December 13, 2024

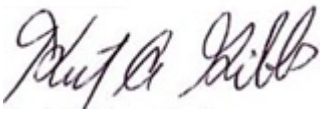
85.21 Program Manager
Bureau of Transit, Local Roads, Railroads & Harbors
Wisconsin Department of Transportation
PO Box 7913
Madison, WI 53707-7913

MARATHON COUNTY 2025 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for $367,220.00 in state assistance under Section s.85.21 of the Wisconsin Statutes to provide specialized transportation services for the seniors and individuals with disabilities in 2025. The County assures that $73,444.00 in local funds have been budgeted and will be available as the share required to match the 85.21 grant.

The applicant affirms that the information submitted in this application is true and correct.

Sincerely,



Kurt Gibbs, Chairperson
Marathon County Board of Supervisors

Enclosure: 2025 Specialized Transportation Application

2025 APPLICANT INFORMATION FORM

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For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2025

County of MARATHON

Primary Contact for this Grant Program

Name	**Laurie Miskimins**		
Telephone Number	**715-261-6024**	**Extension**	
Email Address	laurie.miskimins@marathoncounty.gov		

Application Preparer *(if different than primary contact)*

Name	**Same as above**		
Organization			
Telephone Number		**Extension**	
Email Address			

Applicant Status

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

LM

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.

LM

Federal Grant Match

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

5310		**5307**		**5311**	

Other *(Please explain)* None

Coordination

Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived.

Title of Coordinated Plan:	Marathon County Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023
The goal(s) and/or strategies from which your project is included:	Strategy #3, Update County-wide human service transit needs assessment to gain better understanding of the current unmet needs for transportation services and how to better focus efforts to meet those needs. Expand study to include employment related needs. Actions: Utilize 85.21 grant funding for match to apply for 5304 discretionary planning funds. Strategy #8, Maintain and expand existing services through
Page number(s) of the Coordinated plan in which the goals may be referenced:	Pages 9 and 10

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

YES	X
NO	

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

APPLICANT CHECKLIST

County of **MARATHON**

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

VEHICLE INVENTORY

County **MARATHON**

Instructions: Please provide your **entire** specialized transit vehicle inventory.
(Include all vehicles used to transport seniors or individuals with disabilities.)

Vehicle Type *(Minivan, Medium Bus, etc.)*	Full VIN Number	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions *(Ambulatory/Non-Ambulatory)*	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is leased to another party.
					5310	85.21	Trust	Other	
MED BUS	1FDFE4FS7FDA08699	2015	87,185	12 amb or 6 amb and 4w/c	X			☐	
MED BUS	1FDFE4FS6HDC64450	2017	84,558	12 amb or 8 amb and 2w/c	X			☐	
MED BUS	1FDEE3FS9HDC77876	2017	84,135	2 amb 3w/c or 4 amb and 2w/c	X			☐	
MED BUS	1FDFE4FS0JDC37976	2018	42,113	8 amb and 4w/c	X			☐	
MED BUS	1FDEE3FS8JDC39756	2018	84,048	8 amb and 1w/c	X			☐	
MED BUS	1FDFE4FS7KDC63802	2019	57,898	10 amb and 2w/c	X			☐	
MED BUS	1FDFE4FS9KDC63803	2019	34,978	10 amb and 2w/c or 2 amb and 2w/c	X			☐	
MED BUS	1FDE4FSXKDC65608	2020	58,951	14 amb or 10 amb and 2w/c	X			☐	
FORD TRANSIT	1FDZX2CM6KKA70912	2019	18,900	7 amb or 5 amb and 1w/c	X			☐	
SMALL BUS	1FD3E35L28DB51845	2008	71,208	6 amb and 2w/c	X			☐	
SMALL BUS	1FDES8PV6KKA50050	2019	42,585	6 amb and 2w/c	X			☐	
SMALL BUS	1FDXE4FN3RDD07173	2023	753	10 amb and 2w/c			X	☐	
								☐	
121 Chevrolet/Glavel	1GB6G5BL3C1125202	2012	62,815	8/2			X	☐	
122 Chevrolet/Glavel	1GB6G5BL0C1124718	2012	61,196	8/2			X	☐	
123 Chevrolet/Glavel	1GB6G5BL8C1124272	2012	68,852	8/2			X	☐	
124 Chevrolet/Glavel	1GB6G5BL1C1124999	2012	59,392	8/2			X	☐	
241 Ford E-450	1FDXE4FN6RDD07149	2024	1,072	12/6			X	☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	
								☐	

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

THIRD PARTY PROVIDERS

County of **MARATHON**

Instructions: Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the **Resources** tab.
*(If there are no projects or vehicles that are contracted or leased out, please put **None** in the first gray box.)*

Project Name	Anticipated or Known Contractor Name	Type of Agreement *(Lease or Contract)*	Start Date *(MM/DD/YY)*	Expiration Date *(MM/DD/YY)*	Last Bid Date	Contract Price	If over $10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
North Central Health Care	**North Central Health Care**	**Contract**	**01/01/24**	**12/31/28**	**06/28/23**	**$317,278**	**Yes**	**2**
Metro Ride	**Wausau Area Transit System**	**Contract**	**01/01/24**	**12/31/28**	**06/28/23**	**$88,133**	**Yes**	**2**

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 **MARATHON**

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 2024 purchases made with trust funds. Please contact WisDOT Progam Manager(s) for pre-approval prior to spending trust expenditure.

Expenditure Item *If non-vehicle capital purchase, please provide description on second page below.*	Planned year of purchase *(YYYY)*	Amt of Trust Used for Project
Total projected cost of 3-year plan		**$ -**

Estimated amount of state aid to be held in trust on 12/31/2024	**$60,000.00**

Will auto calculate based on year entered above		*Enter the amount of funds to be added for the next three years. If none, enter **0**.*			
Spending plan for 2025 =	$ -	*Funds added for 2025 =*		*Estimated balance on 12/31/25 =*	$ 60,000.00
Spending plan for 2026 =	$ -	*Funds added for 2026 =*		*Estimated balance on 12/31/26 =*	$ 60,000.00
Spending plan for 2027 =	$ -	*Funds added for 2027 =*		*Estimated balance on 12/31/27 =*	$ 60,000.00

Date complete **December 13th 2024**

Prepared by Laurie Miskimins

Narrative for non-vehicle equipment purchases. **Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use ALT and Enter to start a new paragraph.)*

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

TRUST FUND SPENDING PLAN

Continued

County of **MARATHON**

Narrative for non-vehicle equipment purchases continued.

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

PROJECT 1 DESCRIPTION

County of **MARATHON**

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	**North Central Health Care (NCHC)**
Third Party Provider	North Central Health Care
Date contract last updated	6/28/2023

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

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

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

NCHC paratransit services is public transportation for persons over 60 or persons with disabilities. Access to this service is limited to persons whose physical and mentals disability prevents them from riding the Metro Ride buses or the Metro Ride Paratransit Program within the City of Wausau. NCHC services are designed to meet the needs of clients that live outside the Metro Ride Paratransit service area or those that are in need of door-through-door servcies who do not have other resources for transportation. The NCHC service area is all parts of Marathon County including the service area of Metro Ride Paratransit service. The overlap in service is based on NCHC providing door-through-door services county wide and Metro Ride providing curb-to-curb service in their area only.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Entire County

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**based on volunteer**	**8:00 am**	**8:00 am**	**8:00 am**	**8:00 am**	**8:00 am**	**based on volunteer availability**
End Time	**based on volunteer**	**based on volunteer**	**based on volunteer**	**based on volunteer**	**based on voluntee**	**based on volunteer**	**based on volunteer availability**

Additional description *(if applicable)*: **If no volunteer drivers are available, NCHC may contract with taxi services for the desired trips.**

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

Clients, healthcare provides, advocates, and families can call in advance of the appointments for services Monday through Friday, 7:00 am to 5:00 pm.

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

Marathon County residents 60 years old or older or developmentally disabled go through an application process

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

Marathon County Transportation Program through NCHC has a range of copay costs based on mileage from the pickup location (costs are one way).

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses **$317,278.00**

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.**	$264,398.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$52,880.00
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.**	$0.00

(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	**$317,278.00**

Expenditures should equal revenue	**$0.00**

PROJECT 2 DESCRIPTION

County of **MARATHON**

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	**Metro Ride**
Third Party Provider	Wausau Area Transit System
Date contract last updated	6/28/2023

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)*	**ADA Paratransit Services**		

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

Metro Ride Paratransit service is an origin-destination service provided pursuant to the Americans with Disabilities Act (ADA). It is available to persons who are unable, because of a physical or mental disability, to access the Metro Ride fixed route bus service. The service area includes all areas within 3/4 of a mile from a Metro Ride regular fixed route within the City of Wausau. Paratransit servcie hours are the same as the fixed route bus service hours, from 6:30 am to 6:30 pm. Metro Ride provides curb-to-curb service in their area.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Within 3/4 of a mile from the Metro Ride fixed route bus service in the City of Wausau.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**N/A**	**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**	**N/A**
End Time	**N/A**	**6:30 pm**	**6:30 pm**	**6:30 pm**	**6:30 pm**	**6:30 pm**	**N/A**

Additional description *(if applicable)*: **None**

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

Ride requests must be made no later than 4:30 pm on the day prior to the desired trip. Requests are taken via telephone by Metro Ride staff. Requests on Holidays and weekends may be made via email.

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

The program is available to persons who are unable, because of a physical or mental disability, to navigate to and from Metro Ride bus stops or to board, alight or ride a Metro Ride bus. Applying for the program involves the completion of a paper application, which includes a verification from a medical professional. Eligibility determinations are made by Metro Ride staff.

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

ADA paratransit fares cannot exceed twice the regular adult fare for the fixed route bus service. The Metro Ride adult fare is $1.75 and the paratransit fare is $2.25.

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses **$88,133.00**

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.**	$73,444.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$14,689.00
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.**	$0.00

(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	**$88,133.00**

Expenditures should equal revenue	**$0.00**

PROJECT 3 DESCRIPTION

County of **MARATHON**

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	**Marathon County Conservation, Planning, and Zoning (CPZ)**
Third Party Provider	N/A
Date contract last updated	1/1/2023

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)*	**Grant Administration by Recipient**		

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

Marathon County CPZ Department provides grant administration services for the County and the two project components of this entire program, Metro Ride and NCHC. CPZ staff is also the staff to the County's Transportation Coordinating Committee that oversees the County Program. Funds will be used for salaries of participating staff.

PROJECT DESCRIPTION, Continued

Geography of Service

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

N/A

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	**N/A**	**8:00 am**	**8:00 am**	**8:00 am**	**8:00 am**	**8:00 am**	**N/A**
End Time	**N/A**	**4:30 pm**	**4:30 pm**	**4:30 pm**	**4:30 pm**	**4:30 pm**	**N/A**

Additional description *(if applicable)*

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

Not Applicable

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

Not Applicable

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

Not Applicable

PROJECT BUDGET

Section Description	Amount

Annual Expenditures

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

Total Expenses **$35,253.00**

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.**	$29,377.00
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$5,876.00
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.**	$0.00

(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	**$35,253.00**

Expenditures should equal revenue	**$0**

COUNTY ELDERLY TRANSPORTATION
2025 PROJECT BUDGET SUMMARY

County of **MARATHON**

Project Name	North Central Health Care (NCHC)	Metro Ride	Marathon County Conservation, Planning, and Zoning (CPZ)	0	0	0	0	0	Totals
Project Expenses									
Total Project Expenses	$317,278.00	$88,133.00	$35,253.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$440,664.00**
Project Revenue by Funding Source									
§85.21 Annual Allocation	$264,398.00	$73,444.00	$29,377.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$367,219.00**
§85.21 Trust Fund	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
County funds	$52,880.00	$14,689.00	$5,876.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$73,445.00**
Passenger Revenue	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
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	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1.	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*
2.	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*	*$0.00*
3.	*$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**

Specialized Transportation Assistance Program for Counties (Wis.Stat.85.21)
Annual Application Certification
Calendar Year 2025

CERTIFICATION

I certify that to the best of my knowledge the information presented to the Wisconsin Department of Transportation on these forms relating to the s. 85.21 Specialized Transit Program for the calendar year of 2025 is true and correct.

Marathon
County

Laurie Miskimins
Signature (County Authorized Representative)

12/13/2024
Date

Laurie Miskimins
Printed Name

715-261-6024
Phone

Director
Title

laurie.miskimins@marathoncounty.go
Email

LOCAL REVIEW FORM

Are the committees or commissions on aging, county aging unit and boards (created under ss. 51.42 and 51.437, Stats.) part of the county's Transportation Coordination Committee or equivalent?

☒ Yes

☐ No

If you selected No, you **MUST** include evidence of their review of this application and upload it to the Online Grant Management section for "Local Review" with this form.

Such evidence may include:

- Written endorsements
- Recommendations or criticism
- Minutes of meetings attended by the above organizations at which the application was discussed

Marathon County's Transportation Coordinating Committee (TCC)

Membership: Per Tran 2.10, membership must include representation from at least the following:

- County Board, County Aging Unit (ADRC), County Department of Social Services, 51.42 Board Member
- Transportation Providers (public, proprietary, and nonprofit), Elderly and Disabled Citizen Advocates and
- Consumer and Agency Advocates. The following is the current member list on the TCC.

➢ Supervisor Deb Hoppa
➢ Supervisor Bill Conway

- Supervisor Jay Schoenborn
- Supervisor Chantelle Foote
- Supervisor Gayle Marshall – Vice-Chair, ADRC Board Member
- Yee Leng Xiong - Social Services Board Member, Chair
- Metro Ride Director, Arran Hersey, Transportation Provider
- Kathi Zoern, Elderly and Disabled Advocate
- Dean Verhein, Consumer and Agencies Advocate

Other Organizational Relationships: TCC reports to the Health and Human Services Committee of the County Board. This is for approval of the 85.21 Elderly and Disabled grant application. Spending of the trust fund dollars doesn't need to go to H&HS for approval.

PUBLIC NOTICE AND HEARING FORMS

Be sure to complete the following components:

1. Publication Notice (Page 1)
    a. Date of publication.
    b. Copy of publication in the paper.
2. If a local newspaper is not a viable option, reasonable digital alternatives are acceptable. Check with WisDOT Program Managers.
3. Public Hearing (Page 2)
    a. Date of public hearing.
    b. Provide a summary of comments made before, during, and after the public hearing as they relate to the application. This includes all forms of comments. If none, type **None.**
    c. Notice of the hearing must be published at least 10 days prior to the hearing.
    d. Public hearing must be held at least 14 days prior to application submittal.
4. Attach **a copy of the meeting minutes** during which the approval for the application was granted.

Date of notice publication:	October 11, 2024, and October 15 2024

2025 SPECIALIZED TRANSPORTATION PROGRAM

FOR THE ELDERLY AND DISABLED

PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on **October 23, 2024** at **2:00 p.m.** in the **Conservation, Planning & Zoning Department large conference room, 210 River Drive, Wausau, WI** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, **"**2025 Specialized Transportation Program for the Elderly and Disabled.**"** Project elements under consideration include the following:

A) Transportation services for the elderly provided by Metro Ride and North Central Health Care on behalf of Marathon County.

B) Transportation services for the developmentally disabled also provided by Metro Ride and North Central Health Care on behalf of Marathon County.

C) Transportation services for persons who reside within the Metro Ride regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.

D) Marathon County is eligible to receive $367,220 from the State with a local match of $73,444 to be paid by Marathon County.

At the hearing, interested persons will have an opportunity to be heard with respect to the proposed project. Interested persons may submit oral or written comments regarding the project at the hearing, or may submit written comments to Aaron Anklam, Conservation, Planning and Zoning Planning Manager, 210 River Drive, Wausau, Wisconsin, 54403.

A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 210 River Drive Wausau WI 54403, the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403 or on the Marathon County Website https://www.marathoncounty.gov/projects-planning/transportation-planning. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

Aaron Anklam, Transportation Planner

Marathon County Conservation, Planning, and Zoning

Published on October 11 and October 15

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Wisconsin
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Order Confirmation

Not an Invoice

Account Number:	1012783
Customer Name:	Marathon County
Customer Address:	Marathon County 500 Forest ST Debbie Wausau WI 54403-5554
Contact Name:	Kim Trueblood
Contact Phone:	
Contact Email:	Kim.Trueblood@co.marathon.wi.us
PO Number:	

Date:	10/04/2024
Order Number:	10651470
Prepayment Amount:	$ 0.00

Column Count:	1.0000
Line Count:	76.0000
Height in Inches:	0.0000

Print

Product	#Insertions	Start - End	Category
WDH Wausau Daily Herald	2	10/11/2024 - 10/15/2024	Public Notices
WDH wausaudailyherald.com	2	10/11/2024 - 10/15/2024	Public Notices

As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and save!

Total Cash Order Confirmation Amount Due	$111.20
Tax Amount	$0.00
Service Fee 3.99%	$4.44
Cash/Check/ACH Discount	-$4.44
Payment Amount by Cash/Check/ACH	$111.20
Payment Amount by Credit Card	$115.64

Order Confirmation Amount	**$111.20**

Ad Preview

2025 SPECIALIZED TRANSPORTATION PROGRAM FOR THE ELDERLY AND DISABLED

PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on **October 23, 2024 at 2:00 p.m. in the Conservation, Planning & Zoning Department large conference room, 210 River Drive, Wausau, WI** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2025 Specialized Transportation Program for the Elderly and Disabled." Project elements under consideration include the following:

A) Transportation services for the elderly provided by Metro Ride and North Central Health Care on behalf of Marathon County.

B) Transportation services for the developmentally disabled also provided by Metro Ride and North Central Health Care on behalf of Marathon County.

C) Transportation services for persons who reside within the Metro Ride regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.

D) Marathon County is eligible to receive $367,220 from the State with a local match of $73,444 to be paid by Marathon County.

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Aaron Anklam, Transportation Planner
Marathon County Conservation, Planning, and Zoning
Published on October 11 and October 15
Runs: Oct. 11 & 15, 2024 WNAXLP

Date of public hearing:	October 23, 2024
None.	

Transportation Coordinating Committee

DRAFT MINUTES

Wednesday, October 23, 2024
Large Conference Room
210 River Drive, Wausau, WI

Attendance:	Present	Absent
Yee Leng Xiong – Chair	X	
Gayle Marshall – Vice-chair	X	
Deb Hoppa	X	
Bill Conway		X (Excused)
Jay Schoenborn		X
Chantelle Foote	X	
Arran Hersey	X	
Dean Verhein	X	
Kathi Zoern		X

Also Present in person or Webex: Aaron Anklam, Laurie Miskimins– CPZ, Jenny McKenzie - NCHC

1. **Call to Order / Introductions**
   The agenda being properly signed and posted, and the presence of a quorum, the meeting was called to order at 2:00 pm by Chair Xiong in the large conference room, 210 River Drive, Wausau, WI 54403.
2. **Public Comments** – None.
3. **Approve Minutes of the May 22, 2024, Meeting**

   Action: **MOTION / SECOND BY MARSHALL / FOOTE TO APPROVE THE MINUTES OF THE MAY 22, 2024, MEETING AS DISTRIBUTED. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**
4. **Policy Issues Discussion and Committee Determination to the Health and Human Services Committee for its Consideration and Possible Action**

   a. 2025 85.21 Elderly and Disabled Transportation Application – Public Hearing

   Anklam read the Public Hearing Notice. Chair Xiong opened the Public Hearing at 2:03PM. Chair Xiong called for Testimony. No Testimony was offered. The Public Hearing was closed at 2:05PM.

   Anklam presented an overview of the 2025 85.21 Application.

   ACTION: **MOTION / SECOND BY FOOTE / HOPPA TO ACCEPT THE 2025 85.21 ELDERLY AND DISABLED TRANSPORTATION APPLICATION AND FORWARD TO HEALTH AND HUMAN SERVICES**
5. Set Future Meeting Dates and Times
   To be Determined by the Chairman

7. **Adjourn**
   Action: There being no further business to discuss, **MOTION / SECOND BY MARSHALL / HOPPA TO ADJOURN THE MEETING AT 2:10 PM. MOTION CARRIED BY VOICE VOTE, NO DISSENT.**

Submitted by:
Aaron Anklam
AA: lm
10/23/2024

RESOLUTION # R-__-24

2025 ELDERLY AND DISABLED TRANSPORTATION (85.21) APPLICATION

WHEREAS, Section 85.21 of the Wisconsin Statutes authorizes the Wisconsin Department of Transportation to make grants to the counties of Wisconsin for the purpose of assisting them in providing specialized transportation services to the elderly and the disabled; and

WHEREAS, each grant must be matched with a local share of not less than 20% of the amount of the grant; and

WHEREAS, this body considers that the provision of specialized transportation services would improve and promote the maintenance of human dignity and self-sufficiency of the elderly and the disabled.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors of the County of Marathon does ordain as follows:

1) Authorizes the Planning Manager of Conservation, Planning, and Zoning, to prepare and submit to the Wisconsin Department of Transportation an application for assistance during 2024 under Section 85.21 of the Wisconsin Statutes, in conformance with the requirements issued by that Department.
2) Authorizes the obligation of funds in the amount of $73,444 in order to provide the required local match.
3) Authorizes Kurt Gibbs, County Board Chairperson, to execute a state aid contract with the Wisconsin Department of Transportation under Section 85.21 of the Wisconsin Statutes on behalf of Marathon County.

Dated this 12th day of November 2024

Committee of Origin

Ayes _____ Nays _____ Abstain _____ Absent _____ [ ] Voice Vote

☐ Approved and adopted this _____ day of _____, 2024

☐ Denied this _____ day of _____, 2024

Approved as to Form: SEAL

_____

Michael Puerner, Corporation Counsel

Approved as to Financial Impact (if necessary)

_____

Samantha Fenske, Finance Director

Attest:

_____

Kim Trueblood, Marathon County Clerk

_____

Kurt Gibbs, County Board Chair

Total allocation for 85.21 transportation program for 2025:

State allocation: $367,220

Local match @ 20%: $73,444.00

FISCAL IMPACT STATEMENT: The required local match for transportation services under the s.85.21 program have been budgeted for 2025.