



HEALTH AND HUMAN SERVICES COMMITTEE

AMENDED MEETING AGENDA

Date & Time of Meeting: **Wednesday, November 2, 2022, at 3:00 p.m.**

Meeting Location: **WebEx/ Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

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

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

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

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

Phone #: 1-408-418-9388

Access Code: 146 235 4571

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

The meeting will also be broadcast 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 County Board, or one of its committees, during the "Public Comment" portion of 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.)*
4. **Approval of the October 5, 2022, Health & Human Services Committee meeting minutes.**
5. **Policy Issues Discussion and Potential Committee Determination:**
 - A. Resolution to Maintain a License for 160 beds at Mount View Care Center
6. **Operational Functions required by Statute, Ordinance, or Resolution:**
 - A. Approval of the 2023 Elderly and Disabled Transportation (85.21) Grant Application
7. **Educational Presentations and Committee Discussion:**
 - A. North Central Health Care programs and operating update, including:
 1. Wausau campus renovations
 2. Relocation of Adult Day Services
8. **Next Meeting Time, Location, Announcements and Agenda Items:**
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting Wednesday, November 30, 2022, at 3:00 p.m.
7. **Adjournment**

**Any person planning to attend this meeting who needs some type of special accommodation to participate should call the County Clerk's Office at 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting*

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

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

NOTICE POSTED AT COURTHOUSE _____

EMAILED BY: _____

BY: _____

DATE & TIME: _____

DATE & TIME: _____



HEALTH AND HUMAN SERVICES COMMITTEE AGENDA WITH MINUTES

Date & Time of Meeting: October 5, 2022, at 3:00 p.m.

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

Michelle Van Krey	Present
Jennifer Aarrestad	Present
Ron Covelli	Present
Dennis Gonnering	Present (W)
Donna Krause	Present
Alyson Leahy	Present
Bobby Niemeyer	Present

Staff Present: Lance Leonhard, Chris Holman, Kelley Blume, Mike Puerner, Stacey Morache, Laura Scudiere, Mort McBain, Vicki Tylka, Chad Billeb, Dr. Robert Gouthra, Mike Frankel

Others Present: John Robinson, Mayor Rosenberg, Cody Hart, Matt Barnes, Jean Maszk (WebEx)

1. **Call Meeting to Order** – Chair Van Krey called meeting to order at 3:00 p.m.
2. **Pledge of Allegiance**
3. **Public Comment** – Rick Humphreys spoke against closing the Community Corner Clubhouse.
4. **Approval of the Minutes of the August 31, 2022, Health, and Human Services Committee Meeting Minutes.**
Motion by Aarrestad, Second by Covelli to approve the minutes. Motion by Krause to amend the minutes as written because all questions were not answered. Motion failed for lack of a second. Original motion to approve the minutes carried on a voice vote but was not unanimous.
5. **Policy Issues Discussion and Potential Committee Determination**
 - A. Discussion on expansion of the Crisis Assessment Response Team (CART) was had. Questions were asked and answered. Motion by Leahy second by Niemeyer to support expanding CART. Motion carried on a voice vote, unanimously
 - B. Discussion on funding for additional case management for behavioral health at NCHC was had. Questions were asked and answered. Motion by Aarrestad second by Covelli to explore additional case management for behavioral health at NCHC. Motion carried on voice vote, unanimously.
 - C. Discussion was had on the Family Keys - Housing for Child Welfare Families Plan Revision. Questions were asked and answered. Motion by Leahy second by Covelli to instruct Administrator Leonhard to add the Family Project to the 2023 Budget. Motion Carried on a voice vote, unanimously.
6. **Operational Functions Required by Statute, Ordinance, Resolution or Policy: None**
7. **Educational Presentations and Committee Discussion:**
 - A. Discussion was had on the Community Clubhouse and other NCHC Programs. Questions were asked and answered.
 - B. Discussion was had on the CDBG Coronavirus Grant and the Amended Budget request. Questions were asked and answered.
8. **Next Meeting Time, Location, Announcements and Agenda Items:**
 - A. Committee members are asked to bring ideas for future meetings.
 - B. Next scheduled meeting Wednesday, November 2, 2022 at 3:00 p.m.
9. **Adjournment**
Motioned by Leahy, Second by Niemeyer to adjourn. Motion carried on a voice vote, unanimously. Meeting adjourned at 4:56 p.m.

DRAFT



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

MARATHON COUNTY 2023 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for \$364,629 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 2023. The County assures that \$72,926 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: 2023 Specialized Transportation Application

RESOLUTION # R-____-22

2023 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 2023 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 \$72,926.00 in order to provide the required local match.
- 3) Authorizes Kurt Gibbs, County Board Chairperson, to execute a state aid contract with the Wisconsin Department of Transportation under Section 85.21 of the Wisconsin Statutes on behalf of Marathon County.

Dated this ____ day _____ 2022.

TRANSPORTATION COORDINATING COMMITTEE

HEALTH AND HUMAN SERVICES COMMITTEE

Total allocation for 85.21 transportation program for 2023:

State allocation: \$364,629.00

Local match @ 20%: \$72,926.00

FISCAL IMPACT STATEMENT: The required local match for transportation services under the s.85.21 program have been budgeted for 2023.

2023 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2023

County of Marathon

Primary Contact for this Grant Program

Name David 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* 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 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

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. ~~Project #4 to include development of transit needs. Action #11 to update §85.21 grant funding formula to include...~~

Page number(s) of the Coordinated plan in which the goals may be referenced: Pages 9 and 10.

Assessability

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 or service between ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of

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

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>	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	84,521	6/3	X				<input type="checkbox"/>
3 Ford Starcraft	2015	83,618	8/3	X				<input type="checkbox"/>
50 Ford Starcraft	2007	108,064	9/1	X				<input type="checkbox"/>
62 Ford Starcraft	2008	59,928	4/2	X				<input type="checkbox"/>
63 International SB	2009	121,171	32/2	X				<input type="checkbox"/>
64 International SB	2009	113,112	32/2	X				<input type="checkbox"/>
65 Ford Starcraft	2010	86,487	12 amb	X				<input type="checkbox"/>
66 Ford Starcraft	2010	74,229	7/1	X				<input type="checkbox"/>
67 Ford Starcraft	2010	76,400	7/1	X				<input type="checkbox"/>
69 International SB	2011	66,958	30/2	X				<input type="checkbox"/>
5 Ford Starcraft	2017	59,728	8/3	X				<input type="checkbox"/>
57 Ford Transit	2019	12,617	7/1	X				<input type="checkbox"/>
100 Ford Starcraft	2019	29,970	12	X				<input type="checkbox"/>
101 Ford Starcraft	2019	26,263	6/2	X				<input type="checkbox"/>
109 Chevy Titan	2015	165,991	10/2	X				<input type="checkbox"/>
110 Chevy Titan	2015	159,618	10/2	X				<input type="checkbox"/>
20 Ford Strcraft	2020	14,333	10/2	x				<input type="checkbox"/>
								<input type="checkbox"/>
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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)	Project Cost
1. Purchase 1 Demand Response Vehicle (\$110,000)	2023	\$110,000.00
Total projected cost of 3-year plan		\$ 110,000.00

Estimated amount of state aid to be held in trust on 12/31/2022	\$116,588.00
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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 2023 =	\$ 110,000.00	Funds added for 2023 = \$- Estimated balance on 12/31/23 = \$ 6,588.00
Spending plan for 2024 =	\$ -	Funds added for 2024 = \$- Estimated balance on 12/31/24 = \$ 6,588.00
Spending plan for 2025 =	\$ -	Funds added for 2025 = \$- Estimated balance on 12/31/25 = \$ 6,588.00

Date complete **November 21, 2022**

Prepared by *David Mack, CPZ Planning Manager*

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.)

1. NCHC will purchase a new vehicle to replace an older vehicle in the demand response fleet. The vehicle is estimated to cost about \$110,000.

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 **6/14/22**

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 (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. NCHC services were also 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 does 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.)

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 \$426,267

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.	\$263,591
B. \$85.21 funds from trust fund	Total from B.	\$110,000
C. County Match Funds	Total from C.	\$52,676
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

(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 \$426,267

Expenditures should equal revenue	\$0
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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 Ssystem, dba, Metro Ride

Date contract last updated

6/14/22

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 fo 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 servcie hours are the same as the fixed route bus service hours, from 6:30 am to 6:30 pm.

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 the City of Wausau boundaries.

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 \$242,509

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.	\$71,237
B. \$85.21 funds from trust fund	Total from B.	\$0
C. County Match Funds	Total from C.	\$14,247
D. Passenger Revenue	Total from D.	\$11,520
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.	\$145,505

(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.	State Operating Assistance s. 85.20	Total	\$52,867
2.	Federal Operating Assistance s. 5307	Total	\$92,638
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$242,509

Expenditures should equal revenue	\$0
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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 6/14/22

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 though 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 \$35,804

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.	\$29,801
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$6,003
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

(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.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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3.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Revenue Total \$35,804

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2023 PROJECT BUDGET SUMMARY**

County of

Marathon

Project Name

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

Total Project Expenses	\$426,267.00	\$242,509.00	\$35,804.00	\$704,580.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$263,591.00	\$71,237.00	\$29,801.00	\$364,629.00
\$85.21 Trust Fund	\$110,000.00	\$0.00	\$0.00	\$110,000.00
County funds	\$52,676.00	\$14,247.00	\$6,003.00	\$72,926.00
Passenger Revenue	\$0.00	\$11,520.00	\$0.00	\$11,520.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$145,505.00	\$0.00	\$145,505.00
1.	\$0.00	\$52,867.00	\$0.00	\$52,867.00
2.	\$0.00	\$92,638.00	\$0.00	\$92,638.00
4.	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00
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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 21, 2022 and October 25, 2022

2023 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 26, 2022 at 2:00 p.m.** in **Conference Room 5, 212 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, "2023 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 \$364,629 from the State with a local match requirement of \$72,926.

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 21, 2022, and October 25, 2022

Date of public hearing:	October 26, 2022
<i>Comments made and actions taken will be provided in the minutes from the meeting and will be published after the meeting is held</i>	

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

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