

2023 APPLICANT INFORMATION FORM

DRAFT

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

County of BAYFIELD

Primary Contact for this Grant Program

Name ELIZABETH SKULAN

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Extension

83340

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Application Preparer (if different than primary contact)

Name CARRIE LINDER

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Extension

83350

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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.

CAL

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.

CAL

Federal Grant Match

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

5310

5307

5311

X

Other (Please explain)

ARPA

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: Public Transit-Human Services Transportation Coordination Plan for Ashland, Bayfield and Price Counties

The goal(s) and/or strategies from which your project is included: marketing/educational outreach; develop greater resiliency to grant instability; develop/expand/continue services; increase funding to create sustainable services; increase ridership by providing additional options; research options similar to Uber, but for rural communities; collaborate and coordinate and/or participate with the state autonomous vehicle committee

Page number(s) of the Coordinated plan in which the goals may be referenced: PAGE 7

Assessability

Please indicate whether or not §85.21 state aid will be used for the transportation of persons who cannot walk or persons who walk with assistance during the calendar year.

YES x

NO

(If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

**THIRD PARTY PROVIDERS      DRAFT**

County of **BAYFIELD**

**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>	Bidding Required <i>(Yes or No)</i>	Start Date <i>(MM/DD/YY)</i>	Expiration Date <i>(MM/DD/YY)</i>
Bay Area Rural Transit	SAME	Contract		1/1/2022	12/31/2022
Cable Area Transit	Sawyer County/LCO Transit Commission	Contract		1/1/2022	12/31/2022
Door 2 Door	Bay Area Rural Transit	Contract		1/1/2022	12/31/2022
Red Cliff Elder Transportation	Red Cliff Tribe	Contract		1/1/2022	12/31/2022
Washburn Bus Program	Bay Area Rural Transit	Contract		1/1/2022	12/31/2022

*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                      DRAFT**

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 2023 purchases made with trust funds.

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Project Cost
Provide local match for electric bus for the Washburn project if not expended in 2022 as originally planned).	2023	\$30,915.00
<b>Total projected cost of 3-year plan</b>		<b>\$ 30,915.00</b>

Estimated amount of state aid to be held in trust on 12/31/2023 **\$99,632.21**

<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>	<i>Estimated balance on 12/31/23 =</i>
Spending plan for 2022 = <b>\$ -</b>	Funds added for 2022 =	<b>\$99,632.21</b>
Spending plan for 2023 = <b>\$ 30,915.00</b>	Funds added for 2023 =	<b>\$ 68,717.21</b>
Spending plan for 2024 =	Funds added for 2024 =	<b>\$ 68,717.21</b>

Date complete **09/19/2022**  
 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.)  
 For additional space to complete your narrative, please scroll down to second page.

**TRUST FUND SPENDING PLAN**  
Continued

County of **BAYFIELD**

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

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 **01/01/2022**

**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) **PUBLIC BUS SERVICE**

**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 through this project. Use ALT and Enter to start a new line.)*

**Cities of Washburn and Bayfield; Red Cliff Tribe; townships of Eileen, Barksdale, Bayview, Bayfield and Russel.**

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

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

Additional description  
*(if applicable)*

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

**Designated bus stops are located throughout the 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** \$5,850

*\*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>	\$4,680
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$1,170
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$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** \$5,850

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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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 01/01/2022

**Type of Service** (Place an "x" next to the type of service you will be providing for this project.)

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="checkbox"/>
Other (provide explanation)	<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** **\$12,600**

*\*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.** \$10,080

**B. §85.21 funds from trust fund** **Total from B.**

**C. County Match Funds** **Total from C.** \$2,520

**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** **\$12,600**

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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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 **BAYCO DOOR 2 DOOR**

Third Party Provider **BART**

Date contract last updated **01/01/2022**

**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** **\$77,463**

*\*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>	<b>\$800</b>
<b>B. §85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	<b>\$200</b>
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	<b>\$9,041</b>
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. §5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	<b>\$67,422</b>

*(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	\$25,000
2.	5311	Total	\$34,211
3.	85.2	Total	\$8,211
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** **\$77,463**

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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**RED CLIFF TRIBAL ELDER AND DISABLED TRANSPORTATION DRAFT**

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**

Third Party Provider **RED CLIFF TRIBE**

Date contract last updated **01/01/22**

**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 <i>(provide explanation)</i>	<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 through 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)*

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

**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.*

**A. \$85.21 funds from annual allocation** **Total from A.** \$5,525

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

**C. County Match Funds** **Total from C.** \$1,382

**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** \$6,907

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

Third Party Provider **VARIES**

Date contract last updated **01/01/2022**

**Type of Service** *(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="checkbox"/>
Other <i>(provide explanation)</i>	<b>Transportation services are provided to consumers unable to access other forms of transportation due to their disability, under a court order</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 through 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 co-payment 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** **\$28,000**

*\*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.** \$23,752

**B. §85.21 funds from trust fund** **Total from B.**

**C. County Match Funds** **Total from C.** \$4,248

**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** **\$28,000**

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

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 + 1/2 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** \$33,710

*\*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>	\$27,692
<b>B. \$85.21 funds from trust fund</b>	<b>Total from B.</b>	
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$4,618
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	\$1,400
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. \$5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$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** \$33,710

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

01/01/2022

**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>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** \$89,544

*\*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.	\$7,360
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$1,840
D. Passenger Revenue	Total from D.	\$10,000
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$70,344

*(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.	5311/8520	Total	\$48,802
2.	City of Washburn	Total	\$4,950
3.	Leverage	Total	\$16,592
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** \$89,544

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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**COUNTY ELDERLY TRANSPORTATION  
2023 PROJECT BUDGET SUMMARY**

**DRAFT**

County of

**BAYFIELD**

Project Name

BAY AREA RURAL TRANSIT (BART)	CABLE AREA TRANSIT	BAYCO DOOR 2 DOOR	Red Cliff Tribal Elder and Disabled Transportation	Supplemental Transportation	Transportation Assistance Program (TAP)	WASHBURN TRANSIT	NA	Totals
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**Project Expenses**

Total Project Expenses	\$5,850.00	\$12,600.00	\$77,463.00	\$6,907.00	\$28,000.00	\$33,710.00	\$89,544.00	\$0.00	<b>\$130,820.00</b>
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**Project Revenue by Funding Source**

\$85.21 Annual Allocation	\$4,680.00	\$10,080.00	\$800.00	\$5,525.00	\$23,752.00	\$27,692.00	\$7,360.00	\$0.00	<b>\$79,889.00</b>
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
County funds	\$1,170.00	\$2,520.00	\$200.00	\$1,382.00	\$4,248.00	\$4,618.00	\$1,840.00	\$0.00	<b>\$15,978.00</b>
Passenger Revenue	\$0.00	\$0.00	\$9,041.00	\$0.00	\$0.00	\$1,400.00	\$10,000.00	\$0.00	<b>\$20,441.00</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	\$67,422.00	\$0.00	\$0.00	\$0.00	\$70,344.00	\$0.00	<b>\$137,766.00</b>
1.	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$48,802.00	\$0.00	\$73,802.00
2.	\$0.00	\$0.00	\$34,211.00	\$0.00	\$0.00	\$0.00	\$4,950.00	\$0.00	\$39,161.00
3.	\$0.00	\$0.00	\$8,211.00	\$0.00	\$0.00	\$0.00	\$16,592.00	\$0.00	\$24,803.00
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