2023 APPLICANT INFORMATION FORM

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

County of **Waukesha**

Primary Contact for this Grant Program

Name **Mike Glasgow**

Telephone Number **262-896-8214** **Extension**

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Application Preparer *(if different than primary contact)*

Name

Organization

Telephone Number **Extension**

Email Address

Applicant Status *Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a county government or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 46.82(1)(a)3 are not eligible to apply for this grant.* **MTG**

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.* **MTG**

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**	

Other *(Please explain)* **NONE**

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 Waukesha County: 2021
The goal(s) and/or strategies from which your project is included:	Establish or expand transportation services within Waukesha County...including flexible transit services Improve access to information on the available transportation services Foster improved availability, convenience, safety and lower fares
Page number(s) of the Coordinated plan in which the goals may be referenced:	20,24,25

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

YES	X
NO	

(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

County of **Waukesha**

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 *(Lease or Contract)*	Bidding Required *(Yes or No)*	Start Date *(MM/DD/YY)*	Expiration Date *(MM/DD/YY)*
RIDELINE	**Transit Exress**	**Contract**	**Yes**	**4/1/18**	**3/31/2023**
SHARED-FARE TAXI	**Best Cab**	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	Elmbrook Senior Taxi	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	Lake Country Cares	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	Muskego Senior Taxi	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	New Berlin Taxi	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	Oconomowoc Silver Streak	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	Seniors on the Go!	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
	Eveready	**Contract/Agreement**	**No**	**1/1/23**	**12/31/23**
VOLUNTEER DRIVER	**Eras**	**Contract/Agreement**	**No**	**1/1/23**	**12/21/23**

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**.*

PROJECT 1 DESCRIPTION

County of **Waukesha**

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	**Rideline Accessible Van Program**
Third Party Provider	**Transit Express / Meda-Care Vans of Waukesha, Inc**
Date contract last updated	**2018 / 2023**

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

Volunteer Driver		Voucher Program	X
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.)*

Rideline is a county-wide, accessible van service utilizing vehicles owned by the contracted provider but sponsored by the Waukesha County ADRC for Waukesha County residents only. This is an advance reservation, door-to-door transportation service for those requiring mobility aids and/or unable to get in and out of a regular taxi car, and/or those living in areas in Waukesha County where 85.21 taxi service is not available. Rideline follows no particular route. Provider collects and retains the required rider copayment. The contracted provider has been selected through the RFP process and operates from an exclusive five year contract. The contracted vendor owns, provides and maintains all vehicles used for this project. All vehicles must be ADA equipped and HSV certified. Current van capacities vary from 3 wheelchairs or scooters to up to 10 ambulatory riders.

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.)

All of Waukesha County. Rideline can also be used for medical appointments a maximum of 6 miles into counties that border/touch Waukesha County; Milwaukee, Walworth, Racine, Washington, Ozaukee, Jefferson, Dodge counties **subject to provider availability.**

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		**6am**	**6am**	**6am**	**6am**	**6am**	
End Time		**6pm**	**6pm**	**6pm**	**6pm**	**6pm**	

Additional description *(if applicable)*

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

Persons requesting transportation through this service must contact the provider via telephone at least 24 hours in advance. Persons requiring the assistance of an attendant must notify the provider of this at the time the reservation is made.

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

Eligibility is limited to residents of Waukesha County who are non-drivers or limited drivers and are either 1) elderly (60 and older); 2) adults 18-59 y/o with a disability who require the use of a mobility aid; 3) eligible riders who live in an area where partner taxi service is not available. All riders must be registered with ADRC for reduced fare.

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

No revenues are collected by the county. Passenger copayments are required for all one-way trips set to a sliding fee scale based on trip origin, destination and passenger income. This applies to all one-way trips except rides directly to/from the 10 senior dining centers. Registered diners / riders pay $1.00 per one-way trip to and from lunch at the dining center. The contracted vendor retains the required copayment revenues. Approved client attendants ride for no charge.

PROJECT 2 DESCRIPTION

County of **Waukesha**

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 **SHARED-FARE TAXI**

Third Party Provider Best Cab, Elmbrook Senior Taxi, Mukwonago Seniors on the Go, Oconomowoc Silver Streak, Muskego Senior Taxi, Lake Country Cares Cab, New Berlin Senior Taxi

Date contract last updated 2022

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

Volunteer Driver		Voucher Program	X
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.)*

Passenger fare-assistance project for Waukesha County residents. Primarily 24-hour advance reservation, door-to-door. Follows no particular set route. Private taxicab transportation service. Providers do allow demand-response when capacity allows. Provider collects and retains the required rider copayment. Taxi service is provided in most communities in Waukesha County. Waukesha County partners with six (6) non-profit taxi companies and one (1) for-profit taxi company. On a monthly basis, each participating taxicab company bills the ADRC $5.25 for each one-way ride provided. Riders can utilize the senior taxi program to attend a Waukesha County senior dining center for $1 per one-way ride.

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.)

Waukesha, Brookfield, New Berlin, Oconomowoc/Okauchee/Summit, Muskego, Mukwonago/Eagle/Vernon/Big Bend, Butler, Elm Grove, Pewaukee, Delafield, Hartland, Merton, Nashotah

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**For-profit taxis only**	**Varies 7a-8a**	**Varies 7a-8a**	**Varies 7a-8a**	**Varies 7a-8a**	**Varies 7a-8a**	**For-profit taxis only**
End Time	**For-profit taxis only**	**Varies 4:00p-5p**	**Varies 4:00p-5p**	**Varies 4:00p-5p**	**Varies 4:00p-5p**	**Varies 4:00p-5p**	**For-profit taxis only**

Additional description *(if applicable)*

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

Persons requesting transportation through this project must contact respective taxicab company via telephone at least 24 hours in advance

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

Waukesha County residents who are non-driving or limited driving who are either 60 years of age or older, or adults 18-59 with disabilities who have a disability designation. All riders must be registered with the ADRC for reduced fare rides. All riders must be able to get in and out of a regular vehicle with little or no assistance.

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

ADRC reimburses provider up to $5.25 per one-way ride. The rider is responsible for any additional balance. Each month the providers invoice the ADRC for each $5.25 ride, and balance of all $1 dining center rides.

PROJECT 3 DESCRIPTION

County of **Waukesha**

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	**Eras Senior Network Volunteer Driver Program**
Third Party Provider	Eras Senior Network
Date contract last updated	2022

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

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		*Brief description of Study*	
Other *(provide explanation)*			

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

Volunteer driver program for Waukesha County residents. (Generally) once-per-week, one-week advance notice, door-through-door and escort service that operates throughout all of Waukesha County. Available to provide some transportation into surrounding counties as availability permits and as volunteer drivers are available. Volunteer drivers are matched with clients by Eras Senior Network for the purpose of assisting with medical transport, grocery shopping and personal errands. Eligible riders must be 60 years or older or be adults with a disability age 18-59. Riders must be able to enter and exit any vehicle with little or no assistance.

Volunteer drivers use privately owned vehicles generally owned by the driver themselves. Eras Volunteer Driver program does not require a rider co-pay, but does accept donations for the rides. Eras also has two vans that they use for rides, generally driven by volunteer drivers.

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.)

All of Waukesha County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		**9am**	**9am**	**9am**	**9am**	**9am**	
End Time		**4pm**	**4pm**	**4pm**	**4pm**	**4pm**	

Additional description *(if applicable)*

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

Registered riders must either contact the ADRC for a referral or contact Eras Senior Network directly at least one week prior to when ride is needed.

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

Waukesha County residents. Ambulatory and able to enter and exit any vehicle with little or no assistance. 60 years of age or older, or 18-59 years of age with a disability. An in-home assessment (conducted by Eras) is required prior to receiving services.

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

Services are free of charge. Donations to Eras are encouraged and accepted.

PROJECT 4 DESCRIPTION

County of **Waukesha**

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 **Men Falls Senior Shuttle**

Third Party Provider Johnson Bus

Date contract last updated

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

Volunteer Driver		Voucher Program	X
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.)*

Waukesha County ADRC funds the shuttle service in Menomonee Falls every Friday. The Friday shuttle provides $1.50 one-way rides within the Village of Menomonee Falls; balance of each ride is paid by the ADRC. Riders must be able to enter and exit a school bus.

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.)

Menomonee Falls Area

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time						**9am**	
End Time						**5pm**	

Additional description *(if applicable)*

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

Persons requesting this trip must contact the provider via telephone at least 24 hours prior to when this trip occurs.

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

Passenger eligibility is limited to Waukesha County residents over the age of 60, or 18-59 with a disability designation. This trip is only in the Village of Menomonee Falls. Riders must be able to enter and exit a school bus. No school district related transportation will be provided through the Senior Shuttle program.

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

Passenger copayments are required for all one-way trips. Passengers are required to pay $1.50 per each one-way trip. Johnson Bus charges the ADRC monthly for remainder of ride charge.

PROJECT 5 DESCRIPTION

County of **Waukesha**

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	**Non-Profit Taxi Operating Assistance**
Third Party Provider	All non-profit senior taxi companies
Date contract last updated	2022

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		*Brief description of Study*	
Other *(provide explanation)*	**Operating assistance**		

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

This project is a monetary contribution to help assist with eligible operating expenses, and given only to the non-profit senior taxis that partner with the ADRC to provide specialized transportation services to Waukesha County residents. Additional operating assistance is also generally provided to Eras Senior Network as funding allows. See taxi program and Eras sections of application for details on operating information.

Assitance program is only available to Elmbrook Senior Taxi, Lake Country Cares Cab, Muskego Senior Taxi, Mukwonago Seniors on the Go, New Berlin Senior Taxi, and Oconomowoc Silver Streak Taxi, and ERAs Senior Network as funding allows.

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							
End Time							

Additional description *(if applicable)*

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

Non-profit senior taxis and ERAs Senior Network must request operating assistance funding by submitting a letter of request (invoice) written on their letterhead and signed by an appropriate agency representative. Must include valid documentation related to expenses, such as paid invoices for insurance premiums, vehicle maintenance and purchase, payroll expenditures and proof of other eligible expenses.

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

See Taxi program and ERAs sections for information

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

None for this project

PROJECT 6 DESCRIPTION

County of **Waukesha**

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 **GROUP TRIPS**

Third Party Provider Community organizations such as local senior centers, Park and Rec departments, and community groups such as YMCA

Date contract last updated N/A

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		*Brief description of Study*	
Other *(provide explanation)*	**Passenger Fare Assistance Program**		

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

This is a passenger fare assistance project available to Waukesha County non-profit agencies, municipal recreation departments and senior centers. This program assists with the costs of non-medical group trip transportation for seniors and adults with disabilities. Trips are exclusively for recreation.

The transportation is provided through private and public motorcoach and bus lines. A group is identified as five or more passengers, but can be as few as two or three riders if an accessible vehicle is required for the transport. For this purpose, trips requiring the use of a wheelchair accessible van, bus or motorcoach are eligible for reimbursement up to a county-determined amount.

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.)

For Waukesha County residents. Rides submitted for reimbursement consideration can be anywhere in the United States. Total distance does not necessarily determine total reimbursement amount.

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)*

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

Upon completion of an authorized group trip, the requesting agency must submit an invoice to the ADRC on agency letterhead requesting financial reimbursement. Agency must include adequate documentation proving that the trip occured and that expenses were paid by the agency for the trip.

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

Reimbursement up to a specific amount will be provided to those agencies serving Waukesha County residents aged 60 and older, or adults with disabilities aged 18-59 Reimbursement is available for any trip priority other than medical appointments or services; the purpose of trips is almost always for recreation. Individual agencies will arrange their own transportation, departure and arrivals, passenger coordination including reservations, and any and all other trip-related requirements.

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

Maximum reimbursement per trip is a county-determined amount, which is up to $225 per trip most years, and under normal circumstances. Passenger copay amounts and collection are arranged and conducted by hosting organization.

PROJECT 7 DESCRIPTION

County of **Waukesha**

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 **Technology Implementation Pilot**

Third Party Provider TBD

Date contract last updated

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	X
Planning Study		*Brief description of Study*	**Pilot to test taxi provider software program**
Other *(provide explanation)*			

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

Recommendations from a recent program study included pursuing electronic reporting and ridership tracking to replace the current paper-based voucher system.

The staff time used for data entry could be leveraged more effectively for customer service, coordinated marketing, website improvements, and administrative support for the transportation providers.

This project will include the exploration of an electronic reporting and rider tracking system. This project will involve an analysis and collaboration with Waukesha County Information Technology Department to determine the solution.

The goal is to find a software solution that allows taxi providers to enter trip data into an online/shared software program. Data entry will be completed by dispatchers and/or drivers as trips are completed.

The proposed outcome of this will be the implementation of a new system for reporting and tracking required ride data.