

2024 APPLICANT INFORMATION FORM

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

County of Brown

Primary Contact for this Grant Program

Name Ker Vang

Telephone Number 920-448-6487 **Extension**

Email Address ker.vang@browncountywi.gov

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.

KV

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.

KV

Federal Grant Match

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

5310	<input checked="" type="checkbox"/>	5307	<input type="checkbox"/>	5311	<input type="checkbox"/>
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.

Title of Coordinated Plan:	2021 Coordinated Public Transit - Human Services Transportation Plan for Brown County, Wisconsin.
The goal(s) and/or strategies from which your project is included:	Transportation as a Need - Mobility Management & Assistance; Travel Training; Educate policy makers and officials about needs; Engage older adults, people with disabilities, and advocates.
Page number(s) of the Coordinated plan in which the goals may be referenced:	21-23, 27-33, 35

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		<i>(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.)</i>

VEHICLE INVENTORY

Brown

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

Vehicle Type <small>(Minivan, Medium Bus, etc.)</small>	Full VIN Number	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <small>(Ambulatory/Non-Ambulatory)</small>	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is leased to another party.
					5310	85.21	Trust	Other	
#2	1FDDE4FS6GDC45461	2016 Ford Bus	189,245	10 amb / 2 wc or 12 amb / 1 wc	X				<input type="checkbox"/>
#3	1FDDE4FS4HDC28594	2017 Ford Bus	175,966	10 amb / 2 wc or 12 amb / 1 wc	X				<input type="checkbox"/>
#4	1FDDE4FS6HDC28595	2017 Ford Bus	160,441	10 amb / 2 wc or 12 amb / 1 wc	X				<input type="checkbox"/>
#5	NM0GS9E72G1286700	2016 Ford Transit	145,127	4 amb		X		X	<input type="checkbox"/>
#9	NM0GS9F79G1285753	2016 Ford Transit	164,674	4 amb		X		X	<input type="checkbox"/>
#11	1FBAX2XG3GKA13715	2016 Ford Transit	65,244	12 amb		X		X	<input type="checkbox"/>
#12	1FBAX2XM3HKA18629	2017 Ford Transit	18,776	12 amb		X		X	<input type="checkbox"/>
#14	1FDZX2CMXJKA30234	2018 Ford Transit	133,357	5 amb / 0 wc or 3 amb/1 wc		X		X	<input type="checkbox"/>
#15	1FDZX2CG6HKB57650	2017 Ford Transit	146,846	5 amb / 0 wc or 3 amb/1 wc		X		X	<input type="checkbox"/>
#16	2C7WDGBG7HR828729	2017 Dodge minivan	80,822	3 amb / 1 wc	X				<input type="checkbox"/>
#17	1FDEE3FSXJDC29907	2018 Ford Bus	140,447	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#18	1FDEE3FS3KDC03408	2019 Ford Bus	125,427	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#20	5TDKZ3DC2KS984613	2019 Toyota Sienna	98,053	3 amb / 1 wc		X		X	<input type="checkbox"/>
#21	5TDKZ3DC4KS984936	2019 Toyota Sienna	111,233	3 amb / 1 wc		X		X	<input type="checkbox"/>
#22	5TDKZ3DC9HS801250	2017 Toyota Sienna	135,822	3 amb / 1 wc		X		X	<input type="checkbox"/>
#23	NM0GE9F24L1454910	2020 Ford Connect	84,080	4 amb		X		X	<input type="checkbox"/>
#24	NM0GE9F24L1447634	2020 Ford Connect	90,027	4 amb		X		X	<input type="checkbox"/>
#25	NM0GS9F23K1420903	2019 Ford Connect	111,250	4 amb		X		X	<input type="checkbox"/>
#26	NM0GE9F24L1451876	2020 Ford Connect	91,990	4 amb		X		X	<input type="checkbox"/>
#27	1FDDE4FS5KDC55570	2020 Ford E450	100,930	10 amb / 2 wc or 12 amb / 1 wc	X				<input type="checkbox"/>
#28	1FDEE3FS6KDC55549	2020 Ford E350	76,333	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#29	1FDEE3FS2KDC55533	2020 Ford E350	60,474	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#87	2C7WDGBG3ER473182	2014 Dodge	117,987	3 amb / 1 wc	X				<input type="checkbox"/>
#88	2C7WDGBG1ER473181	2014 Dodge	117,541	3 amb / 1 wc	X				<input type="checkbox"/>
									<input type="checkbox"/>
									<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**.

TRUST FUND SPENDING PLAN

County of **Brown**

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
Aspiro - Vehicle Purchase	2024	\$50,000.00
Syble Hopp - Vehicle Purchase	2024	\$50,000.00
Total projected cost of 3-year plan		\$ 100,000.00

Estimated amount of state aid to be held in trust on 12/31/2023	\$103,327.04
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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 =	\$ 100,000.00	Funds added for 2024 =	\$ 3,327.04
Spending plan for 2025 =	\$ -	Funds added for 2025 =	\$ 3,327.04
Spending plan for 2026 =	\$ -	Funds added for 2026 =	\$ 3,327.04

Date complete 12/18/2023

Prepared by Ker Vang

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 **Brown**

Narrative for non-vehicle equipment purchases continued.

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

A large, empty gray rectangular area intended for the user to enter their narrative for non-vehicle equipment purchases. The area is currently blank.

PROJECT 1 DESCRIPTION

County of **Brown**

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 **Brown County Health and Human Services Transportation Service**

Third Party Provider **Curative Connections**

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		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	Staff and/or paid driver - third party provider employed by Curative Connections.		

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

The service is an individualized door-to-door van service for seniors and people with disabilities in Brown County. Trips are targeted to facilitate travel to medical, day service, and day treatment settings for Health and Human Services consumers who live outside of the public transportation service area or are unable to independently use existing fixed route transportation services. This program also provides bus passes for seniors and people with disabilities who are able to use fixed route transportation services.

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.)

Cities of Green Bay and De Pere, Villages of Ashwaubenon, Allouez, and Bellevue, and other communities as needed for acute care needs that are inaccessible locally.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	if needed	7:30 am	7:30 am	7:30 am	7:30 am	7:30 am	if needed
End Time	if needed	5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	if needed

Additional description
(if applicable)

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

Consumers will have ongoing service relationships with the Brown County Health and Human Services Department and will be able to schedule transportation through department case managers using an Outlook calendar on the county's secure server.

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

Consumers may be seniors or people with disabilities, people receiving department-sponsored outpatient or long-term support services, and people residing outside the area or who are unable to independently use current transit/paratransit services. Minor consumers must be accompanied by attendants. Consumers of Health and Human Services programs who are outside the above parameters can be considered on a case-by-case basis.

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

The service will not require a co-payment from riders, but voluntary contributions will be accepted.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses **\$30,000.00**

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.	\$24,000.00
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$6,000.00
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 **\$30,000.00**

Expenditures should equal revenue **\$0.00**

PROJECT 2 DESCRIPTION

County of **Brown**

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 **Salvation Army Transportation Service**

Third Party Provider **Salvation Army**

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	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	Staff will transport clients if needed.		

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

This is a service using volunteers and paid staff as needed to transport older adults and disabled individuals to activities sponsored by The Salvation Army. The program provides transportation and assistance for the following:

- Grocery shopping 4 times a month
- People with visual impairments
- Hmong Elders

The programs are during the day, evenings, and weekends.

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.)

Cities of Green Bay and De Pere as well as the Villages of Allouez, Ashwaubenon, and Howard in Brown County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	9:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time	1:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description *(if applicable)*

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

Program participants call in or make a reservation in advance for services provided by The Salvation Army Senior Program.

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

Seniors and adults with disabilities.

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

A \$3.00 donation is requested for a round trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

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 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.	<input type="text" value="\$8,250.00"/>
B. §85.21 funds from trust fund	Total from B.	<input type="text"/>
C. County Match Funds	Total from C.	<input type="text" value="\$1,650.00"/>
D. Passenger Revenue	Total from D.	<input type="text" value="\$900.00"/>
E. Older American Act (OAA) funding	Total from E.	<input type="text"/>
F. §5310 Operating or Mobility Management funds	Total from F.	<input type="text"/>
G. Other funds	Total from G.	<input type="text" value="\$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. <input type="text"/>	Total	<input type="text"/>
2. <input type="text"/>	Total	<input type="text"/>
3. <input type="text"/>	Total	<input type="text"/>
4. <input type="text"/>	Total	<input type="text"/>
5. <input type="text"/>	Total	<input type="text"/>
6. <input type="text"/>	Total	<input type="text"/>

Revenue Total

Expenditures should equal revenue	<input type="text" value="\$0.00"/>
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PROJECT 3 DESCRIPTION

County of **Brown**

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 **Capital Project**

Third Party Provider Syble Hopp

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"/>	<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.)*

The project is to purchase two vehicles to transport students with disabilities into Brown County communities. Students at Syble Hopp that participate in the Community Based Instruction (CBI) program benefit from the opportunity to be transported into the community to experience many different environments and activities. It is important to take students into the community to prepare them for the time when they no longer receive services through Syble Hopp and to provide less restrictions and more independence as students age. Transition services are part of 18-21 special education programming services provided by our school and students receiving transition services learn how to navigate the community, socialize at venues, order in restaurants and work in some locations within the community. It is important that the kids have reliable transportation because their unique disability related needs often affect the amount of time the student is able to stay in the community.

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.)

Communities in Brown County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		8am	8am	8am	8am	8am	8am
End Time		3pm	3pm	3pm	3pm	3pm	3pm

Additional description
(if applicable)

We have 28 classrooms that are participating in 2 CBIs a month and 3 classrooms that are in the community working. All of this requires transportation. ☐

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

About 40 students from Syble Hopp are out on CBI's throughout one week, and reliable transportation allows our team to plan meaningful CBIs tailored to the student's needs. With reliable transportation, the school can increase the number of times students are able to be out in the community as well as increase the number of students out on CBIs.

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

All of the students at Syble Hopp are eligible for CBIs and require transportation.☐

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

There is no revenue for the project. Transportation is typically paid for through our budget and fundraisers. □

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses **\$264,000.00**

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.	\$48,000.00
B. §85.21 funds from trust fund	Total from B.	\$50,000.00
C. County Match Funds	Total from C.	\$12,000.00
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.	\$154,000.00

(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.	Syble Hopp general fund □	Total	\$154,000.00
2.		Total	
3.		Total	
4.		Total	

5.

Total

6.

Total

Revenue Total **\$264,000.00**

Expenditures should equal revenue **\$0**

PROJECT 4 DESCRIPTION

County of **Brown**

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 **Curative Connections Transportation Service**

Third Party Provider Curative Connections

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	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other (provide explanation)	Paid Drivers		

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

Curative Connections provides a door-to-door transportation service to residents of Brown County who are 60 years and older and to individuals under 60 who have a qualifying disability. Service hours are Monday through Friday between 7:30 a.m. and 4:30 p.m. Trips are prioritized for medical, nutritional, and work-related activities. Medical rides can be scheduled 30 days in advance, grocery shopping and social can be scheduled one week in advance. Standard fares are currently \$ 4.00 per person per 1 way ride or \$8.00 round trip. Fares paid on behalf of an agency, Family Care and DVR the agency is currently charged \$21.85 per person per 1 way ride or \$ 43.70 round trip. Curative has 24 vehicles devoted to this service, a combination of accessible buses, minivans, and non accessible small transits. We have 52 volunteer drivers, 7 full time and 3 part time paid drivers. Curative Transportation does have a full-time bilingual/Spanish Speaking coordinator available 9:00 a.m. – 5:00 p.m.

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.)

All municipalities in Brown County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		7:30 am	7:30 am	7:30 am	7:30 am	7:30 am	
End Time		4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm	

Additional description
(if applicable)

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

Requests for rides come mostly by telephone by the person needing the ride(s). Medical rides can be scheduled 30 days in advance, nutritional rides, and social rides one week in advance. Rides are scheduled on a first come, first served basis. Routine rides can be scheduled for medical, employment, education, nutritional and support group appointments.

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

Brown County residents are 60 years of age or older automatically qualify, residents under 60 with a disability must complete/submit a joint physician certification form to our office for review and eligibility determination before using the service.

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

Standard fares are currently \$4.00 per person, per one way ride or \$8.00 round trip. For fares paid on behalf of an agency, Family Care, DVR the provider is currently charges \$ 21.85 per person, per one way ride of \$ 43.70 round trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses **\$1,259,589.00**

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.	\$561,085.00
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$98,617.00
D. Passenger Revenue	Total from D.	\$530,000.00
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	\$59,887.00
G. Other funds	Total from G.	\$10,000.00

(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.	United Way Grant				
	Use as local match			Total	\$10,000.00
2.				Total	
3.				Total	
4.				Total	

5.

Total

6.

Total

Revenue Total

\$1,259,589.00

Expenditures should equal revenue

\$0.00

PROJECT 5 DESCRIPTION

County of **Brown**

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 **Capital Project**

Third Party Provider **Aspiro**

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 project is to purchase a 12-15 passenger transit van to transport small groups to activities to develop life skills, explore career options, and be involved in their community in meaningful ways.

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.)

Communities in Brown County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		7:30am	7:30am	7:30am	7:30am	7:30am	
End Time		4pm	4pm	4pm	4pm	4pm	

Additional description
(if applicable)

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

Clients who participate in Aspiro's Day Service and Building Full Lives programs will benefit from this project. Trips are taken two times a day, one in the morning and one in the afternoon.

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

Clients of Aspiro who have a disability.

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

There is no revenue for this project.

PROJECT BUDGET

Section Description

Amount

Annual Expenditures

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

Total Expenses **\$53,640.00**

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.

B. §85.21 funds from trust fund

Total from B.

\$50,000.00

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.

\$3,640.00

(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. Aspiro Fund

Total \$3,640.00

2.

Total

3.

Total

4.

Total

5.

Total

6.

Total

Revenue Total **\$53,640.00**

Expenditures should equal revenue **\$0.00**

COUNTY ELDERLY TRANSPORTATION 2024 PROJECT BUDGET SUMMARY

County of

Brown

Project Name

Brown County Health and Human Services Transportation	Salvation Army Transportation Service	Capital Project	Curative Connections Transportation Service	Capital Project	0	0	0	Totals
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Project Expenses

Total Project Expenses	\$30,000.00	\$10,800.00	\$264,000.00	\$1,259,589.00	\$53,640.00	\$0.00	\$0.00	\$0.00	\$1,618,029.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$24,000.00	\$8,250.00	\$48,000.00	\$561,085.00	\$0.00	\$0.00	\$0.00	\$0.00	\$641,335.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00
County funds	\$6,000.00	\$1,650.00	\$12,000.00	\$98,617.00	\$0.00	\$0.00	\$0.00	\$0.00	\$118,267.00
Passenger Revenue	\$0.00	\$900.00	\$0.00	\$530,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$530,900.00
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	\$59,887.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59,887.00
Total from other funds	\$0.00	\$0.00	\$154,000.00	\$10,000.00	\$3,640.00	\$0.00	\$0.00	\$0.00	\$167,640.00
1.	\$0.00	\$0.00	\$154,000.00	\$10,000.00	\$3,640.00	\$0.00	\$0.00	\$0.00	\$167,640.00
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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