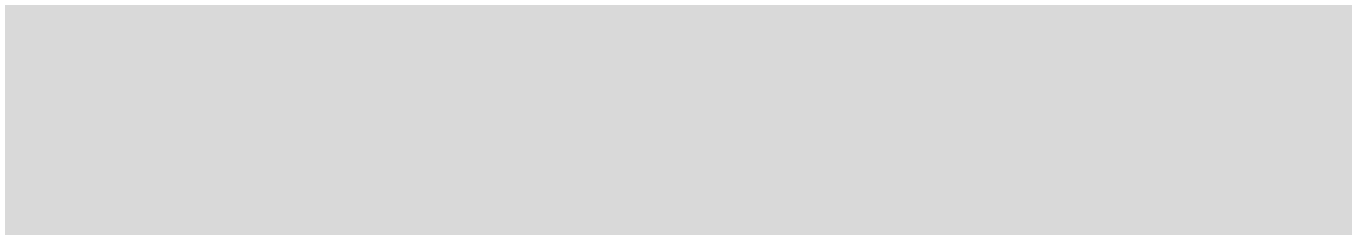
Estimated amount of state aid to be held in trust on 12/31/2024	\$60,000.00
---	--------------------

<i>Will auto calculate based on year entered above</i>		<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 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

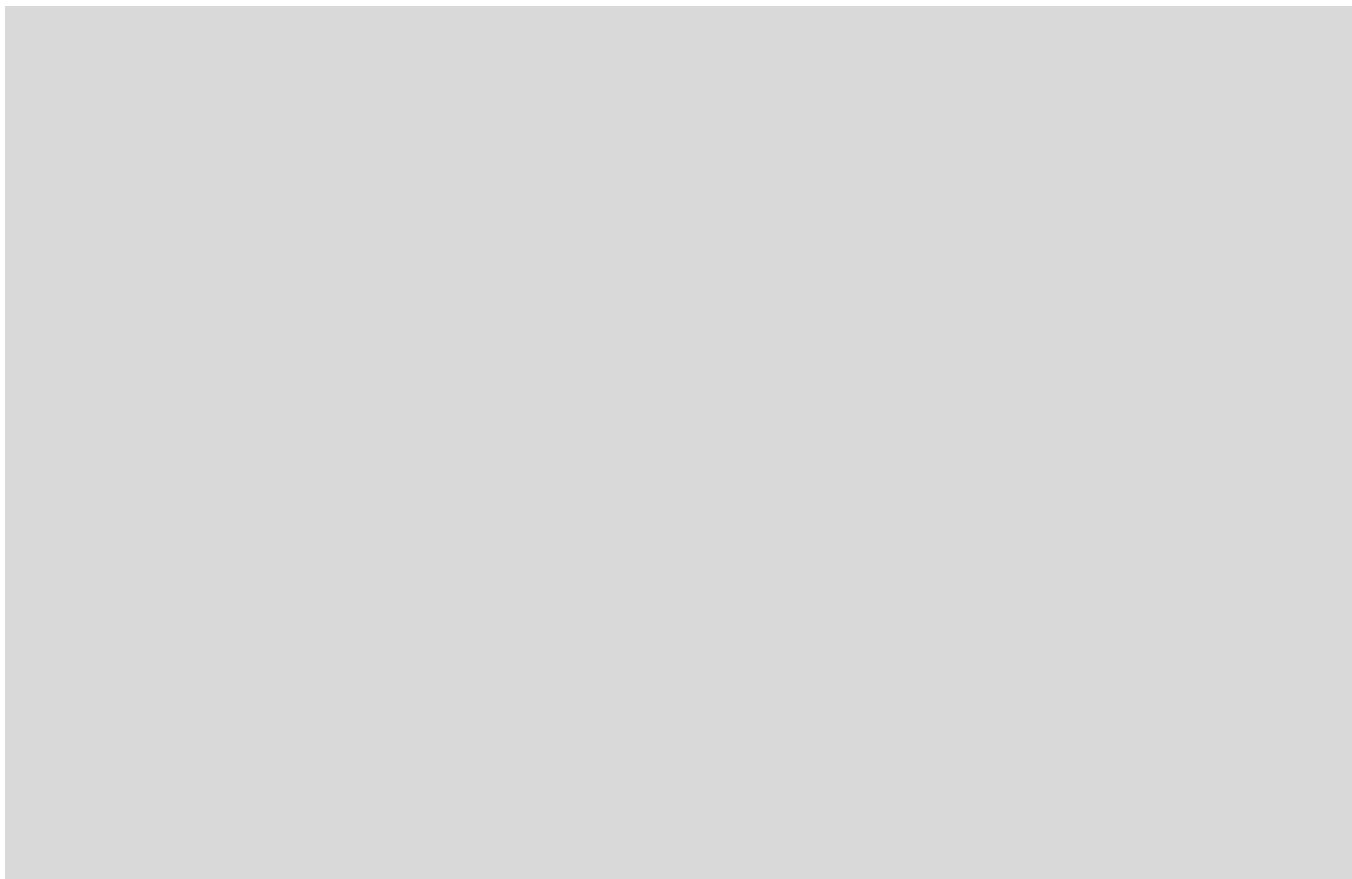
Continued

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	X	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	based on volunteer	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	based on volunteer availability
End Time	based on volunteer	based on volunteer	based on volunteer	based on volunteer	based on volunteer	based on volunteer	based on volunteer availability

Additional description
(if applicable)

If no volunteer drivers are available, NCHC may contract with taxi services for the desired trips.

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

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

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

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

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

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

PROJECT BUDGET

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

Annual Expenditures

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

Total Expenses **\$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.*

A. §85.21 funds from annual allocation	Total from A.	\$264,398.00
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$52,880.00
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 **\$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	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
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
---------------------	--------

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.*

A. §85.21 funds from annual allocation	Total from A.	\$73,444.00
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$14,689.00
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 **\$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	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	Grant Administration by Recipient		

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

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

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)

N/A

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

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

Additional description
(if applicable)

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

Not Applicable

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

Not Applicable

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

Not Applicable

PROJECT BUDGET

Section Description

Amount

Annual Expenditures

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

Total Expenses **\$35,253.00**

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
----------------------------------	------------	--	---	---	---	---	---	--------

Project Expenses

Total Project Expenses	\$317,278.00	\$88,133.00	\$35,253.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$440,664.00
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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	\$367,219.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$52,880.00	\$14,689.00	\$5,876.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,445.00
Passenger Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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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

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 one business day before the meeting.

Aaron Anklam, Transportation Planner

Marathon County Conservation, Planning, and Zoning

Published on October 11 and October 15

Account Number:	1012783
Customer Name:	Marathon County
Customer Address:	Marathon County 500 Forest ST Debbie Wausau WI 54403-5554
Contact Name:	Kim Trueblood
Contact Phone:	
Contact Email:	Kim.Trueblood@co.marathon.wi.us
PO Number:	

Date:	10/04/2024
Order Number:	10651470
Prepayment Amount:	\$ 0.00

Column Count:	1.0000
Line Count:	76.0000
Height in Inches:	0.0000

Print

Product	#Insertions	Start - End	Category
WDH Wausau Daily Herald	2	10/11/2024 - 10/15/2024	Public Notices
WDH wausaudailyherald.com	2	10/11/2024 - 10/15/2024	Public Notices

As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and save!

Total Cash Order Confirmation Amount Due	\$111.20
Tax Amount	\$0.00
Service Fee 3.99%	\$4.44
Cash/Check/ACH Discount	-\$4.44
Payment Amount by Cash/Check/ACH	\$111.20
Payment Amount by Credit Card	\$115.64

Order Confirmation Amount	\$111.20
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Ad Preview

2025 SPECIALIZED TRANSPORTATION PROGRAM FOR THE ELDERLY AND DISABLED

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Aaron Anklam, Transportation Planner
Marathon County Conservation,
Planning, and Zoning
Published on October 11 and October 15
Runs: Oct. 11 & 15, 2024 WNAXLP

Date of public hearing:	October 23, 2024
<i>None.</i>	



Transportation Coordinating Committee

DRAFT MINUTES

Wednesday, October 23, 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 (Excused)
Jay Schoenborn		X
Chantelle Foote	X	
Arran Hersey	X	
Dean Verhein	X	
Kathi Zoern		X

Also Present in person or Webex: Aaron Anklam, Laurie Miskimins– CPZ, Jenny McKenzie - NCHC

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.

2. Public Comments – None.

3. Approve Minutes of the May 22, 2024, Meeting

Action: **MOTION / SECOND BY MARSHALL / FOOTE TO APPROVE THE MINUTES OF THE MAY 22, 2024, MEETING AS DISTRIBUTED. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

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 – Public Hearing

Anklam read the Public Hearing Notice. Chair Xiong opened the Public Hearing at 2:03PM. Chair Xiong called for Testimony. No Testimony was offered. The Public Hearing was closed at 2:05PM.

Anklam presented an overview of the 2025 85.21 Application.

ACTION: **MOTION / SECOND BY FOOTE / HOPPA TO ACCEPT THE 2025 85.21 ELDERLY AND DISABLED TRANSPORTATION APPLICATION AND FORWARD TO HEALTH AND HUMAN SERVICES**

5. 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 MARSHALL / HOPPA TO ADJOURN THE MEETING AT 2:10 PM. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

Submitted by:
Aaron Anklam
AA: Im
10/23/2024

RESOLUTION # R-__-24

2025 ELDERLY AND DISABLED TRANSPORTATION (85.21) APPLICATION

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

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

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

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

- 1) Authorizes the Planning Manager of Conservation, Planning, and Zoning, to prepare and submit to the Wisconsin Department of Transportation an application for assistance during 2024 under Section 85.21 of the Wisconsin Statutes, in conformance with the requirements issued by that Department.
- 2) Authorizes the obligation of funds in the amount of \$73,444 in order to provide the required local match.
- 3) Authorizes Kurt Gibbs, County Board Chairperson, to execute a state aid contract with the Wisconsin Department of Transportation under Section 85.21 of the Wisconsin Statutes on behalf of Marathon County.

Dated this 12th day of November 2024

Committee of Origin

Ayes _____ Nays _____ Abstain _____ Absent _____ [] Voice Vote

Approved and adopted this _____ day of _____, 2024

Denied this _____ day of _____, 2024

Approved as to Form:

SEAL

Michael Puerner, Corporation Counsel

Approved as to Financial Impact (if necessary)

Attest:

Samantha Fenske, Finance Director

Kim Trueblood, Marathon County Clerk

Kurt Gibbs, County Board Chair

Total allocation for 85.21 transportation program for 2025:

State allocation: \$367,220

Local match @ 20%: \$73,444.00

FISCAL IMPACT STATEMENT: The required local match for transportation services under the s.85.21 program have been budgeted for 2025.

RESOLUTION # R-__-24

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SEAL

Michael Puerner, Corporation Counsel

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Samantha Fenske, Finance Director

Kim Trueblood, Marathon County Clerk

Kurt Gibbs, County Board Chair

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State allocation: \$367,220

Local match @ 20%: \$73,444.00

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THC is CHANGING

Healthy Marathon County Alliance

Michelle Carr, Stefanie Sladky

May 9, 2024



AOD
PARTNERSHIP

MARATHON COUNTY ALCOHOL AND OTHER DRUG PARTNERSHIP COUNCIL, INC.



Marshfield Clinic
Health System



OUR COALITION

- Marathon County AOD Partnership



Cannabis: HEMP VS. MARIJUANA

Cannabis is a type of flowering plant, of which there are different varieties. The major difference between hemp and marijuana is the psychoactive component, or the THC. Hemp contains less THC and does not possess enough THC for the high that is associated with marijuana.



Cannabis: HEMP VS. MARIJUANA Contd.

- Hemp flowers- classified as being low in the chemical that causes psychoactive properties (THC).
 - Can be made into many different materials, including textiles, clothing, or added to food.
- Marijuana flowers- classified as being higher in the chemical that causes psychoactive properties (THC).
 - Often consumed medicinally or recreationally.



WHAT IS THC?

- Tetrahydrocannabinol or THC is the chemical in the cannabis plant that is responsible for psychoactive qualities when consumed
 - Delta 9: type of THC found in marijuana that has strong psychoactive effects and causes the high people associate with marijuana
 - Novel (New & Emerging) THC: types of hemp derived THC that are found in small amounts in cannabis plants



NOVEL THC

Manufacturers extract non-psychoactive cannabinoids (chemicals) from hemp, such as CBD, and convert CBD to novel THC's, such as Delta 8 THC, Delta 10 THC, and others. Some THC compounds altered from hemp based CBD are synthetic and are not found naturally in cannabis. These THC's vary in potency and can cause a marijuana-like high.



THC/MARIJUANA NAMES

- Pot
- Weed
- Dope
- Joint
- Mary jane
- Bud
- Blunt
- Dab
- Delta 8
- D-8
- Delta



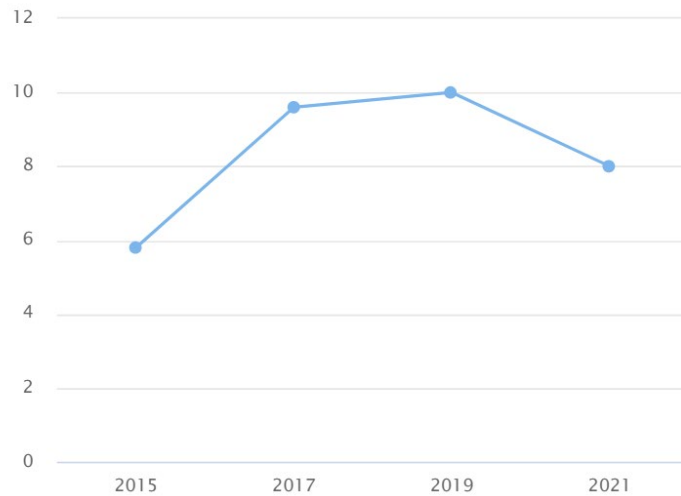
CONSUMPTION OF THC

- Mixed into food: brownies, cookies, candy
 - These products take 30 minutes to 2 hours to take effect
 - Can be more unpredictable
- Smoked:
 - joints
 - Blunts
 - Bong
 - vape pens

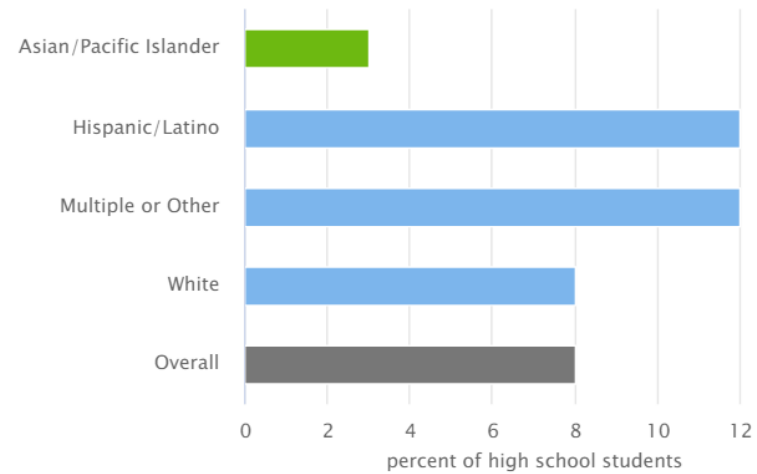


THC IN OUR COMMUNITY

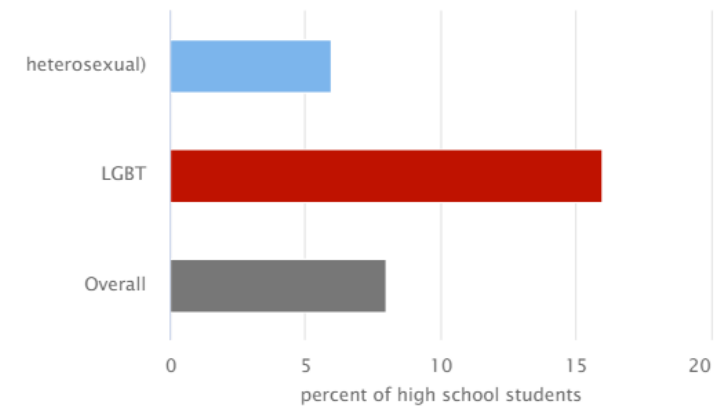
Teens Who Used Marijuana in the Past 30-days (High School)





Teens Who Used Marijuana in the Past 30-days (High School) by Race/Ethnicity



Teens Who Used Marijuana in the Past 30-days (High School) by Sexual Orientation



 Significantly **better** than the overall value
 No significant difference with the overall value



Prior Value
(10.0%)



Trend



US Value
(16.0%)



WI Value
(13.6%)



+THE™
 Dispensary
 4020 Schofield Ave Suite 3
 Schofield, WI 54476

10am - 9pm
365 Days a year!
Yes it's Legal!
Yes it works!

*Our potency and quality is unmatched
 anywhere else in the area!*

For Directions
 Discounts & to
 View our Menu



DUNKIN' HAPPY HOUR

HOT OR ICED
\$2 LARGE COFFEE
 WEEKDAYS 1-6 PM



THC IN OUR COMMUNITY





NET WT. 2 OZ

FOR BEST RESULTS TAKE ON A FULL STOMACH.
USE RESPONSIBLY. CONSULT A DOCTOR BEFORE USING THIS PRODUCT.

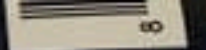
INGREDIENTS: MARSHMALLOW (CORN SYRUP, SUGAR, MODIFIED FOOD STARCH, CORN, GELATIN, WATER, DEXTROSE, NATURAL FLAVORS, TETRASODIUM PYROPHOSPHATE), FRUITY CEREAL (RICE, SUGAR, CORN SYRUP, CANOLA OIL, SALT, CONTAINS 1% OR LESS OF: NATURAL AND ARTIFICIAL FLAVOR, YELLOW 5, YELLOW 6, RED 40, BLUE 1, BHT), PLANT-BASED BUTTER (VEGETABLE OIL BLEND, PALM, CANOLA, SOYBEAN, PLAIN, OLIVE OIL, WATER, SALT, CONTAINS LESS THAN 1% OR LESS OF: NATURAL FLAVOR, SOY PROTEIN, ORGANIC SOY LECITHIN, LACTIC ACID, ANNATTO EXTRACT, COLOR), POTASSIUM GORBATE. (ALLERGENS: CONTAINS SOY, MAY CONTAIN WHEAT, MILK & TREE NUTS)

NUTRITIONAL FACTS : Serving Size: 1/2 bar, Calories 80, Total Fat 1g, Saturated Fat 0g, Trans Fat 0g, Cholesterol 0mg, Sodium 25mg, Total Carbohydrates 17g, Dietary Fiber 0g, Total Sugars 10g, Includes Added Sugars 0g, Protein 41g, Vitamin D 41ng, Calcium 7mg, Iron 6mg, Potassium 6.2mg, 15THC 12.5mg, Contains 13% 15THC.

MANUFACTURED BY: 3CHI

WWW.3CHI.COM

3CHICANNA





New Products



Sleep Gummies



Delta-9/CBD
Gummies

TESTING POSITIVE

- Any product that has THC in it may appear on a drug test, **even** Delta products
 - A positive drug test can result in suspension from clubs, sports, and/or school



POSSIBLE SIGNS OF USE

- Bloodshot eyes
- Increased appetite
- Lack of motivation
- Weight gain
- Nervous behavior
- Poor coordination
- Poor memory
- Distorted perception



SOME SHORT TERM SIDE EFFECTS OF USE

- Impaired judgment and attention
- Headaches
- Dry mouth and eyes
- Dizziness
- Sleepiness
- Increased heart rate and appetite
- Nausea
- Disorientation



SOME LONG TERM SIDE EFFECTS OF USE

- Increased risk of stroke and heart disease
- lung scarring
- mood disorders
- THC use in teens may impair thinking and memory negatively impacting overall brain development. There is a strong associations between young users and developing mental health disorders and addiction.



DRIVING EFFECTS OF USE

- Slowed reaction time
- Impaired coordination
- Distorted perception

***Driving while high is both dangerous and illegal



What to do in an emergency

- Symptoms of over use/ overdose:
 - The following signs and symptoms could mean a person has had too much:
 - Extreme anxiety or panic attacks
 - Hallucinations
 - Fast heartrate or chest pain
 - Uncontrollable shaking or seizures
 - Pale skin color
 - Unresponsiveness
- If you think someone has used too much THC and needs emergency medical help, call 911



SOME REASONS FOR THC USE MAY BE:

- To Get high
- To Try something new
- To Have fun and relax
- To Escape from life
- To Fit in or be accepted
- To Cope



HOW DO I TALK TO YOUTH ABOUT THC?

- Continue the conversation over many short talks as they get older
- Be clear about your expectations with drug use
- Be supportive
- Have a conversation not a confrontation
- Keep it casual! Try asking what your teen does for fun with their friends to start.
- Try not to worry about messing it up! Trying to talk about drug use is better than not talking about it. It shows kids you care and are paying attention.



WHERE TO LEARN MORE

- Visit – www.northwoodscoalition.org to learn if there is a substance use prevention coalition in your area and to access additional campaign materials
- Looking for more general information? Try the National Institute on Drug Abuse (NIDA) or Center for Disease Control and Prevention (CDC)
- Receive Substance Misuse Prevention in Marathon County updates monthly by visiting <https://aodpartnership.org/get-involved/sign-up/>



RESOURCES

- <https://med.stanford.edu/cannabispreventiontoolkit.html>
- <https://med.stanford.edu/cannabispreventiontoolkit/smart-talk-curriculum.html>
- <https://www.cdc.gov/marijuana/index.htm>

