

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A

Green Lake WI 54941

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

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

**Post Date:
11/4/2020**

The following documents are included in the packet for Department of Health and Human Services Committee Meeting held on Monday November 9, 2020

- November 1, 2020 Health and Human Services meeting agenda
- October 12, 2020 Health and Human Services Draft Minutes
- Public Health Unit Report
- 85.21 2021 Grant Application
- Admin Unit Report
- Correspondence



**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 Committee Meeting Notice

**Date: November 9, 2020 Time 5:00 PM
Green Lake County Government Center
571 County Rd A, COUNTY BOARD Room #0902 Green Lake WI**

AMENDED AGENDA *

Committee Members

*Joe Gonyo,
Chairman
Harley Reabe,
Vice Chair
Brian Floeter
Joanne Guden
Nancy Hoffman
Christine Schapfel
Richard Trochinski
Joy Waterbury
Charlie Wielgosh*

*Jason Jerome,
Secretary*

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Minutes (10/12/20)
5. Director's Report
6. Veteran's Service Office Report
7. Advisory Committee Reports
 - ADVOCAP/Headstart Report (Gonyo/Bates)
 - Health Advisory Committee (Reabe/Hoffman)
8. Unit Reports
 - BHU
 - Caseload Management Analysis
 - Public Health*
 - Aging*
 - 85.21 Grant *
 - Admin*
9. Correspondence*
10. Personnel Updates
 - Supported Employment Coordinator (FRI)
 - Recruitment of open positions
 - Permanent part time Nurse (Public Health)
 - LTE full time Nurse (Public Health)
11. Budget
 - 2020
 - 2021 Budget Planning
12. Committee Discussion
 - Future DHHS Meeting Date (December 14, 2020 at 5:00 p.m.)
 - Future Agenda items for action & discussion
13. Adjourn

Kindly arrange to be present, if unable to do so, please notify our office.
Sincerely,
Jason Jerome, Director

Due to the COVID-19 pandemic, this meeting will be conducted and available through in person attendance (6 ft. social distancing required) or audio/visual communication. Remote access can be obtained through the following link:

Join Zoom Meeting

<https://zoom.us/j/93524070706?pwd=UkNOdms0Nyt0ZFNKOWxNRktDT0pWZz09>

Meeting ID: 935 2407 0706

Passcode: 545976

One tap mobile

+19294362866,,93524070706# US (New York) 13017158592,,93524070706# US +(Germantown)

Dial by your location

- +1 929 436 2866 US (New York)
- +1 301 715 8592 US (Germantown)
- +1 312 626 6799 US (Chicago)
- +1 669 900 6833 US (San Jose)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Meeting ID: 935 2407 0706

Find your local number: <https://zoom.us/u/adg7xDBOKi>

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.

THE FOLLOWING ARE THE OPEN MINUTES OF THE HUMAN SERVICES BOARD HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON MONDAY, October 12, 2020 AT 5:00 P.M.

PRESENT VIA ZOOM: Joy Waterbury, Member
Charlie Wielgosh, Member
Sue Wendt, Member
Nancy Hoffman, Member

PRESENT: Harley Reabe, Vice Chairman
Richard Trochinski, Member
Joanne Guden, Member
Brian Floeter, Member
Christine Schapfel, Member

EXCUSED: Joe Gonyo, Chairman

OTHERS PRESENT: Jason Jerome, Director
Susan Sleezer, Unit Manager - CFU
Ed Schuh - Fox River industries
Jon Vandeyacht, Veteran's Service Officer
Cathy Schmit, County Administrator (via zoom)
Nicole Geschke, HR Representative (via zoom)
Tony Daley, Berlin Journal (via zoom)
Matt Vande Kolk, Chief Deputy (via zoom)

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting was called to order at 5:01 p.m. by Reabe.

Pledge of Allegiance: The Pledge of Allegiance to the Flag was recited.

Action on Minutes: Corrections as the minutes it should state 09/14/2020. Questions about the Health Insurance reduced costs in budget from last meeting minutes. Jerome explained that the Health Insurance costs for 2021 were not as high as originally anticipated. Motion/second (Guden/Schapfel) to approve the amended agenda to reflect the meeting of the September 14, 2020 Health & Human Services Board meeting as presented. All ayes. Motion carried.

Director's Report: Jerome reported that he intends to update the members and highlight Unit reports. Jerome updated the committee on recent Department happenings.

Board members are encouraged to give feedback on the Directors Report and input into what they would like to hear from him in the future.

Further discussion and questions.

Veteran's Services Report: Vandeyacht reported regarding Veteran's Services activities. October is a busy month. They had their fall conference. With spike in Covid 19 cases, they did not attend in person. The quarterly service commission meeting is on October 13, 2020. Vandyacht noted there has been an increase in requests for assistance and questions.

Advisory Committee Reports: Advocap/Headstart Report: No report.

Commission on Aging Advisory Committee: Reabe reported that there was no chairman or quorum. The committee did send forward to the DHHS Board to approve the meal bids.

Unit Reports: The Aging September report was reviewed and placed on file.

Meal site Bids: This was forwarded by the Commission on Aging. They are two current providers, the Berlin Senior Center and Feil's Catering. Recommended to accept the bids. Motion/second (Trochinski/Hoffman). All ayes. Motion carried.

The Behavioral Health Unit September report was reviewed and placed on file.

The Children & Families Unit September report was reviewed and placed on file.

The Fox River Industries September report was reviewed and placed on file.

The Health Unit/Environmental Health September report was reviewed and placed on file.

The Administrative Unit September report was reviewed and placed on file.

Discussion followed.

Personnel Updates: A FRI program aide resigned due to relocation. The FRI Supported Employment Coordinator has retired after 16 years. The Secretary/Bookkeeper for FRI is retiring after 44 years of employment. The Representative Payee for FRI is also retiring after 36 years of employment.

Resolutions: Jerome presented that general protocol of the agency is to review job descriptions/positions prior to filing. Jerome spoke with former Administrative Assistant and all Unit Managers as well as the staff within the unit to gather information about recommended changes. It was recommended that there be one position to oversee day to day work assignment as well as a Fiscal Manager. The proposed plan eliminates three positions and creates two. They will be internally/externally advertised.

Jerome submitted a financial comparison to other Counties to the Board for review. This also included a five years of revenues analysis.

Jerome stated if the final restructure occurs that other job descriptions may change. Jerome will come back as needed.

The fiscal note also includes FRI restructure. There is \$60,000 cost savings in Administrative Unit, the cost savings at FRI comes out to \$21,000. Total savings is \$ 81,000.

Discussion followed.

Motion/second (Floeter/Guden) to adopt both resolutions as stated. Resolution Relating to Eliminating the HHS Administrative Assistant, the HHS Financial Manager and the Billing Specialist Positions and Creating a Financial/Business Manager and Billing Specialist/Administrative Unit Coordinator Positions.

Resolution to Increase Pay Grade of Representative Payee Specialist on the County Wage Plan.

All ayes. Motion carried.

Budget: 2020: Jerome reviewed the DHHS Expenditure/Revenue Comparison showing where the 2020 budget comparison sheet to the Board. This is expenditure/revenues through September. Department on track to be under budget for the year. Unusual year due to Covid. Discussion followed.

2021 budget Planning: Jerome reported that preliminary 2021 budget preparations has been completed and submitted.

Committee Discussion: None

Future Meeting Date: The next Health & Human Services Board budget hearing meeting will be Monday, November 9, 2020 **at 5:00 p.m. at the Green Lake County Government Center.**

Future Agenda Items for Action and Discussion: None.

Adjournment: Reabe adjourned the meeting at 6:20 p.m.



Public Health
Prevent. Promote. Protect.

October Health Unit Report to Health & Human Services Board

This month, our disease burden was considered very high and our trajectory was also high due to elevated numbers of cases. We had 494 positive COVID 19 cases in October compared to 224 total confirmed cases in September. Keep in mind we only had 92 positive cases in the first 6 months combined during this pandemic.



Weekly Incident Command Meetings were held via Zoom due to the increased case load with Health Officer, Sheriff, EM, County Board Chairman, DHHS Director and County Administrator.

The group continues to work on plans for mass vaccination against COVID 19 when it becomes available. It is our understanding at this point that Tier 1 will be healthcare workers who actually care for COVID positive patients. We have signed up to be a provider and have notified Theda Care Berlin and both of our nursing homes to sign up also so they can get vaccine in the early stages.

In October we had 16 outbreaks in our county. This included schools, businesses and our long term care facilities.

Melanie Simpkins has completed her Limited Term Employment as of October 31st and we have hired two new nurses. One is Nancy Gimenez to replace Kari Schneider and Lisa Rollin is an LTE who will be helping with the pandemic response. Hopefully this will help to reduce hours of other staff.

We had 2 drive through flu clinics in October at the highway department and both had low turnouts. We wanted to experiment with this set-up to see how it might work for COVID vaccinations. Unfortunately we received our flu vaccine late this year and I believe many have gotten it at local pharmacies or their doctor's office. I have already sold some of our excess flu vaccine to other counties in need.

In October we had approximately 16 positive COVID cases per day. My staff continues to rotate weekends to respond to these cases. We were saddened to report 4 deaths in the month of October and we have had many hospitalized as well.

Respectfully submitted by,

Kathy Munsey, Health Unit Manager

Environmental Health
Green Lake County
October 2020

Animal Bites/Exposures: Investigations –
Reported Animal Bites/Scratches –
Animal Quarantines for Animal v. Human Exposures –
Animal Quarantines for Animal v. Animal Exposures –
Quarantine Violations and Enforcement Actions Taken –
Animals Exhibiting Positive Signs of Rabies During Quarantine –
Animals Exhibiting Negative Signs of Rabies During Quarantine –
Enforcement Taken for Violations of Vaccination Requirements -
Animals Sacrificed for Exhibiting Symptoms of Rabies or Being Rabies
Suspects-

Well Water: 3 test kits distributed.

Lead: A lead clearance inspection for a house in Markesan took place on 10.22.2020. Currently awaiting results of clearance.

Sewage: None.

Solid Waste: None.

Radon: 1 kit distributed

Housing: A placarded house in Markesan passed clearance inspection on 10.09.2020. The placard was removed and the property owner was issued a clearance release letter.

Received a complaint regarding the conditions of an apartment located in an apartment building in Princeton. No violations were noted during inspection on 10.14.2020. Closed.

Received a complaint regarding the conditions of a property in Green Lake. No violations were observed during the inspection on 10.19.2020.

Vector: None.

Asbestos: None.

Food/Water Illness: None.

Abandoned Bldgs: None.

Other: None.

Agent: 1 inspection completed. Due to the number of COVID-19 cases in our area, routine inspections are temporarily suspended. Pre-inspections and complaint inspections are still conducted as needed.

Completed Lead Risk Assessor Refresher course on 10.07.2020. This course is required to keep the Lead Risk Assessor credential.

Most of this month was dedicated to contact tracing, contact monitoring, following up on mask mandate complaints, and answering COVID related questions.

The new DATCP Food Code went into effect on Oct. 28, 2020. Training for new code took place in form of several webinars and online documents.

2021 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2021

County of Green Lake

Primary Contact for this Grant Program

Name **Betty Bradley**

Telephone Number **920-294-4070**

Extension

Email Address bbradley@co.green-lake.wi.us

Application Preparer *(if different than primary contact)*

Name **Betty Bradley**

Organization **Green Lake County**

Telephone Number **920-294-4070**

Extension

Email Address bbradley@co.green-lake.wi.us

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.

BB

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.

BB

Federal Grant Match

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

5310

X

5307

5311

Other *(Please explain)*

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: 2019 - 2023 Green Lake County Human Services Public Transportation Coordinated Plan

The goal(s) and/or strategies from which your project is included: 2019 - 2023 Green Lake County Human Services Public Transportation Coordinated Plan

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

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.)



APPLICANT CHECKLIST

County of

Required Components	Complete
Update Contact Information in BlackCat Online Grant Management System	
Upload completed application workbook:	
Application Information Form	10/29/2020
Complete Vehicle Inventory <i>(regardless of funding source)</i>	10/12/2020
Third Party Contracts	10/12/2020
Trust Fund Plan (for counties with a signed board resolution)	27-Oct
Project Descriptions and Budgets	10/27/2020
Review Summary T ab	10/29/2020
Upload Transmittal Letter	10/22/2020
Upload Public Hearing and Notice	
Upload Local Review Form	
<i><u>If applicable</u></i> : Upload Third Party Contracts &/or Leases to the Resources T ab	

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.
Right click on tab, select **Move or Copy, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.*

TRUST FUND SPENDING PLAN

County of **Green Lake**

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 2020 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
Maintenance/repair of 5310 vans	2021	\$5,000.00
Maintenance/repair of 5310 vans	2022	\$5,000.00
Maintenance/repair of 5310 vans	2023	\$5,000.00
Match for Van purchased through 5310 grant	2022	\$3,500.00
Total projected cost of 3-year plan		\$ 18,500.00

<i>Estimated amount of state aid to be held in trust on 12/31/2020</i>	\$37,364.42
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<i>Will auto calculate based on year entered above</i>	<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	<i>Estimated balance on 12/31/21 =</i>	<i>\$</i>
Spending plan for 2021 = \$ 5,000.00	Funds added for 2021 = <input type="text"/>	Estimated balance on 12/31/21 =	\$ 32,364.42
Spending plan for 2022 = \$ 8,500.00	Funds added for 2022 = <input type="text"/>	Estimated balance on 12/31/22 =	\$ 23,864.42
Spending plan for 2023 = \$ 5,000.00	Funds added for 2023 = <input type="text"/>	Estimated balance on 12/31/23 =	\$ 18,864.42

Date complete

Prepared by

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.)*

Trust fund funds will be used for major unexpected repairs to the 5310 vans that are used to provide rides in the 85.21 program. \$5,000.00 is set aside each year for such unplanned repairs. \$3,500.00 will be used in 2022 as match for a 5310 grant to assist in the purchase of a new van for the Southern Green Lake County Senior Transportation.

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

TRUST FUND SPENDING PLAN

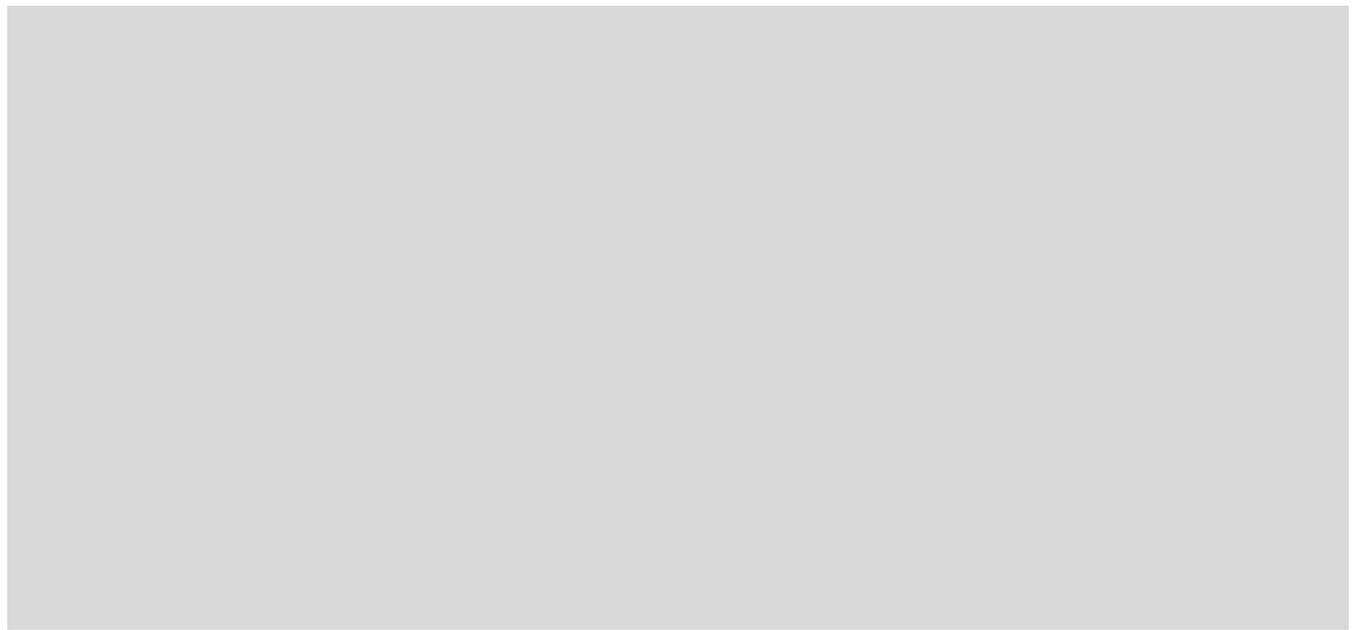
Continued

County of **0**

Narrative for non-vehicle equipment purchases continued.

(Hint: Use "ALT" and "Enter" to start a new paragraph.)

A large, empty gray rectangular area intended for the user to enter their narrative for non-vehicle equipment purchases. The area is currently blank.



PROJECT 1 DESCRIPTION

County of **Green Lake**

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 **City of Berlin**

Third Party Provider **City of Berlin**

Date contract last updated **1-1-2020**

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)	Flexible route door to door service		

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 55) and handicapped persons living in the City of Berlin and within a five mile radius around the City. Service is provided with a four(4) passenger, wheelchair accessible mini 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

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.)

The city of Berlin and those living within a five mile radius in 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		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.)*

Anyone over the age of 55, or handicapped may request the service.

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 BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$39,800

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.	\$24,583
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$3,800
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.	\$7,417

(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.	City of Berlin	Total	\$7,417
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$39,800

Expenditures should equal revenue	\$0
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PROJECT 2 DESCRIPTION

County of **Green Lake**

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 **Southern Green Lake County Senior Transportation**

Third Party Provider Southern Green Lake County Senior Transportation

Date contract last updated 1-1-2020

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 <i>(provide explanation)</i>	Flexible route door to door service.		

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, five passenger minivans are wheelchair accessible and 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 55 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

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.)

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		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description
(if applicable)

On occasion weekend trips can be arranged if there is a driver available.

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

Riders may call the project manager or the van drivers 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 55 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 - \$30.00; Waupun - \$30.00; 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
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Annual Expenditures

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

Total Expenses \$46,770

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.	\$23,613
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$3,965
D. Passenger Revenue	Total from D.	\$14,692
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.	\$4,500

(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.	CMO Payments	Total	\$4,500
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$46,770

Expenditures should equal revenue	\$0
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PROJECT 3 DESCRIPTION

County of **Green Lake**

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 **Fox River Industries**

Third Party Provider Fox River Industries

Date contract last updated 1-1-2020

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		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	This is a fixed route door to door service.		

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 is the developmentally disabled, although the elderly(over 55) and handicapped of any age are encouraged to ride. Fox River Industries has 9 vans and busses, seven of which are wheelchair accessible. These vehicles, when not in use 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

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.)

Green Lake County, Berlin, Green Lake, Princeton, Markesan, Kingston, Dalton, Marquette, Manchester 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 developmentally 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 disabled, 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 BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

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

Total Expenses \$31,241

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.	\$12,633
B. \$85.21 funds from trust fund	Total from B.	\$8,500
C. County Match Funds	Total from C.	\$4,508
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	Total from G.	\$3,500

(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.	Southern Green Lake County match for 5310 vehicle	Total	\$3,500
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total \$31,241

Expenditures should equal revenue	\$0
--	------------

PROJECT 4 DESCRIPTION

County of **Green Lake**

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 **City of Green Lake**

Third Party Provider **City of Green Lake**

Date contract last updated **1-1-2020**

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		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	This a flexible route dor to door service.		

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

The City of Green Lake Transportation Program is a respond to call, door to door transportation service for the elderly age 55 or older and handicapped individuals in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The volunteer drivers are paid on a mileage plus stipend wage. A two day notice for short trips is required and a one week notice for out of town trips is required. Service is available 5 days per week. The service is available to anyone over the age of 55 or handicapped. To arrange a ride the individual must call Green Lake City Hall and speak to the project manager. The project is funded by 85.21 funds, County funds and rider co-payments.

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.)

The City of Green Lake and those living within a 5 mile radius in 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.)*

Services are requested by calling the project manager at Green Lake City Hall.

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

Anyone over the age of 55 or handicapped is eligible to use the service

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

This is a fee based service. Fees are collected by the driver at the time of the ride. Current fees are: Green Lake; \$2.00; Princeton - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. The project manager can waive or reduce the fee if the rider cannot afford to pay.

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

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

Total Expenses \$8,624

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.** \$6,388

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

C. County Match Funds **Total from C.** \$1,236

D. Passenger Revenue **Total from D.** \$1,000

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.** \$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 \$8,624

Expenditures should equal revenue	\$0
--	------------

PROJECT 5 DESCRIPTION

County of **Green Lake**

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 **City of Princeton**

Third Party Provider **City of Princeton**

Date contract last updated **1-1-2020**

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)	This is a flexible rout door to door service.		

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

The City of Princeton is a respond to call, door to door transportation service for the elderly and handicapped persons in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The vlounteers are paid mileage and a stipend for each trip. A two day notice is required for short trips and a one week notice is required for long trips out of the area. Anyone over the age of 55 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 along with County funds and passenger copayments.

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.)

The City of Princeton and those living within a five mile radius in 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.)*

Individuals must call the project manager to arrange a ride

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

Anyone over the age of 55 or handicapped is eligible to request the service.

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

This is a fee based service. Fees are collected by the driver at the time of the service. Fees are: local - \$2.00; Green Lake - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Markesan - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. Fees can be reduced or waived by the project manager if the rider cannot afford the fee.

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

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

Total Expenses \$17,141

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.** \$12,672

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

C. County Match Funds **Total from C.** \$2,469

D. Passenger Revenue **Total from D.** \$2,000

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.** \$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 \$17,141

Expenditures should equal revenue	\$0
--	------------

PROJECT 6 DESCRIPTION

County of **Green Lake**

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

Third Party Provider

Date contract last updated

Type of Service

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

Volunteer Driver

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.)*

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 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.)*

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

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

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

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

Total Expenses

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. **\$85.21 funds from annual allocation** Total from A.

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

C. **County Match Funds** Total from C.

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 \$0

Expenditures should equal revenue	\$0
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PROJECT 7 DESCRIPTION

County of **Green Lake**

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

Third Party Provider

Date contract last updated

Type of Service

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

Volunteer Driver

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.)*

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 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.)*

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

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

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

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

Total Expenses

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.**

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

C. County Match Funds **Total from C.**

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.**

(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

Expenditures should equal revenue	<input style="width: 100%; height: 20px; background-color: #e0ffff;" type="text" value="\$0"/>
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PROJECT 8 DESCRIPTION

County of **Green Lake**

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

Third Party Provider

Date contract last updated

Type of Service

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

Volunteer Driver

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.)*

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 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.)*

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

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

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

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

Total Expenses

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. **\$85.21 funds from annual allocation** Total from A.

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

C. **County Match Funds** Total from C.

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 \$0

Expenditures should equal revenue	\$0
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COUNTY ELDERLY TRANSPORTATION 2021 PROJECT BUDGET SUMMARY

County of

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Project Name

City of Berlin	Southern Green Lake County Senior Transportation	Fox River Industries	City of Green Lake	City of Princeton	0	0	0	Totals
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Project Expenses

Total Project Expenses	\$39,800.00	\$46,770.00	\$31,241.00	\$8,624.00	\$17,141.00	\$0.00	\$0.00	\$0.00	\$143,576.00
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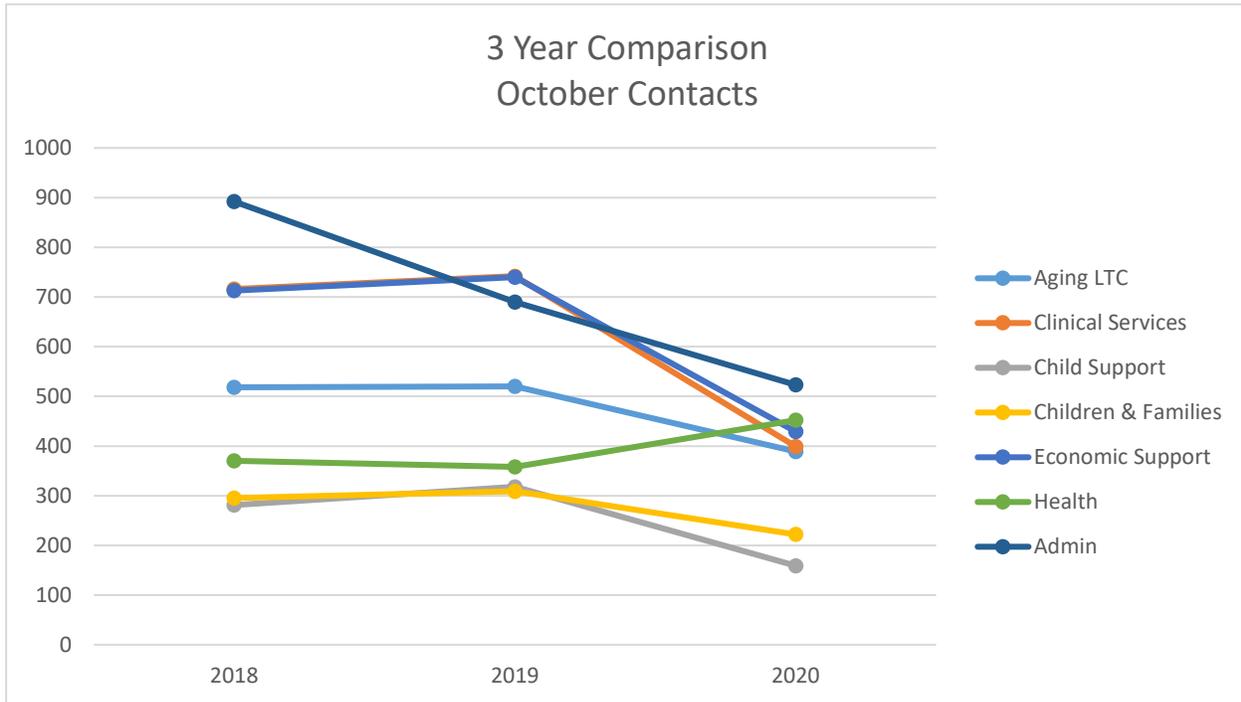
Project Revenue by Funding Source

§85.21 Annual Allocation	\$24,583.00	\$23,613.00	\$12,633.00	\$6,388.00	\$12,672.00	\$0.00	\$0.00	\$0.00	\$79,889.00
§85.21 Trust Fund	\$0.00	\$0.00	\$8,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00
County funds	\$3,800.00	\$3,965.00	\$4,508.00	\$1,236.00	\$2,469.00	\$0.00	\$0.00	\$0.00	\$15,978.00
Passenger Revenue	\$4,000.00	\$14,692.00	\$2,100.00	\$1,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$23,792.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$7,417.00	\$4,500.00	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,417.00
1.	\$7,417.00	\$4,500.00	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,417.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Admin –October 2020

As the Covid-19 Pandemic and the office being open “limited” our contacts have been slightly impacted. Contacts have decreased about 30% from October last year. The contacts are leveling off to a steady number as the pandemic continues. The numbers are reflected in the graph below. The Admin Unit has continued to modifying the work flow to accommodate all the changes happening with COVID-19 Pandemic. We are currently working with a shortage due to quarantined folks along with a retirement at the end of September.



A few highlights on the financials:

- Our Revenues have increase for 2020 due to taking on the fiscal lead for ADRC. (Note this also increases our expenditures.)
 - o We lost about \$150,000 in revenues for FRI Services due to COVID closing the building down, but have been able to make up some of the lost revenues in COVID funding.
 - o We are on target for meeting our budgeted billing revenues in the clinic despite COVID
 - This is due to being able to bill for Telephone calls and Video Calls
 - Along with still allowing to collect on collections.
- Our expenditures are lower this year than last year due to trainings, travel, and activities dropping to a minimum.
 - o Most of the additional expenditures we are encountering for 2020 are in relation to COVID which the majority has been covered by COVID funding.
- Year to date we are on target to be on budget.
 - o We are currently waiting of Q3 revenues from the state to be reflected on the 2020 books.
 - o There is still a lot of unknowns in the budget through the end of the year for Human Services as a whole.

2020 Year to Date Revenue and Expense Comparison



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10-12-2020

To all the volunteers!

Thank you for being so kind
and caring in helping others.

Our country is so much better
because of people like you who do the
"act of kindness".

Much appreciation and
thankfulness to you.

