

VEHICLE INVENTORY

Count **Brown**

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	8521	Trust	Other	
#3	1FD4E4FS4HDC28594	2017 Ford Bus	208,366	10 amb / 2 wc or 12 amb / 1 wc	X			<input type="checkbox"/>	
#4	1FD4E4FS6HDC28595	2017 Ford Bus	168,705	10 amb / 2 wc or 12 amb / 1 wc	X			<input type="checkbox"/>	
#5	NM0GS9E72G1286700	2016 Ford Transit	155,114	4 amb		X		X	<input type="checkbox"/>
#9	NM0GS9F79G1285753	2016 Ford Transit	178,247	4 amb		X		X	<input type="checkbox"/>
#11	1FBAX2XG3GKA13715	2016 Ford Transit	70,579	12 amb		X		X	<input type="checkbox"/>
#12	1FBAX2XM3HKA18629	2017 Ford Transit	20,746	12 amb		X		X	<input type="checkbox"/>
#14	1FDZX2CMXJKA30234	2018 Ford Transit	158,400	5 amb / 0 wc or 3 amb/1 wc		X		X	<input type="checkbox"/>
#15	1FDZX2CG6HKB57650	2017 Ford Transit	175,071	5 amb / 0 wc or 3 amb/1 wc		X		X	<input type="checkbox"/>
#16	2C7WDGBG7HR828729	2017 Dodge minivan	92,264	3 amb / 1 wc	X				<input type="checkbox"/>
#17	1FDEE3FSXJDC29907	2018 Ford Bus	156,979	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#18	1FDEE3FS3KDC03408	2019 Ford Bus	148,104	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#20	5TDKZ3DC2KS984613	2019 Toyota Sienna	124,636	3 amb / 1 wc		X		X	<input type="checkbox"/>
#21	5TDKZ3DC4KS984936	2019 Toyota Sienna	126,944	3 amb / 1 wc		X		X	<input type="checkbox"/>
#22	5TDKZ3DC9HS801250	2017 Toyota Sienna	158,885	3 amb / 1 wc		X		X	<input type="checkbox"/>
#23	NM0GE9F24L1454910	2020 Ford Connect	107,848	4 amb		X		X	<input type="checkbox"/>
#24	NM0GE9F24L1447634	2020 Ford Connect	119,503	4 amb		X		X	<input type="checkbox"/>
#25	NM0GS9F23K1420903	2019 Ford Connect	141,478	4 amb		X		X	<input type="checkbox"/>
#26	NM0GE9F24L1451876	2020 Ford Connect	115,664	4 amb		X		X	<input type="checkbox"/>
#27	1FD4E4FS5KDC55570	2020 Ford E450	129,152	10 amb / 2 wc or 12 amb / 1 wc	X				<input type="checkbox"/>
#28	1FDEE3FS6KDC55549	2020 Ford E350	103,624	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#29	1FDEE3FS2KDC55533	2020 Ford E350	89,973	6 amb / 2 wc or 8 amb / 1 wc	X				<input type="checkbox"/>
#30	3GNAXHEG2RL155175	2024 Chevrolet Equinox	27,240	4 amb		X		X	<input type="checkbox"/>
#31	3GNAXSEG5RL133121	2024 Chevrolet Equinox	21,744	4 amb		X		X	<input type="checkbox"/>
#32	1FDAX2C82PKB12936	2023 Ford Transit	17,739	7/1-5/2-5/1	X				<input type="checkbox"/>
#34	1FDAX2C81PKB12247	2023 Ford Transit	12,470	7/1-5/2-5/1	X				<input type="checkbox"/>
#35	1FDAX2C80PKB12496	2023 Ford Transit	17,305	7/1-5/2-5/1	X				<input type="checkbox"/>
#36	1FDAX2C80PKB42999	2023 Ford Transit	19,180	7/1-5/2-5/1	X				<input type="checkbox"/>
#37	1FBAX2C82PKB86219	2023 Ford Transit	11,906	6/1		X		X	<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

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)
Transportation Service	Brown County Health and Human Services	contract	1/1/25	12/31/25	n/a	\$58,268	n/a	n/a
Transportation Service	Salvation Army	contract	1/1/25	12/31/25	n/a	\$8,250	n/a	n/a
Transportation Service	Casa Alba	contract	1/1/25	12/31/25	n/a	\$8,250	n/a	n/a
Transportation Service	Curative Connections	contract	1/1/25	12/31/30	03/2024	\$573,175	Yes	1

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 **0**

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
Handcycle - Bowhead RX	2025	\$18,455.00
Tricycles, bike accessories, and a trailer	2025	\$9,904.00
Total projected cost of 3-year plan		\$ 28,359.00

Estimated amount of state aid to be held in trust on 12/31/2024 **\$33,359.78**

<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 = \$ 28,359.00	Funds added for 2025 =	Estimated balance on 12/31/25 = \$ 5,000.78
Spending plan for 2026 = \$ -	Funds added for 2026 =	Estimated balance on 12/31/26 = \$ 5,000.78
Spending plan for 2027 = \$ -	Funds added for 2027 =	Estimated balance on 12/31/27 = \$ 5,000.78

Date complete **12/6/2024**

Prepared by **Ker Viking**

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.)

Options for Independent Living is requesting \$18,499 for the purchase of a Bowhead RX Adventure E-Bike. The Bowhead is a hand-powered three-wheeled cycle with electric assistance if needed. Options for Independent Living offers an adaptive cycle loan program for residents of Brown County. This program allows people who have a disability to participate in activities that may require non-standard equipment. Clients may check out a cycle at no cost for up to two weeks at a time.

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

TRUST FUND SPENDING PLAN

Continued

County of **#REF!**

Narrative for non-vehicle equipment purchases continued.
(Hint: Use "ALT" and "Enter" to start a new paragraph.)

The Oneida Nation / Oneida Adventures Programming is requesting \$9,904 for the purchase of up to four tricycles, bike accessories, and a trailer to transport the tricycles. Oneida Adventures offers a cycling program and would like to expand its fleet to include tricycles for use by elders and people with disabilities. The program also includes training.

Both projects are eligible for trust fund expenses.

PROJECT 1 DESCRIPTION

County of

- Instructions**
- Use this section to describe a specific project that will use a \$5.21 funds.
 - Hit: Alt and Enter will go to the next line.
 - Be sure to complete all three pages for each project.

Project Name

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 checked="" 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)	<input type="text" value="Volunteers and paid drivers"/>		

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

Curative provides door-to-door transportation services to seniors 60 years and older and those who have a qualifying disability in all of Brown County using small buses, vans, and sedans. Trips are prioritized for medical, nutritional, and work-related activities. The program is supported with volunteer and paid drivers.

PROJECT DESCRIPTION, Continued

Geography of Service (List the counties, as well as cities/towns 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 \$5.00 per person, per one way ride or \$10.00 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 or \$ 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

*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="\$573,175.00"/>
B. \$85.21 funds from trust fund	Total from B.	<input type="text"/>
C. County Match Funds	Total from C.	<input type="text" value="\$101,722.00"/>
D. Passenger Revenue	Total from D.	<input type="text" value="\$580,000.00"/>
E. Older American Act (OAA) funding	Total from E.	<input type="text"/>
F. \$3310 Operating or Mobility Management funds	Total from F.	<input type="text" value="\$17,664.00"/>
G. Other funds (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.)	Total from G.	<input type="text" value="\$10,000.00"/>
1. Other grant (Use as local match)	Total	<input type="text" value="\$10,000.00"/>
2.	Total	<input type="text"/>
3.	Total	<input type="text"/>
4.	Total	<input type="text"/>
5.	Total	<input type="text"/>
6.	Total	<input type="text"/>
Revenue		<input type="text" value="\$1,282,761.00"/>

Expenditures should equal revenue

PROJECT 2 DESCRIPTION

County of

- Instructions**
- Use this section to describe a specific project that will use a \$5.21 funds.
 - Hit ALT and Enter will go to the next line.
 - Be sure to complete all three pages for each project.

Project Name

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 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" value="Health and Human Services (HHS) Employees will transport clients."/>		

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

Funding covers the cost of providing transportation services to clients of the BCHHS Department who are seniors or individuals with disabilities. Clients may be driven to appointments by BCHHS staff with use of a Brown County vehicle. The program also provides funding for the purchase of Green Bay Metro passes which are then provided to BCHHS clients. Funding will also cover cost of fuel expenses.

PROJECT DESCRIPTION, Continued

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

The geographic boundaries including 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	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 of Brown County Health and Human Service programs who are seniors or people with disabilities.

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	\$72,835.00
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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 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.	\$88,268.00
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.	\$8,567.00
<i>(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.)</i>		
1. BCHHS Local Match	Total	\$8,567.00
2.	Total	
3.	Total	
4.	Total	
5.	Total	
6.	Total	
Revenue Total		\$72,835.00

Expenditures should equal revenue

PROJECT 3 DESCRIPTION

County of

- Instructions**
- Use this section to describe a specific project that will use a \$5.21 funds.
 - Hit ALT and Enter will go to the next line.
 - Be sure to complete all three pages for each project.

Project Name

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 checked="" 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)	<input type="text" value="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.)
 The program provides transportation and assistance for the following: Older Adult Programs (Wednesday Bingo & Friday Super Senior Day, shopping trips, a group with visual impairments, among elders, and church services) at the Salvation Army. The programs are during the day, evenings, and weekends. Small buses are used to provide transportation by staff and volunteers.

PROJECT DESCRIPTION, Continued

Geography of Service (List the counties, as well as cities/towns that are serviced through this project. Use ALT and Enter to start a new line.)
 Communities in the urban area.

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 (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.)	Total from G.	<input type="text" value="\$0.00"/>
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		<input type="text" value="\$10,800.00"/>

Expenditures should equal revenue \$0

PROJECT 4 DESCRIPTION

County of

- Instructions**
- Use this section to describe a specific project that will use a \$5,211 funds.
 - Hit: Alt and Enter will go to the next line.
 - Be sure to complete all three pages for each project.

Project Name

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 checked="" 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 Bus	<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.)
 Funding will cover the cost of transportation services for those who participate in Casa ALBA's senior program every Friday. Casa ALBA staff and volunteers transport clients to and from various community activities within Brown County. Funding will cover staff time and fuel. Gas cards are also provided to volunteer drivers who transport senior citizen clients to program activities.

PROJECT DESCRIPTION, Continued

Geography of Service (List the counties, as well as cities/towns that are serviced through this project. Use Alt and Enter to start a new line.)
 Communities in Brown County but participants are mostly in the Green Bay area but would like to expand to include other communities.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time						9:00 am	
End Time						3:00 pm	

Additional description (if applicable)

Service Requests (Briefly describe how your service is requested for this project.)
 Participants call the program coordinator who manages volunteers and transportation service for the designated activity to get pick up during the day of the activities.

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)
 Participants ages 55 and over to identify as senior within the Casa Alba Melanie established program. Majority of the group is mobile or limited mobility, there are instances of temporary disability due to illness or injury. There is one or two members of the program who are under 55 and have disabilities who need accommodations.

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)
 At this time no participant is charged or will be charged for transportation services.

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"/>
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 (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.)	Total from G.	<input type="text" value="\$0.00"/>
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		<input type="text" value="\$9,900.00"/>

Expenditures should equal revenue

PROJECT 5 DESCRIPTION

County of

- Instructions**
- Use this section to describe a specific project that will use a \$5,21 funds.
 - Hit ALT and Enter will go to the next line.
 - Be sure to complete all three pages for each project.

Project Name

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 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" value="For the purchase of a handycycle"/>		

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

This project is to purchase a handycycle for people with disabilities in Brown County. The handycycle will be used for education, demonstration and loan for use by residents of Brown County who qualifies for the program.

PROJECT DESCRIPTION, Continued

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

All communities in Brown County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 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.)

Clients, who are eligible, will call in and request to loan the equipment. Staff will teach each client how to use the equipment before the equipment is loan to the client for two weeks.

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

People with disabilities.

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

There is no revenue for this project.

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"/>
B. \$85.21 funds from trust fund	Total from B.	<input type="text" value="\$18,499.00"/>
C. County Match Funds	Total from C.	<input type="text"/>
D. Passenger Revenue	Total from D.	<input type="text"/>
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 (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.)	Total from G.	<input type="text" value="\$0.00"/>
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

PROJECT 6 DESCRIPTION

County of

- Instructions**
- Use this section to describe a specific project that will use a \$5,212 funds.
 - Hit: Alt and Enter will go to the next line.
 - Be sure to complete all three pages for each project.

Project Name

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 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" value="Purchase tricycles, bike accessories and a trailer"/>		

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

This project is to expand the current Oneida Adventures bike program to include seniors and individuals with disabilities during organized bike rides. The program help improve mental, physical, and social wellness of participants during and after programming. The bike program will integrate youth, elders, and those with physical needs to ride side by side with each other.

PROJECT DESCRIPTION, Continued

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

Oneida Nation members in Brown County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time			2:00pm		2:00pm		
End Time			4:00pm		4:00pm		

Additional description (if applicable)

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

Program participants will call and register for the bike program activities.

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

Seniors and individuals with disabilities.

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

No revenue generated from this program.

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"/>
B. \$85.21 funds from trust fund	Total from B.	<input type="text" value="\$9,904.00"/>
C. County Match Funds	Total from C.	<input type="text"/>
D. Passenger Revenue	Total from D.	<input type="text"/>
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

COUNTY ELDERLY TRANSPORTATION 2025 PROJECT BUDGET SUMMARY

County of

0

Project Name

Curative Connections Specialized Transportation	Brown County Health and Human Services Client Transportation Services	Salvation Army Transportation Service for Older Adult Programs	Casa Alba Melanie Transportation Service for Senior Program	Options for Independent Living - Capital Project	Oneida Nation/Oneida Adventures - Cycles and Equipment	0	0	Totals
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Project Expenses

Total Project Expenses	\$1,282,761.00	\$72,835.00	\$10,800.00	\$9,900.00	\$18,499.00	\$9,904.00	\$0.00	\$0.00	\$1,404,699.00
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Project Revenue by Funding Source

§85.21 Annual Allocation	\$573,175.00	\$58,268.00	\$8,250.00	\$8,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$647,943.00
§85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$18,499.00	\$9,904.00	\$0.00	\$0.00	\$28,403.00
County funds	\$101,722.00	\$6,000.00	\$1,650.00	\$1,650.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111,022.00
Passenger Revenue	\$580,000.00	\$0.00	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$580,900.00
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	\$17,864.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,864.00
Total from other funds	\$10,000.00	\$8,567.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,567.00
1.	\$10,000.00	\$8,567.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,567.00
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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