

2019 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2019

County of Eau Claire

Primary Contact for this grant program

Name Emily Gilbertson

Telephone Number 715-839-1272 Extension

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Application Preparer *(if different than primary contact)*

Name

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.

EG

Organization Info

Place your initials in 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 ability.

EG

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

5310 	5307 x	5311
Other <i>(Please explain)</i> 		

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 from

Title of Coordinated Plan: Eau Claire Locally Developed Transportation Coordination Plan 2019-2024

The goal(s) and/or strategies from which your project is included: Goal #1, 2 and 3

Page number(s) of the Coordinated plan in which the goals may be referenced: 2

Assessibility

Please indicate whether or not §85.21 state aid be used for the transportation of persons you cannot walk or 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.)

TRUST FUND SPENDING PLAN

County of Eau Claire

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 2018 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
Total projected cost of 3-year plan		\$-

Estimated amount state aid to be held in trust on 12/31/2018	\$80,000.00
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<i>Will auto calculate based on year entered above</i>			Enter amount of funds planning to add for the next 3 years. If none, enter "0".			
Spending plan for 2019 =	\$	Funds added for 2019 =		Est. balance on 12/31/19 =	\$80,000.00	
Spending plan for 2020 =	\$	Funds added for 2020 =		Est. balance on 12/31/20 =	\$80,000.00	
Spending plan for 2021 =	\$	Funds added for 2021 =		Est. balance on 12/31/21 =	\$80,000.00	

Date complete

Prepared by

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 DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name

Paratransit Transportation Program Project 1

Third Party Provider

Abby Vans Inc.

Date contract last updated

2018

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="checkbox"/>
Other (provide explanation)	<input checked="" type="checkbox"/> Manage Contract for Services		

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

The City of Eau Claire and Eau Claire County contract with Abby Vans Inc. to provide the Paratransit Transportation program. This program is for adults with disabilities as well as adults 60+ who have limiting abilities that prevent them from utilizing public transportation. This program is also for individuals meeting the same criteria who live in the rural part of the county who are unable to access public transportation. Rides through the paratransit program are for non-emergency medical, social, employment, and personal business purposes.

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.)

The service area includes Eau Claire, Fall Creek, Augusta, Fairchild as well as surrounding parts of the county.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM
End Time		10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	6:00 PM

Additional description
(if applicable)

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

Individuals interested in utilizing the paratransit program must complete an application. These applications are available at the ADRC or Eau Claire City Transit. Once completed, the application is turned into Eau Claire City Transit for review. This review can take up to 21 days. If the applications is approved the rider will be notified and can start utilizing services through Abby Vans Inc. immediately. If denied, appeal rights are found at City Transit.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public transportation services throught the City of Eau Claire, and those individuals meeting the above criteria who reside in the rural part of the county who do not have access to transportation services .

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

Rider co-pay requirements are \$3.50 per one-way trip, or \$7 round trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$365,054

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 to for this projects.

**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.	\$162,545
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$32,509
D. Passenger Revenue	Total from D.	\$170,000
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

\$365,054

Expenditures should equal revenue

\$0

PROJECT DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Specialized Transportation Program Project 2**

Third Party Provider Abby Vans Inc.

Date contract last 2018

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		
Other (provide explanation)	Manage contract for services			

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

The Aging and Disability Resource of Eau Claire County contracts with Abby Vans Inc. to provide the Specialized Transportation Program for adults with disabilities and adults 60+ who do not have access to transportation services before or after regular city bus hours, on Sunday and for special trips to locations outside of Eau Claire County. These rides can be for non-emergency medical care, employment, social and other personal business.

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.)

The service area includes Eau Claire, Fall Creek, Augusta, Fairchild as well as surrounding parts of the county. This project also allows for out of county transportation services in surrounding counties as requested. These requests are processed through the ADRC of Eau Claire County on a case by case basis.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	7:00 AM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 AM to 8:00 AM
End Time	2:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	6:00 PM to 10:00 PM

Additional description
(if applicable)

Saturday specialized hours are 6:00 AM to 8:00 AM as well as 6:00 PM to 10:00 PM.

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

All out of county rides are authorized by the ADRC of Eau Claire County on a case by case basis.

Individuals requesting Project 2 rides who are already certified through the Paratransit application process are able to schedule rides directly through Abby Vans Inc. Individuals requesting Project 2 rides who are not already certified through the Paratransit application process must contact the ADRC of Eau Claire County to approve.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public transportation services through the City of Eau Claire, and those individuals meeting the above criteria who resides in the rural part of the county who do not have access to transportation services .

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

The rider co-pay is \$3 per one-way trip and \$6 round trip. If traveling outside of Eau Claire County limits, the passenger is charged \$.55 per mile outside of the county lines to their desired destination, as well as the co-pay.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses	\$85,600
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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 to for this projects.

A. \$85.21 funds from annual allocation	Total from A.	\$63,000
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$12,600
D. Passenger Revenue	Total from D.	\$10,000
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

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total	\$85,600
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Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name

Eau Claire Rural Transportation Program

Third Party
Provider

Date contract last
updated

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 checked="" type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<input type="text"/>		

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

The Aging and Disability Resource of Eau Claire County purchased an accessible van to provide scheduled social trips for adults with disabilities and adults 60+ who do not have access to transportation services in the rural part of the community. These trips include to the bank, grocery store, farmer's market, etc. This does not include medical trips.

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

Rides are targeted for individuals residing in the rural part of Eau Claire County including but not limited to, Fairchild, Augusta, and Fall Creek.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	variable	variable	variable	variable	variable	variable	
End Time	variable	variable	variable	variable	variable	variable	

Additional description
(if applicable)

Trips are scheduled per availability of driver and pre-planned schedule. These rides take place M-F, with some special trips on Sundays currently. These rides times are subject to change per trip type and ride time.

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

All rides are approved by the van driver according to schedule. If there is interest in a trip, an individual needs to contact the driver at the designated number to schedule at least 24 hours in advance. If there are rides not on the schedule, the individual will need to contact the driver to see if it is able to be accommodated and plan on schedule. Rides are subject to change.

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

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who reside Eau Claire County, and preference to those in the rural part of the county.

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

No co-pay is required for these rides. If passengers are interested in making a donation for the ride, they do so to the ADRC. This is voluntary and no money is collected by the driver.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses

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 to for this projects.

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.**

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

C. County Match Funds **Total from C.**

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

Expenditures should equal revenue	\$0
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