

**COUNTY ELDERLY TRANSPORTATION  
2022 PROJECT BUDGET SUMMARY**

County of

**BAYFIELD**

Project Name

BAY AREA RURAL TRANSIT (BART)	CABLE AREA TRANSIT	IRON RIVER TRANSIT	Red Cliff Elder and Disabled Transportation	Supplemental Transportation Assistance	VAN SERVICE	Transportation Assistance Program (TAP)	WASHBURN TRANSIT	Totals
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**Project Expenses**

Total Project Expenses	\$4,550.00	\$10,000.00	\$23,000.00	\$6,907.00	\$46,085.00	\$75,118.00	\$15,000.00	\$39,115.00	<b>\$90,542.00</b>
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**Project Revenue by Funding Source**

\$85.21 Annual Allocation	\$3,640.00	\$8,000.00	\$5,685.00	\$5,525.00	\$39,760.00	\$119.00	\$10,600.00	\$6,560.00	<b>\$79,889.00</b>
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,915.00	<b>\$30,915.00</b>
County funds	\$910.00	\$2,000.00	\$1,421.00	\$1,382.00	\$5,125.00	\$0.00	\$3,500.00	\$1,640.00	<b>\$15,978.00</b>
Passenger Revenue	\$0.00	\$0.00	\$4,000.00	\$0.00	\$1,200.00	\$9,014.00	\$900.00	\$0.00	<b>\$15,114.00</b>
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
Total from other funds	\$0.00	\$0.00	\$11,894.00	\$0.00	\$0.00	\$65,985.00	\$0.00	\$0.00	<b>\$77,879.00</b>
1.	\$0.00	\$0.00	\$2,394.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$27,394.00
2.	\$0.00	\$0.00	\$9,500.00	\$0.00	\$0.00	\$33,052.00	\$0.00	\$0.00	\$42,552.00
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

<b>Expenses - revenue =</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
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## TRUST FUND SPENDING PLAN

County of **Bayfield**

**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 2021 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
Provide local match for electric bus (Washburn project)	<b>2022</b>	<b>\$30,915.00</b>
<b>Total projected cost of 3-year plan</b>		<b>\$ 30,915.00</b>

<b>Estimated</b> amount of state aid to be held in trust on 12/31/2021	94,075.63
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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 2022 = \$ -	Funds added for 2022 =	Estimated balance on 12/31/22 = \$ 94,075.63
Spending plan for 2023 = \$ 30,915.00	Funds added for 2023 =	Estimated balance on 12/31/23 = \$ 63,160.63
Spending plan for 2024 = \$ -	Funds added for 2024 =	Estimated balance on 12/31/24 = \$ 63,160.63

**Date complete** 10/07/21

**Prepared by** Carrie Linder

**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.)

# PROJECT 1 DESCRIPTION

County of **BAYFIELD**

## 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 **BAY AREA RURAL TRANSIT (BART)**

Third Party Provider **SAME**

Date contract last updated **01/01/21**

**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)	<b>PUBLIC BUS SERVICE</b>		

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

**Designated bus stops are located throughout the fixed route. If an individual is not located near a designated stop, the individual should call dispatch to alert the bus they are along the route and in need of a pick up. If an individual has mobility barriers, they can receive specialized services tailored to meet their needs.**

**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.)*

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		5:30	5:30	5:30	5:30	5:30	8:30
End Time		8:00	8:00	8:00	8:00	8:00	7:00

Additional description  
*(if applicable)*

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

**Designated bus stops are located throughout the fixed route. If an individual is not located near a designated stop, the individual should call dispatch to alert the bus they are along the route and in need of a pick up. If an individual has mobility barriers, they can receive specialized services tailored to meet their needs.**

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

**General public.**

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

**Fares are dependent upon the number of zones a person rides. People can either pay exact cash on the bus or purchase passes from bus drivers or the BART office. Passes can either be on a monthly or a volume basis. Reduced fares are provided to individuals over 60, people with disabilities (BART eligibility card), youth ages 6-17; children under age 6 are free.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$4,550

*\*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.	\$3,640
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$910
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** \$4,550

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 2 DESCRIPTION

County of **BAYFIELD**

**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 **CABLE AREA TRANSIT**

Third Party Provider Sawyer County/LCO Transit dba Namekagon Transit

Date contract last updated 01/01/2021

**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 <i>(provide explanation)</i>	<b>PUBLIC BUS SERVICE</b>		

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

The general type of service is a public bus service using paid trained CDL drivers and is sponsored by the Bayfield County Department of Human Services in collaboration with Namekagon Transit. The vehicle utilized is a lift-equipped transit bus and provides a flexible route from which the vehicle can deviate to provide door-stop service if necessary. Passengers have the ability to transfer to a circulator route in Hayward and travel from store to store as well as the Court House and medical facilities.

**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.)*

**Bayfield and Sawyer Counties; Villages of Drummond and Cable, townships of Barnes, Drummond and Cable; with final destination of Hayward.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time			<b>9:00</b>				
End Time			<b>4:00</b>				

Additional description  
*(if applicable)*

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

**Designated bus stops are located throughout the route. If an individual is not located near a designated stop, they are required to call the dispatch by 1:00 the day prior. If an individual has mobility barriers, they can receive specialized services tailored to meet their needs. The fixed route/door-stop service can deviate up to 3/4 of a mile to accommodate individuals with disabilities.**

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

**General public**

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

**Cost is \$1.00 and .50 cents with 1/2 price fare. Senior citizens and persons with disabilities receive a 50% discount with transit pass.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$10,000

*\*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. | \$8,000 |
| B. §85.21 funds from trust fund                 | Total from B. |         |
| C. County Match Funds                           | Total from C. | \$2,000 |
| 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** \$10,000

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 3 DESCRIPTION

County of **BAYFIELD**

## 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 **IRON RIVER TRANSIT**

Third Party Provider **BART**

Date contract last updated **10/01/2021**

**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)	<b>Demand-Responsive Bus Service</b>		

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

**The Iron River to Ashland Transit provides transportation via a small bus for medical appointments, grocery shopping, personal errands, etc. This is a door to door service.**

**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.)*

**Iron River and surrounding area to Ashland.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time						<b>9:00</b>	
End Time						<b>2:00</b>	

Additional description  
*(if applicable)*

**Passengers will have the ability to travel throughout locations in Ashland to take care of personal needs.**

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

**To schedule a ride, please call the BART dispatch at 682-9664. Please make reservations no later than 3:00 p.m. the Thursday before you would like to ride the bus.**

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

**General Public**

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

**The round-trip fare for riding the van remains affordable at \$5.00 for seniors and persons with disabilities, \$10.00 for adults and \$7.00 for youth under 18.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$23,000

*\*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.	\$5,685
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$1,421
D. Passenger Revenue	Total from D.	\$4,000
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.	\$11,894

*(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.	85.20 grant	Total	\$2,394
2.	5311 grant	Total	\$9,500
3.		Total	
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** \$23,000

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 4 DESCRIPTION

County of **BAYFIELD**

## 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 **Red Cliff Tribal Elder and Disabled Transportation STATUS TBD**

Third Party Provider **RED CLIFF TRIBE**

Date contract last updated **01/01/2021**

**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)	<b>Van Service</b>		

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

The general type of service provided is a combination program of volunteer and part time paid position sponsored by the Red Cliff Tribal Council. The route will be a flexible route past each client's residence and reservations are set through the Elderly Center office, located in Red Cliff. Hours of operation for this service include the normal hours of business with some flexibility.

**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.)*

**Red Cliff Reservation, City of Bayfield, and township of Russel**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>8:00</b>	<b>8:00</b>	<b>8:00</b>	<b>8:00</b>	<b>8:00</b>	
End Time		<b>4:00</b>	<b>4:00</b>	<b>4:00</b>	<b>4:00</b>	<b>4:00</b>	

Additional description  
*(if applicable)*

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

**A 24 hour notice is requested, but people will not be turned away if driver is available and advance notice wasn't given. The level of service offered includes door-to-door service, which follows no particular route and is based on client needs.**

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

**Individuals 55 and older and persons with disabilities.**

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

**No co-payment is required per Red Cliff Tribal Council, but voluntary contributions are allowed.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$6,907

*\*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.*

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$5,525</span>
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>C. County Match Funds</b>	<b>Total from C.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$1,382</span>
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>G. Other funds</b>	<b>Total from G.</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>

*(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	<span style="border: 1px solid black; padding: 2px 10px;"></span>
2.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
3.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
4.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
5.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
6.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>

**Revenue Total** \$6,907

<b>Expenditures should equal revenue</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>
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# PROJECT 5 DESCRIPTION

County of **BAYFIELD**

**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 **Supplemental Transportation Assistance**

Third Party Provider **VARIES**

Date contract last updated **01/01/2021**

**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>	<b>Mixture of volunteer drivers, local transportation providers and vouchers.</b>		

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

**Transportation services are provided to consumers unable to access other forms of transportation due to their disability, under a court order (commitment or settlement agreement) to attend outpatient or inpatient mental health or AODA treatment, psychiatric or therapy appointments or court ordered placement at a CBRF for mental health, AODA, or Adult Protective Services related issues. Local bus vouchers are also provided if they are used exclusively for transportation to or from provider appointments.**

**Bayfield County Department of Human Services both coordinates and pays for the service. The actual transportation service is provided by volunteer drivers or local transportation providers. Vehicles are determined by the availability, provider and by the individual client. Vehicles utilized may include specialized motor vehicles, ambulances (non-emergent transport) and other specialized vehicles for non-MA- billable health-related trips.**

**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.)*

**Bayfield County with frequent destinations outside of the county.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>8:00</b>	<b>8:00</b>	<b>8:00</b>	<b>8:00</b>	<b>8:00</b>	
End Time		<b>4:00</b>	<b>4:00</b>	<b>4:00</b>	<b>4:00</b>	<b>4:00</b>	

Additional description  
*(if applicable)*

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

**Ride scheduling is handled either by Bayfield County DHS staff or by the Mobility Management Project, with authorization through the department for reimbursement of the provider. Advanced notice may not always be possible due to the last minute nature of crisis or court related necessity.**

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

**All individuals 60 and older and all persons with disabilities who are not MA eligible or receiving any other publicly funded assistance. Exceptions may be granted if extenuating circumstances warrant it.**

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

**The BCDHS copayment policy is used as a general guideline. Riders will be invoiced the following copayment per round trip:**

**0 to 50 miles                      \$5.00**  
**51-100 miles                      \$10.00**  
**Over 100 miles                      \$10.00 + ½ IRS rate per mile**

**The payment may be waived if individual is indigent or emergency transportation is required.**



# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$46,085

*\*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.	\$39,760
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$5,125
D. Passenger Revenue	Total from D.	\$1,200
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** \$46,085

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 6 DESCRIPTION

County of **BAYFIELD**

## 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 **VAN SERVICE**

Third Party Provider **BART**

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)	<b>Demand-Responsive Van Service</b>		

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

**The service is a door-to-door, demand responsive, and advanced reservation service that is made available to the general public. The driver pulls the vehicle off the road, if possible, and escorts or physically assists the passengers if needed.**

**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 will be available for every address in Bayfield County and to the communities of Hayward and Ashland outside of Bayfield County. Service in Hayward and Ashland will be limited to transfers to the existing bus services in those communities.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
*(if applicable)*

**Hours of operation are flexible and are not to exceed 50 per week.**

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

**Passengers will call BART dispatch and request rides for specific dates and times. A trip is scheduled for the passenger and may be canceled by the passenger.**

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

**General public.**

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

**Fares are a distance, zone based fare.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$75,118

*\*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.*

<b>A. \$85.21 funds from annual allocation</b>	<b>Total from A.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$119</span>
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>C. County Match Funds</b>	<b>Total from C.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	<span style="border: 1px solid black; padding: 2px 10px;">\$9,014</span>
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>G. Other funds</b>	<b>Total from G.</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$65,985</span>

*(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.	ARPA	Total	<span style="border: 1px solid black; padding: 2px 10px;">\$25,000</span>
2.	5311	Total	<span style="border: 1px solid black; padding: 2px 10px;">\$33,052</span>
3.	85.2	Total	<span style="border: 1px solid black; padding: 2px 10px;">\$7,933</span>
4.		Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
5.		Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>
6.		Total	<span style="border: 1px solid black; padding: 2px 10px;"></span>

**Revenue Total** \$75,118

<b>Expenditures should equal revenue</b>	<span style="background-color: #e0ffff; border: 1px solid black; padding: 2px 10px;">\$0</span>
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# PROJECT 7 DESCRIPTION

County of **BAYFIELD**

**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 **Transportation Assistance Program (TAP)**

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

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

**Bayfield County Department of Human Services, provides a driver/escort service utilizing volunteers living throughout Bayfield County. Recruitment of volunteers is an ongoing process. Additional activities carried out by BCDHS include: outreach, insuring certification of volunteer drivers, scheduling trips, logging mileage, collecting co-payments and paying drivers.**

**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.)*

**Bayfield County**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		8:00	8:00	8:00	8:00	8:00	
End Time		4:00	4:00	4:00	4:00	4:00	

Additional description *(if applicable)*

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

**Individuals request service by calling Monday through Friday from 8:00 A.M. to 4:00 P.M. or by leaving a voice mail message during non-work hours. All trips need prior authorization. A minimum 24 hour notice is recommended to fulfill the trip request.**

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

**All individuals 60 and older and all persons with disabilities who are not MA eligible or receiving any other publicly funded assistance, or have received notification or denial of transport by non-emergency medical transportation manager.**

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

**The BCDHS copayment policy is used as a general guideline. Riders will be invoiced the following copayment per round trip:**

**0 to 50 miles                      \$5.00**  
**51-100 miles                        \$10.00**  
**Over 100 miles                      \$10.00 + ½ IRS rate per mile**

**The payment may be waived if individual is indigent or emergency transportation is required.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$15,000

*\*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.	\$10,600
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$3,500
D. Passenger Revenue	Total from D.	\$900
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** \$15,000

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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# PROJECT 8 DESCRIPTION

County of **BAYFIELD**

**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 **WASHBURN TRANSIT**

Third Party Provider Bay Area Rural Transit

Date contract last updated 01/01/2021

**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 <i>(provide explanation)</i>	<b>ON DEMAND PUBLIC TRANSPORTATION SERVICE</b>		

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

**This a bus service equipped with a lift, using a paid driver with Bay Area Rural Transit acting as the service provider. A 14 passenger 5 wheel chair capable bus serves the City of Washburn and surrounding area following a flexible route past each client's home. Individuals secure a ride by calling the BART office in Ashland; the service has a same day reservation system and serves the general public. It also acts as a feeder line to provide access to BART's public transit system, which can transport individuals to points outside of Washburn, including Ashland, Bayfield, Red Cliff and Bad River.**



**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.)*

**City of Washburn and limited service to the Townships of Barksdale, Bayview and Washburn**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>8:30</b>	<b>8:30</b>	<b>8:30</b>	<b>8:30</b>	<b>8:30</b>	
End Time		<b>4:30</b>	<b>4:30</b>	<b>4:30</b>	<b>4:30</b>	<b>4:30</b>	

Additional description  
*(if applicable)*

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

**Individuals request a ride by calling the BART dispatch in Ashland; the service has a same day reservation system.**

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

**General public.**

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

**The fare for riding the bus is .75 cents for seniors and persons with disabilities; \$1.50 for adults and \$1.25 for youth under 18.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

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

**Total Expenses** \$39,115

*\*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.** \$6,560

**B. §85.21 funds from trust fund** **Total from B.** \$30,915

**C. County Match Funds** **Total from C.** \$1,640

**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** \$39,115

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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