GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES 571 County Road A PO Box 588 Green Lake WI 54941-0588

VOICE: 920-294-4070 FAX: 920-294-4139

Email: glcdhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES

222 Leffert St. PO Box 69 Berlin WI 54923-0069

VOICE: 920-361-3484 FAX: 920-361-1195

Email: fri@co.green-lake.wi.us

Post Date: 11/15/16

The following documents were distributed at the Aging Advisory Committee meeting held on Tuesday, November 15, 2016

- Agenda for November 15, 2016 meeting
- Draft Aging Advisory Minutes September, 2016
- Aging/Long Term Care September/October Report
- Older American's Act Handout
- 2017 85.21 Transportation Grant application
- 2017 Aging Budget



GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 FAX: 920-294-4139 Email: glcdhhs@co.green-lake.wi.us

Health & Human Services Aging Advisory Committee Meeting Notice

Date: November 15, 2016 Time: 10:00 AM Green Lake County Government Center 571 County Road A, Room #1135, Green Lake, WI

AGENDA

Committee Members

Barbara Behlin Pat Flanigan Yolanda Gallegos Barb Reif Dick Trochinski

- 1. Call to Order
- 2. Certification of Open Meeting Law
- 3. Pledge of Allegiance
- 4. Agenda
- 5. Minutes: (9/21/16)
- 6. Appearances:
- 7. Correspondence
- 8. Greater Wisconsin Agency on Aging Resources Inc.
- 9. Health & Human Services Board Report
- 10. Old Business:
 - September and October Program Information
 - ADRC
- 11. New Business:
 - Older American's Act
 - 85.21 Transportation Grant
 - 2017 Aging Budget
- 12. Committee Discussion
 - Future Meeting Date/meal sign-up
 - Future Agenda items for action & discussion
- 13. Adjourn

Kindly arrange to be present, if unable to do so, please notify our office. Sincerely, Betty Bradley, Aging/Long Term Care Unit Manager

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

COMMISSION ON AGING ADVISORY MINUTES

September 21, 2016

Present: Dick Trochinski, Pat Flanigan, Harley Reabe, Barb Reif, Barb Behlen

Others Present: Karen Davis; Betty Bradley; Jason Jerome

Requirements of Open Meeting Law have been met.

CALL TO ORDER:

The meeting was called to order at 10:00 a.m. by Trochinski at the Green Lake County Government Center.

PLEDGE OF ALLEGIANCE:

The Pledge of Allegiance was recited.

APPROVAL OF AGENDA:

Motion/second (Behlen/Reabe) made a motion to approve the agenda. All ayes. Motion carried.

ACTION ON MINUTES:

Motion/second (Reabe/Flanigan) to approve the July 20, 2016 minutes. All ayes. Motion carried.

APPEARANCES: Bradley introduced Jason Jerome, Director, to Committee members.

PUBLIC COMMENT: None.

CORRESPONDENCE: None.

GREATER WISCONSIN AGENCY ON AGING RESOURCES, INC (GWAAR): Bradley reported that the next meeting is October 18, 2016.

The Aging Conference will be in September 22-23, 2016.

HEALTH & HUMAN SERVICES BOARD REPORT Trochinski reported regarding the September Health & Human Services Board meeting.

<u>OLD BUSINESS: July & August Program Information:</u>
and August Program reports for Committee review. Discussion followed.

<u>Senior Picnic:</u> Bradley reported that the Senior Picnic went well with approximately 170 in attendance. Discussion followed.

NEW BUSINESS: ADRC: Bradley distributed the ADRC information and discussed. (See attached.) Bradley explained that the State is wanting our agency to make the ADRC "Warm and Welcoming" by having a separate entrance/waiting area, not going through security, etc. Bradley reported regarding the letter sent to the State and their reply. Bradley anticipates a meeting in the near future with the State to clarify. Discussion followed. Committee members will be updated.

COMMITTEE DISCUSSION None.

<u>Future Meeting Date:</u> The next meeting of the Aging Advisory Committee will be November 15, 2016 at the Berlin Senior Center at 10:00 a.m. Committee members will then eat a meal at the Berlin Senior Center.

<u>Future Agenda Items for Action and Discussion:</u> budget, 85.21 grant, senior picnic, County Administrator

Motion/second (Flanigan/Behlen) to adjourn the meeting. All ayes. Motion carried.

The meeting adjourned at 10:28 a.m.

AGING REPORT - 2016

ı	Mealsites -	Berlin Senior	Center, Da	artford Bay A	partments,	Grand River A	Apartments											
				НО	MEBOUN	D					CONG	REGATE						
		Berlin	Green Lak	e/Prince.	Ma	rkesan			Ве	erlin	GL/Prince	ton	Mar	rkesan			MEAL PE	ROGRAM
	HDM #	DONATION			HDM #					DONATION		DONATION		DONATION			TOTAL	TOTAL
		AMOUNT		AMOUNT		AMOUNT	MEALS	DONATION	# SERVED	AMOUNT	# SERVED	AMOUNT	# SERVED	AMOUNT	MEALS	DONATION	MEALS	DONATION
January	502	\$1,652.80	462	\$1,506.56	345	\$1,194.00	1,309	\$4,353.36	247	\$878.00	118	\$152.00	114	\$124.00	479	\$1,154.00	1,788.00	\$5,507.36
February	437	\$2,134.80	505	\$1,643.80	342	\$939.00	1,284	\$4,717.60	254	\$751.10	115	\$277.00	126	\$244.80	495	\$1,272.90	1,779.00	\$5,990.50
March	446	\$2,322.76	461	\$2,681.32	272	\$980.00	1,179	\$5,984.08	354	\$1,209.00	109	\$16.00	142	\$16.00	605	\$1,241.00	1,784.00	\$7,225.08
April	474	\$897.00	458	\$972.00	222	\$763.00	1,154	\$2,632.00	257	\$978.00	178	\$248.00	132	\$116.00	567	\$1,342.00	1,721.00	\$3,974.00
Мау	453	\$1,589.00	502	\$2,276.40	249	\$1,437.96	1,204	\$5,303.36	277	\$940.00	190	\$354.00	160	\$144.00	627	\$1,438.00	1,831.00	\$6,741.36
June	508	\$1,285.56	502	\$2,055.60	225	\$924.00	1,235	\$4,265.16	267	\$1,006.00	162	\$615.68	162	\$345.92	591	\$1,967.60	1,826.00	\$6,232.76
July	445	\$3,200.56	517	\$2,304.60	218	\$711.00	1,180	\$6,216.16	269	\$1,094.87	114	\$622.56	166	\$618.56	549	\$2,335.99	1,729.00	\$8,552.15
August	506	\$897.00	547	\$2,289.52	285	\$1,098.00	1,338	\$4,284.52	306	\$1,197.05	130	\$319.84	173	\$594.24	609	\$2,111.13	1,947.00	\$6,395.65
September	481	\$748.00	518	\$1,402.50	251	\$864.00	1,250	\$3,014.50	341	\$1,256.05	113	\$300.00	143	\$131.00	597	\$1,687.05	1,847.00	\$4,701.55
October	500	\$2,657.00	466	\$3,637.75	214	\$2,592.25	1,180	\$8,887.00	327	\$1,003.00	115	\$292.00	146	\$184.00	588	\$1,479.00	1,768.00	\$10,366.00
November																		
December																		
TOTALS	4752	\$17,384.48	4938	\$20,770.05	2623	\$11,503.21	12313	\$49,657.74	2899	\$10,313.07	1344	\$3,197.08	1464	\$2,518.52	5707	\$16,028.67	18,020.00	\$65,686.41

AGING REPORT - 2016

						1							
		ELDER AE	BUSE			ELDER BE	NEFIT SPE	CIALIST PE	OGRAM				
			REPORTED	REPORTED			I&A				QUARTER	LY REPORTS	
	FOOD		ELD ABUSE	VULNERABLE ADULT	ADRC	TRNG	CALLS FOR		OUTREACH		NEW	CLIENT \$	
	PANTRY	CASES	CASES	CASES	CONTACTS	HOURS	EBS	SPEAKING	HOURS	ADRC	CASES	SAVED	
January	232	32	2	0	267	0	132	1	12				
February	203	33	2	1	259	6	121	2	17.5				
March	177	32	2	1	202	3	116	2	18.5	0		Jan-March, 2015	
April	202	30	0	1	183	13	119	3	23	0		April - June, 2015	
Мау	198	30	2	1	221	6	79	2	22	0			
June	210	32	4	1	304	22.5	101	3	17	0			
July	260	34	2	1	336	3	81	2	12	0		July - Sept., 2015	
August	198	34	3	0	430	8.5	103	4	13.5	0			
September	211	34	2	0	353					0			
October	220	34	2	1	407					0			
November				0						0			
December				0									
TOTAL	2111	325	21	7		62	852	19	135.5	0	0	0	
		020		·		02	002					<u> </u>	

2017 APPLICANT INFORMATION FORM

For additional information on this Application Workbook, please refer to the §85.21 Application Guidelines for CY2017

County of **Green Lake Primary Contact for this grant program** Name Betty Bradley Telephone Number 902-294-4070 **Extension** Email Address bbradley@co.green-lake.wi.us Application Preparer (if different than primary contact) Name Organization Telephone Number **Extension** Email Address Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a **Applicant Status** BB 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. Place your initials in box certifying all organization information, including, contacts and titles, have been **Organization Info** updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best BB of your ability. **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) Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are Coordination derived from Title of Coordinated Plan: 2014 - 2018 Green lake County Human Services Public Transportation Coordinated Plan The goal(s) and/or strategies from which your Driver availability; expnad service; and coordinating between project is included: projects. Page number(s) of the Coordinated plan in which 25, 26 and 27 the goals may be referenced: Assessibility Please indicate whether or not §85.21state aid be used for the transportation of persons you cannoth walk or who walk with assistance during the calendar year. Χ YES (If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between NO

APPLICANT CHECKLIST

County of

Green Lake

Required Components	Complete
Update Contact Information in BlackCat Online GMS	11/10/2016
Upload completed application workbook:	
Application Information Form	11/10/2016
Complete Vehicle Inventory (regardless of funding source)	11/10/2016
Trust Fund Plan (for counties with a signed board resolution)	11/10/2016
Third Party Contracts	10-Nov
Project Descriptions & Budgets	11/10/2016
Review Summary tab	11/10/2016
Upload Transmittal Letter	
Upload Public Hearing and Notice	
Upload Local Review Form	
If applicable: Upload Third Party Contracts &/or Leases to the "Resources" tab	

VEHICLE INVENTORY

County of **Green Lake**

Instructions: Please provide your **entire** specialized transit vehicle inventory (Include all vehicles that are used for transportation of elders, regardless of funding source).

Vehicle Type (Mini van, Med. Bus, etc)	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions (Ambulatory/Non-Ambulatory)	Enter "X" to indicate vehicle funded through WisDOT 5310 or 85.21 program	Place "X" in be indicate if vehicleased to ano party.	cle is
Van	2007 GMC	106,846	7/1	Х	х	
Mini van	2010 Dodge	134,846	3/2	Х	х	
Mini van	2013 Dodge	69,728	3/2	Х	х	
Bus	2005 Bluebird	134,949	28/2	Х		
Bus	2007 Ford	202,841	12/2	Х		
Bus	2010 Ford	107,529	10/1	Х		
Bus	2011 Chevy	65,658	10/1	Х		
Bus	2011 Chevy	87,376	12/0	Х		
Bus	2013 Ford	45,563	12/0	Х		
Bus	2013 Ford	36,637	10/1	Х		
Mini van	2008 Chevy	135,609	3/2	Х		

THIRD PARTY PROVIDERS

County of Green Lake

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 grey box.)

City of Berlin Jodio Olson City Administrato Southern Green Lake County Senior trans. Judy Bender Fox River Industries Ed Schuh City of Green Lake Barb Dugenske, City Clerk City of Princeton Mary Nueubauer, City Clerk Contract no 01/01/2017 12/31/2017 City of Princeton Mary Nueubauer, City Clerk Contract no 01/01/2017 12/31/2017	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)
Fox River Industries Ed Schuh contract no 01/01/2017 12/31/2017 City of Green Lake Barb Dugenske, City Clerk contract no 01/01/2017 12/31/2017	City of Berlin	Jodie Olson City Administrato	contract	Yes	01/01/2017	12/31/2017
City of Green Lake Barb Dugenske, City Clerk contract no 01/01/2017 12/31/2017	Southern Green Lake County Senior trans.	Judy Bender	contract	yes	01/01/2017	12/31/2017
	Fox River Industries	Ed Schuh	contract	no	01/01/2017	12/31/2017
City of Princeton Mary Nueubauer, City Clerk Contract no 01/01/2017 12/31/2017	City of Green Lake	Barb Dugenske, City Clerk	contract	no	01/01/2017	12/31/2017
	City of Princeton	Mary Nueubauer, City Clerk	contract	no	01/01/2017	12/31/2017

TRUST FUND SPENDING PLAN

County of Green Lake

Instructions: Please record your plan on how your county will spend down their trust fund over the <u>next three years</u>. Be as specific as possible.

· · · · · · · · · · · · · · · · · · ·	item is a non-vehicle co complete the narrative	apital purchase, please scr e)	oll to second page	Planned year of purchase Project Co (YYYY)			
Normal Operating	Expenses			2017	\$3,989.00		
Maintenance/repa	ir of 5310 vans			2017	\$5,000.00		
Normal Operating	Expense			2018	\$3,989.00		
Maintenance/repa	ir of 5310 vans			2018		\$5,000.00	
Normal Operating	Expenses			2019		\$3,989.00	
Maintenance/repa	ir of 5310 vans			2019		\$5,000.00	
		Г	otal projected	d cost of 3-year plan	\$	26,967.00	
Amount of state	aid held in trust	as of 12/31/2016:	\$37,262.82]			
Will auto calculate based	on year entered above	Enter amount of funds planext 3 years. If non	•				
Spending plan for 2017	= \$8,989.00	Funds added for 2017**=		Estimated balance on 12/31/17 =		\$28,273.82	
Spending plan for 2018	= \$8,989.00	Funds added for 2018 =		Estimated balance on 12/31/18 =		\$ 19,284.82	
Spending plan for 2019	= \$8,989.00	Funds added for 2019 =		Estimated balance on 12/31/19 =		\$ 10,295.82	

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.)

Green Lake County will use \$3,889.00 a year in 2017, 2018 and 2019, for normal operating costs. We have also set aside \$5,000.00 a year in 2017, 2018, and 2019, for unexpected repairs needed to vans purchased through the 5310 grants.

Date complete

Prepared by

11-10-2016

Betty Bradley

PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name	City of Berlin	Senior Transp	ortation				
Third Party Provider	City of Berlin						
Date contract last updated	st updated 1-1-2016						
Гуре of Service	(Place an "x" ne	ext to the type of	service you will	l be providi	ing for this project)		
V	olunteer Driver/		Vouche	r Program			
Ve	ehicle Purchase		Managen	nent Study			
	Planning Study		Brief description of Study				
Other (provide explanation) FI		Flexible route,	door to door, t	ransporta	tion service.		
	L						

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

The City of Berlin Project provides service to elderly (over age 60) and handicapped persons living in the City of Berlin and within a five mile radius around the City. Service is provided with an eight(8) passenger, wheelchair lift equiped van. This is a flexible route, door to door service. Individuals wishing to schedule a ride must call the Berlin Senior Center to schedule the ride. Medical trips take priority over all others. All rides are scheduled on a first come first serve basis. This is a fee based transportation service. The fee can be reduced or waived by the project manager in cases where the rider is unable to pay. The primary funding source for this service is 85.21 funding, along with City of Berlin funds, County funds, rider fees and contributions.

PROJECT DESCRIPTION, Continued

Geo	arap	hv	οf	Ser	vice
GEU	urab	עווי	VI.	JEI	VICC

,	(List the counties	as well as citie	s/areas that are s	erviced though this	project Lise "	$\Delta I T$ " and	"Enter" to start a	new line)
l	List tile coullies,	as well as the	s/arcas triat are s	erviced triought triis	project. Ose	∧∟ı anu	Lines to start t	a ricw iiric.)

ie cou	unities, as well as clites/aleas that are serviced thought this project. Ose "ALT" and "Enter to start a new line.)
l l	The city of Berlin and those living with a five mile radius
	o, o. zo a a a a a a

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

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

Additional description
(if applicable)

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

Anyone wanting to use the service must call the Berlin Sr. Center. The project manager will then schedule a ride and arrange for the pickup time with the rider. Service priority areas are medical, nutrition related, employment and recreational reasons.

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

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A		41	(00							_
Anvone	over	the a	iae ot 60.	. or har	าตเca	ppec	ı ma	ay request the s	ervic	е.
,								.,		•

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

This is a fee based service. Trips within the City of Berlin are charged \$2.00 per ride, if the wheelchair lift is needed to be used the rider is charged \$10.00. Fees for out of town trips are: Ripon - \$20.00; Oshkosh - \$40.00; Wautoma - \$40.00; Wild Rose - \$50.00; Appleton - \$50.00; Fond du Lac - \$50.00; Montello - \$50.00; Madison - \$100.00. Fees can be waived or reduced by the Project manager if the rider cannot afford to pay. Fees are collected by the driver at the time of the trip.

PROJECT BU	DGET			
Section Description			Amount	
Access I Francis difference				
Annual Expenditures				
Enter the amount of total expenditures for this projects	Total Expenses	\$3	37,127	
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Repor t you will submit at the end of the calendar year.				
Annual Revenue				
Enter the amount for each funding source that will be used to for				
*When complete, please scroll to bottom of this page to ensure the <u>Ext</u>	<u>enditures minus F</u>	Revenue equals \$0.	-	
A. §85.21 funds from annual allocation		Total from A.		\$22,800
B. §85.21 funds from trust fund		Total from B.		\$1,656
C. County Match Funds		Total from C.		\$3,444
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.		\$5,227
(provide name and/or description and record total amount in the to the right of the description. Include sources such as other gand/or programs.)				
1. City of Berlin	Total	\$5,227]	
			1	
2.	Total		J	
3.	Total]	
4.	Total]	
			7	
5.	Total		J	
6.	Total]	
		.	7 407	
Re	venue Total	\$.	37,127	

Expenditures should equal revenue

\$0

PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name Southern G		reen Lake County Senior Transportation				
Third Party Provider	Southern Gre	en Lake County	Senior Transportation			
Date contract last updated	01/01/2016					
Type of Service	<i>(Place an "x" ne</i> /olunteer Driver	ext to the type o	f service you will be providi Voucher Program	, ,		
Volunteer Driver		^	Management Study			
Planning Study			Brief description of Study			
Other (provid	de explanation)	Flexible route,	door to door van service) <u>.</u>		

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

Southern Green Lake County Senior Transportation provides a respond to call, door to door transportation service to the elderly and handicapped persons who live in Southern Green Lake County. Two, three passenger minivans are equiped with lifts and are wheelchair accessible. Volunteer drivers also use private vehicles to transport clients when all vans are committed to trips. Service is provided Monday through Friday and occasionally on weekends in an emergency. A two day or more notice is required for local trips and five days notice is required for out of town trips. Any person over the age of 60 or handicapped may request the service. Medical trips take priority over all other trips. This is a fee based transportation service. The fee may be lowered or waived by the project manager for individuals who are unable to pay. The primary funding source for this project is 85.21 funding, along with County funding, rider fees and contributions.

PROJECT DESCRIPTION, Continued

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Gθ	: O	ura	สม	IIV	OI	Эe	I V	ıce

(List the counties, as well as cities/areas that are serviced though this project. Use "ALT" and "Enter" to start a new line.)

Green Lake County, Markesan, Marquette, Manchester, Kingston, Dalton, Mackford, Princeton, Green Lake, and rural Southern Green Lake County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

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

Riders may call the project manager or the van dirvers directly to schedule a ride. Two days advance notice is required for local rides, and five days advance notice is required for out of town travel. Service priority areas are medical, nutrition related, employment and recreational reasons.

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

Anyone over the age of 60 or handicapped may use the service. Individuals who are not elderly or handicapped may ride on a space available basis only.

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

This is a fee based service. Fees are collected at the time of the trip. Fees are; Markesan - \$12.00; Green Lake - \$18.00; Princeton - \$20.00; Ripon - \$20.00; Waupun - \$20.00; Berlin - \$25.00; Beaver Dam - \$25.00; Appleton - \$60.00; Fond du lac - \$35.00; Madison - \$60.00; Milwaukee - \$70.00; Neenah - \$48.00; Oshkosh - \$44.00. There is a \$10.00 per hour fee for trips over 4 hours. Fees can be waived or reduced by the project manager if the rider cannot afford the charge.

PROJECT	BUDGET		
Section Description			Amount
Annual Expenditures			
Enter the amount of total expenditures for this projects	Total Expenses	\$ <i>1</i>	3,127
*Please note: Breakdown of expenses is not required at this time. You provide the breakdown of actual expenses in the Annual Financial R you will submit at the end of the calendar year.	u will	Ψ-	0,121
Annual Revenue Enter the amount for each funding source that will be used to	o for this projects.		
*When complete, please scroll to bottom of this page to ensure the		Revenue equals \$0.	
A. §85.21 funds from annual allocation		Total from A.	\$21,736
B. §85.21 funds from trust fund		Total from B.	\$2,333
C. County Match Funds		Total from C.	\$3,558
D. Passenger Revenue		Total from D.	\$11,000
E. Older American Act (OAA) funding		Total from E.	
F. §5310 Operating or Mobility Management funds		Total from F.	
G. Other funds (provide name and/or description and record total amount in the box to the right of the description. sources such as other grants and/or programs.) 1. CMO Contract (Care Wisconsin)		Total from G. \$4,500	\$4,500
			•
2.	Total		
3.	Total		
4.	Total		
5.	Total		
6.	Total		
	Revenue Total	\$4	3,127

Expenditures should equal revenue \$0

PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name	Fox River I	ndustries			
Third Party Provider	Fox River Indu	ustries			
Date contract last updated	01/01/2016				_
Type of Service	(Place an "x" ne	ext to the type of	f service you will be providi	ng for this project)	
V	olunteer Driver/	Х	Voucher Program		
Ve	ehicle Purchase		Management Study		
	Planning Study		Brief description of Study		
Other (providence)	de explanation)	This is a fixed	route, door to door servi	ce.	

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

Fox River Industries provides a fixed route door to door bus/van service twice daily. Services are generally provided weekdays only with fixed routes running from 6:30 am to 9:30 am and 3:00 pm to 5:30 pm. On-call rides will be provided between 9:30 am and 2:30 pm each day. Persons requesting pickup on route must call in at least one day in advance. Call-ins are served as time and available drivers permit. Reservations for total use of a vehicle must be called in at least 5 days in advance. Primary transportation target group in the developmentally disabled, although the elderly(over 55) and handicapped of any age are encouraged to ride. Fox River Industries has 7 vans and busses, five of which are equiped with wheelchair lifts. These vehicles, when not in us by Fox River Industries are available for rental to the general public needing a accessible vehicle. The primary source of revenue for this project is 85.21 funds, County funds and passenger co-pays.

PROJECT DESCRIPTION, Continued

ദ		rar	hv	Ωf	90	rvice
ьe	OU	ıraı	עוונ	OI	ъe	rvice

(List the counties, as well as cities/areas that are serviced though this project. Use "ALT" and "Enter" to start a new line.)

Green Lake County, Berlin, Green Lake, Princeton, Markesan, Kingston, Dalton, Marquette, Manche	ester
and all rural areas of the County.	

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	
End Time		5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm	

Additional description
(if applicable)

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

Each day the fixed routes run morning and evening to pick up developementally disabled individuals for work and day programs. The busses/vans are also used through out the day for medical and recreational trips for the developmentally disabled. All rides are coordinated by the project manager at Fox River Industries. Community members wishing to schedule use of a vehicle would call Fox River industries.

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

Primary passenger group is the developmentally disable, although elderly and handicapped individuals
are also eligible to ride.

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

The co-pays for those using the fixed routes are: \$.75 per oneway trip in town; and \$1.25 per oneway trip out of town. For those wishing to rent a vehicle the charge is \$.75 per mile with a \$20.00 minimum.

PROJECT E	BUDGET		
Section Description		A	Amount
•		<u>-</u>	
Annual Expenditures			
Enter the amount of <u>total</u> expenditures for this projects	Total Expenses	\$16	,100
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Rep you will submit at the end of the calendar year.	vill		
Annual Revenue			
Enter the amount for <u>each</u> funding source that will be used to *When complete, please scroll to bottom of this page to ensure the		venue equals \$0.	
A. §85.21 funds from annual allocation		Total from A.	\$10,000
B. §85.21 funds from trust fund		Total from B.	
C. County Match Funds		Total from C.	\$4,000
D. Passenger Revenue		Total from D.	\$2,100
E. Older American Act (OAA) funding		Total from E.	
F. §5310 Operating or Mobility Management funds		Total from F.	
G. Other funds (provide name and/or description and record total amount in the box to the right of the description. I sources such as other grants and/or programs.)		Total from G.	\$0
1.	Total		
2.	Total		
3.	Total		
4.	Total		
5.	Total		
6.	Total		
	Revenue Total	\$16	,100
Expenditures should equal rev	enue	\$	0

PROJECT DESCRIPTION

County of Green Lake

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

		-				
Project Name	City of Gree	en Lake				
Third Party Provider	City of Green	Lake				
Date contract last updated	01/01/2016					
Гуре of Service	(Place an "x" ne	ext to the type of	f service you will	be providii	ng for this project)	ı
\	/olunteer Driver	Х	Vouche	r Program		
Ve	ehicle Purchase		Managem	nent Study		
	Planning Study		Brief description of Study			
Other (provi	de explanation)					
	L					
General Project Summar	rv (Provide a brie	ef description of t	his project. Use "A	ALT" and "E	nter" to start a new	paragraph.)
						sportation service
						vers, using privately
	•	•			•	on a mileage plus out of town trips is
-						er the age of 55 or
-		• •				ak to the project

manager. The project is funded by 85.21 funds, County funds and rider co-payments.

PROJECT DESCRIPTION, Continued

		ounty, the City of				'Enter" to start a ne	.vv 11116.)
Service Ho	ours (Indicate	e your general hou	ırs of service for	this proiect.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
		Briefly indicate pas he age of 60 or	 	•		•	
	Allyone over t	nie age of oo of	папитеарреи	is eligible to us	se the service	G	
Passenge	r Revenue <i>(E</i>	Briefly describe pas	ssenger revenue	requirements for	this project)		
	This is a fee ba GreenLake; \$2 Fond du Lac -	ased service. F 2.00; Princeton	ees are collectes are sollectes are collectes are collectes are sollectes are collectes are collected are collecte	ted by the driv n - \$15.00; Ripo	er at the time on - \$15.00; V		irrent fees are: ; Oshkosh - \$25.00; an waive or reduce

PROJECT BUI	DGET			
Section Description			Amount	
Annual Expenditures				
Enter the amount of total expenditures for this projects	Г		1.0.10	
	Total Expenses	\$	4,640	
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report you will submit at the end of the calendar year.	that			
Annual Revenue				
Enter the amount for <u>each</u> funding source that will be used to for t *When complete, please scroll to bottom of this page to ensure the <u>Exp</u>		evenue equals \$0.		
A. §85.21 funds from annual allocation		Total from A.		\$3,620
B. §85.21 funds from trust fund		Total from B.		
C. County Match Funds		Total from C.		\$680
D. Passenger Revenue		Total from D.		\$340
E. Older American Act (OAA) funding		Total from E.		
F. §5310 Operating or Mobility Management funds		Total from F.		
G. Other funds (provide name and/or description and record total amount in the box to the right of the description. Incl.	ude	Total from G.		\$0
sources such as other grants and/or programs.)			1	
1.	Total		ı	
2.	Total]	
3.	Total			
4.	Total]	
			-	
5.	Total			
6.	Total]	
R	evenue Total	\$	4,640	
Expenditures should equal reven	ue		\$0	

PROJECT DESCRIPTION

County of Green Lake

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name	The City of Princeton								
Third Party Provider	The City of Princeton								
Date contract last updated	01/01/2016								
Гуре of Service	(Place an "x" next to the type o	f service you will l	be providii	ng for this project)					
V	/olunteer Driver X	Voucher	· Program						
Ve	ehicle Purchase	Manageme	ent Study						
	Planning Study	Brief description of Study							
Other (providence)	de explanation)								
General Project Summar	y (Provide a brief description of t	this project. Use "Al	LT" and "Eı	nter" to start a new p	paragraph.)				
	nceton is a respond to call, dependence in the area. Voluntee		-		•				
providing the	service. The vlounteers are p	aid mileage and	a stipend	I for each trip. A	two day notice is				

age of 60 or handicapped is eligible to use the service. To request service the individual must call the project manager in Princeton. The primary source of funding for this project is 85.21 funds with County

85.21 County Elderly and Disabled Transportation Assistance

funds and passenger copayments.

PROJECT DESCRIPTION, Continued

	The County of	Green Lake ar			lse "ALT" and ' hose living w	vithin a five mile	
_							
e He	·	e your general hou I					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
start ime		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End ime		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	
e R							
e R	(if applicable) equests (Brie	fly describe how y					
e R	(if applicable) equests (Brie	fly describe how y					
e R	(if applicable) equests (Brie	fly describe how y					
e R	(if applicable) equests (Brie	fly describe how y					
e R	(if applicable) equests (Brie	ofly describe how youst call the pro	ject manager t	o arrange a rid	e		
re Re	equests (Brie Individuals mu	fly describe how y	ject manager t	o arrange a ride	r this project)	rvice.	
re Re	equests (Brie Individuals mu	ofly describe how youst call the pro	ject manager t	o arrange a ride	r this project)	rvice.	
re Re	equests (Brie Individuals mu	ofly describe how youst call the pro	ject manager t	o arrange a ride	r this project)	rvice.	
re Re	equests (Brie Individuals mu	ofly describe how youst call the pro	ject manager t	o arrange a ride	r this project)	rvice.	
re Re	equests (Brie Individuals mu	ofly describe how youst call the pro	ject manager t	o arrange a ride	r this project)	rvice.	
re Re	equests (Brie Individuals mu	ofly describe how youst call the pro	ject manager t	o arrange a ride	r this project)	rvice.	
re Re	equests (Brie Individuals mu	ofly describe how youst call the pro	ject manager t	o arrange a ride	r this project)	rvice.	
nge	equests (Briellindividuals must be represented by the result of the representation of th	Briefly indicate pa	ssenger eligibility handicapped	o arrange a ride	this project) quest the se	rvice.	

PROJECT B	UDGET			
Section Description			Amount	
Annual Expenditures				
Enter the amount of total expenditures for this projects		•	4.055	
	Total Expenses	\$1	4,275	
*Please note: Breakdown of expenses is not required at this time. You we provide the breakdown of actual expenses in the Annual Financial Rep resentation of the calendar year.				
Annual Revenue				
Enter the amount for <u>each</u> funding source that will be used to for *When complete, please scroll to bottom of this page to ensure the <u>E</u>		evenue equals \$0.		
A. §85.21 funds from annual allocation		Total from A.		\$10,688
B. §85.21 funds from trust fund		Total from B.		
C. County Match Funds		Total from C.		\$2,087
D. Passenger Revenue		Total from D.		\$1,500
E. Older American Act (OAA) funding		Total from E.		
F. §5310 Operating or Mobility Management funds		Total from F.		
G. Other funds (provide name and/or description and record total amount in the box to the right of the description. In	nclude	Total from G.		\$0
sources such as other grants and/or programs.)	Total		1	
1.	Total		_	
2.	Total]	
3.	Total			
4.	Total]	
			-	
5.	Total			
6.	Total		1	
J	Total		1	
	Revenue Total	\$1	4,275	
Expenditures should equal reve	enue		\$0	

CARS No. 560340 CFDA No. 93.044

Name of County/Tribe:

Report for:

Title III-B Budget Amount:

\$ 25,011

Section 6-B Title III-B Supportive Services

Section 6-B	Title III-D Supp	Title III-B Supportive Services									
		Cash	In-Kind	Other	Other	Other		Prior Year			
Expenditure		Match	Match	Federal	State	Local	Program Income	Program			
Category	Title III-B Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget		
Administration	15,711					15,000			30,711		
2. Personal Care									-		
Homemaker	1,800								1,800		
4. Chore									-		
5. Home Del Meals											
Adult Day Care									-		
7. Case Management									-		
8. Congregate Meals											
Nutrition Counsel.									-		
10. Assisted Transpo.									-		
11. Transportation									-		
12. Legal/Ben. Assist.	4,100		1,000						5,100		
13. Nutrition Education									-		
14. Info. & Assistance	850		3,000						3,850		
15. Outreach	700		1,000						1,700		
16. Public Information	350								350		
17. Counsel. & Training									-		
18. Temporary Respite									-		
20. Advoc./Lead.Devel.									-		
21. Other									-		
23. Health Promotion	1,500								1,500		
Total	25,011		- 5,000		-	- 15,000	_		45,011		
1 Otal	23,011		3,000			13,000	_	1	43,011		

Check (X) the corresponding box if the following services	are being provided I	by other Title III funding or	
another agency/organization within the county in which yo	ou are not providing	any Title III funding towards.	
Access to Services		In Home Services	;

CARS No. 560350 CFDA No. 93.045 State ID 435.560350

Name of County/Tribe:

Report for:

Budget
Title III-C1 Budget Amount:

\$ 67,260

Section 6-C1 Title III-C1 Congregate Meals

New Budget Subject to Approval

67,260

Section 6-C1	Title III-CT Con	igregate ivieais							
		Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure		Match	Match	Federal	State	Local	Program Income	Program	
Category	Title III-C1 Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									-
6. Adult Day Care									
7. Case Management									
8. Congregate Meals	67,260	1,000	7,500			24,000	15,000		114,760
Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									-
Total	67,260	1,000	7,500	-		- 24,000	15,000	-	114,760

Remaining Budget Balance	\$	-		
Percentage of HDM		0% Ok - Yo ı	u provide no more than 40% of your allocation to Home Delivered Meals.	
Total Non-Federal Match Match Amount Needed	\$ \$	8,500 Ok - Min 7,474	nimum Match Met	
C-1 To III B: Lines 10, 11, 14, 15, 16 & 21 C-1 to C-2: Line 5 C-2 to C-1: Line 8		<u> </u>	Additional Transfer Request Above 20%	FALSE

Agencies may request additional transfers above 20% to Home Delivered Meals; all additional requests will be considered within the statewide limits under the Older Americans Act.

County/Tribal Aging Unit Budget - 2017

CARS No. 560360 CFDA No. 93.045 State ID 435 56036
CFDA No. 93.045
State ID 435 56036

Name of County/Tribe:

Report for:

Budget
Title III-C2 Budget Amount:

\$ 14,743

Section 6-C2 Title III-C2 Home Delivered Meals

Section 6-62	THE III OF HOL	ie Delivered ivid							
		Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure		Match	Match	Federal	State	Local		Program	
Category	Title III-C2 Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
 Administration 									
2. Personal Care									
Homemaker									
4. Chore									
5. Home Del Meals	14,743		2,000			58,290	50,000		125,033
Adult Day Care									
7. Case Management									
Congregate Meals									-
Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	14,743	-	2,000	-	-	58,290	50,000	-	125,033

Total		14,743	-	2,000	-	-	58,290	50,000	-	125,033
Remaining Budget Balance	\$	-								
Percentage of HDM		0%	Ok -You provide no	o more than 40% of you	r allocation to Cong	regate Meals.				
Total Non-Federal Match Match Amount Needed	\$ \$	2,000 1,639	Ok - Minimum Mate	ch Met						
C-2 To III B:										
Lines 10, 11, 14, 15, 16 & 21 C-1 To C-2: Line 5		<u>-</u>		Additional Trans	sfer Request A	bove 20%			FALSE	
C-2 to C-1: Line 8		-								
New Budget Subject to Approval		14,743								

Agencies may request additional transfers above 20% to Congregate Meals; all additional requests will be considered within the statewide limits under the Older Americans Act.

CARS No. 560510 CFDA No. 93.043

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-D Budget Amount:

\$ 1,955

*NOTE: All spending under IIID MUST be Evidenced Based.

Section 6-D Title III-D Disease Prevention and Health Promotion Services

Section 6-D	Title III-D Dise	Title III-D Disease Prevention and Health Promotion Services									
		Cash	In-Kind	Other	Other	Other		Prior Year			
Expenditure		Match	Match	Federal	State	Local	Program Income	Program			
Category	Title III-D Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget		
Administration											
Personal Care											
3. Homemaker											
4. Chore											
5. Home Del Meals											
6. Adult Day Care											
7. Case Management											
8. Congregate Meals											
Nutrition Counsel.											
10. Assisted Transpo.											
11. Transportation											
12. Legal/Ben. Assist.											
13. Nutrition Education											
14. Info. & Assistance											
15. Outreach											
Public Information											
17. Counsel. & Training											
18. Temporary Respite											
20. Advoc./Lead.Devel.											
21. Other											
23. Health Promotion	1,955	225							2,180		
Total	1,955	225	-	-	-	-	-	-	2,180		

Remaining Budget Balance \$ -

Total Non-Federal Match \$ 225 **Ok - Minimum Match Met**

Match Amount Needed \$ 218

CARS No. 560520 CFDA No. 93.052

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-E Budget Amount:

8,689 \$

Title III-E Family Caregiver Support Program Section 6-E

		iy Garagira Ga							
		Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure		Match	Match	Federal	State	Local	Program Income	Program	
Category	Title III-E Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
Administration									
2. Personal Care									-
Homemaker									=
4. Chore	1,200								1,200
5. Home Del Meals									
6. Adult Day Care									-
7. Case Management									-
Congregate Meals									
Nutrition Counsel.									=
10. Assisted Transpo.									-
11. Transportation									=
12. Legal/Ben. Assist.									=
13. Nutrition Education									
14. Info. & Assistance	1,000								1,000
15. Outreach	489								489
16. Public Information									-
17. Counsel. & Training	4,000	1,897	1,000						6,897
18. Temporary Respite	2,000								2,000
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	8,689	1,897	1,000	-	-	-	-	-	11,586

Check (X) the co	Check (X) the corresponding box if the following services are being provided by other Title III funding or								
another agency/o	another agency/organization within the county in which you are not providing any Title III funding towards.								
Х	Information and Assistance		Counseling and Training						
Х	Public Information		Temporary Respite						

Remaining Budget Balance

\$

0% Ok - You provide no more than 20% of your allocation to Supplemental Services.

Percent of Suppl. Services Total Supplemental Services \$

Total Non-Federal Match

Match Amount Needed

2,897 Ok - Minimum Match Met

\$ \$

2,897

County/Tribal Aging Unit Budget - 2017

\$

Name of County/Tribe: **Green Lake** CARS No. 560320 CARS No. 560024

Fed Match CDFA No. 93.778

Fed Match CARS No. 560021

Report for: Budget 28,215

State ID 435.560320 State ID 435.560024

State Elderly Benefit Services Section 6-BS

State Elderly Benefit Services Budget Amount:

Section 6-DS	State Literly Beliefit Services								
	State Elderly	Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure	Benefit Services	Match	Match	Federal	State	Local	Program Income	Program	
Category	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
1. Administration									
Personal Care									
Homemaker									
4. Chore									
Home Del Meals									
Adult Day Care									
7. Case Management									
Congregate Meals									
Nutrition Counsel.									
Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.	28,215	3,200				7,000			38,415
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion									
Total	28,215	3,200	-		-	7,000	-	-	38,415

Remaining Budget Balance \$

\$ 3,200 Ok - Minimum Match Met Total Non-Federal Match

\$ Match Amount Needed 3,135

CARS No. 560490 State ID 435.560490

Name of County/Tribe:

Green Lake

Report for:

Budget

State Elder Abuse Services Budget Amount:

\$ 10,856

Section 6-EA State Elder Abuse Direct Services

	Otato Eldo. Abdoo Ellot dol 11000								
		Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure	State Elder Abuse		Match	Federal	State	Local	Program Income	Program	
Category	Services Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
 Administration 									
Personal Care									
Homemaker									
4. Chore									
5. Home Del Meals									
Adult Day Care									
Case Management									
8. Congregate Meals									
Nutrition Counsel.									
Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other	10,856								10,856
23. Health Promotion									
Total	10,856	-	-	-	-	-	-	-	10,856

Remaining Budget Balance \$ -

CARS No. 560330 State ID 435.560330

Name of County/Tribe:

Green Lake

Report for:

Budget

State Senior Community Services Budget Amount:

\$ 5,736

Section 6-SCS State Senior Community Services

<u> </u>	State Serior Community Services								
		Cash		Other	Other	Other		Prior Year	
Expenditure		Match	Match	Federal	State	Local	Program Income	Program	
Category	State SCS Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
Administration									
2. Personal Care									-
Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.	5,736	400	300						6,436
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	5,736	400	300	-	-	-	-	-	6,436

Remaining Budget Balance

Total Non-Federal Match \$

Match Amount Needed \$ 638

700 Ok - Minimum Match Met

County/Tribal Aging Unit Budget - 2017

Name of County/Tribe:	Green Lake
Report for:	Budget

Section 6-Other Other Budget

Occilon o-Other	Other Baaget								
		Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure	Federal/State	Match	Match	Federal	State	Local	Program Income	Program	
Category	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
Administration									-
Personal Care									-
Homemaker									-
4. Chore									-
Home Del Meals									-
Adult Day Care									-
Case Management									-
Congregate Meals									-
Nutrition Counsel.									-
10. Assisted Transpo.					68,844	13,769			82,613
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion									-
									-
Total		-	-	-	68,844	13,769	-	-	82,613

You may use this page to record NSIP, DOT or other sources of funding outside of the Title III funding.

YOU HAVE NO ERRORS, PLEASE SUBMIT

County/Tribal Aging Unit Budget - 2017

Name of County/Tribe:
Report for:

Green Lake Budget

Total Budget Amount:

\$ 162,465

Summary Budget

		Cash	In-Kind	Other	Other	Other		Prior Year	
Expenditure			Match	Federal	State	Local	Program Income	Program	
Category	Federal/State Budget	Budget	Budget	Budget	Budget	Budget	Budget	Income Budget	Total Budget
1. Administration	15,711	-	-	-	-	15,000	-	-	30,711
2. Personal Care	-	-	-	-	-	-	-	-	-
Homemaker	1,800	-	-	-	-	-	-	-	1,800
4. Chore	1,200	-	-	-	-	-	-	-	1,200
5. Home Del Meals	14,743	-	2,000	-	-	58,290	50,000	-	125,033
Adult Day Care	-	-	-	-	-	-	-	-	-
7. Case Management	-	-	-	-	-	-	-	-	-
8. Congregate Meals	67,260	1,000	7,500	-	-	24,000	15,000	-	114,760
Nutrition Counsel.	-	-	-	-	-	-	-	-	-
10. Assisted Transpo.	-	-	-	-	68,844	13,769	-	-	82,613
11. Transportation	-	-	-	-	-	-	-	-	-
12. Legal/Ben. Assist.	38,051	3,600	1,300	-	-	7,000	-	-	49,951
13. Nutrition Education	-	-	-	-	-	-	-	-	-
14. Info. & Assistance	1,850	-	3,000	-	-	-	-	-	4,850
15. Outreach	1,189	-	1,000	-	-	-	-	-	2,189
16. Public Information	350	-	-	-	-	-	-	-	350
17. Counsel. & Training	4,000	1,897	1,000	-	-	-	-	-	6,897
18. Temporary Respite	2,000	-	-	-	-	-	-	-	2,000
20. Advoc./Lead.Devel.	-	-	-	-	-	-	-	-	-
21. Other	10,856	-	-	-	-	-	-	-	10,856
23. Health Promotion	3,455	225	-	-	-	-	-	-	3,680
	-	-	-	-	-	-	-	-	-
		-							-
Total	162,465	6,722	15,800	-	68,844	118,059	65,000	-	436,890

Remaining Budget Balance	0.00
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