December 19, 2025

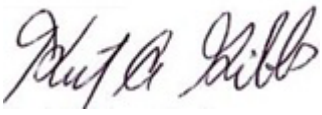
85.21 Program Manager
Bureau of Transit, Local Roads, Railroads & Harbors
Wisconsin Department of Transportation
PO Box 7913
Madison, WI 53707-7913

MARATHON COUNTY 2026 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for $366,609.00 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 2026. The County assures that $73,322.00 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: 2026 Specialized Transportation Application

VEHICLE INVENTORY

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	
3 MED BUS	1FDFE4FS7FDA08699	2015	88,195	12 amb or 6 amb and 4w/c	X			☐	
7 MED BUS	1FDFE4FS6HDC64450	2017	101,951	12 amb or 8 amb and 2w/c	X			☐	
8 MED BUS	1FDEE3FS9HDC77876	2017	105,077	2 amb 3w/c or 4 amb and 2w/c	X			☐	
10 MED BUS	1FDFE4FS0JDC37976	2018	46,600	8 amb and 4w/c	X			☐	
12 MED BUS	1FDEE3FS8JDC39756	2018	99,019	8 amb and 1w/c	X			☐	
14 MED BUS	1FDFE4FS7KDC63802	2019	72,189	10 amb and 2w/c	X			☐	
15 MED BUS	1FDFE4FS9KDC63803	2019	46,683	10 amb and 2w/c or 2 amb and 2w/c	X			☐	
20 MED BUS	1FDE4FSXKDC65608	2020	73,278	14 amb or 10 amb and 2w/c	X			☐	
57 FORD TRANSIT	1FDZX2CM6KKA70912	2019	25,732	7 amb or 5 amb and 1w/c	X			☐	
62 SMALL BUS	1FD3E35L28DB51845	2008	74,795	6 amb and 2w/c	X			☐	
101 SMALL BUS	1FDES8PV6KKA50050	2019	52,161	6 amb and 2w/c	X			☐	
11 SMALL BUS	1FDXE4FN3RDD07173	2023	8,899	10 amb and 2w/c			X	☐	
								☐	
121 Chevrolet/Glavel	1GB6G5BL3C1125202	2012	64,289	8/2			X	☐	
122 Chevrolet/Glavel	1GB6G5BL0C1124718	2012	62,533	8/2			X	☐	
123 Chevrolet/Glavel	1GB6G5BL8C1124272	2012	70,570	8/2			X	☐	
124 Chevrolet/Glavel	1GB6G5BL1C1124999	2012	59,392	8/2			X	☐	
241 Ford E-450	1FDXE4FN6RDD07149	2024	8,932	12/6			X	☐	
								☐	
								☐	
								☐	

THIRD PARTY PROVIDERS

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 **Supporting Documents Tab in your TMS application.** *(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**	**$316,750**	**Yes**	**3**
Metro Ride	**Wausau Area Transit System**	**Contract**	**01/01/24**	**12/31/28**	**06/28/23**	**$87,986**	**Yes**	**3**

TRUST FUND SPENDING PLAN

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 2025 purchases made with trust funds. Please contact WisDOT Program Manager(s) for pre-approval prior to any trust fund expenditure.

Expenditure Item *Please provide description of capital purchase. If more space is needed please use narrative box at bottom of page.*	Planned year of purchase *(YYYY)*	Amt of Trust Used for Project
Paratransit Scheduling Software for NCHC	**2026**	**$35,000**
Total projected cost of 3-year plan		**$ 35,000.00**

Estimated amount of state aid to be held in trust on 12/31/2025	**$55,000.00**

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 2026 =	*$ 35,000.00*	*Funds added for 2026 =*		*Estimated balance on 12/31/26 =*	*$ 20,000.00*
Spending plan for 2027 =	*$ -*	*Funds added for 2027 =*		*Estimated balance on 12/31/27 =*	*$ 20,000.00*
Spending plan for 2028 =	*$ -*	*Funds added for 2028 =*		*Estimated balance on 12/31/28 =*	*$ 20,000.00*

Date complete

Prepared by

Overflow Narrative for trust fund spending. *(Hint: Use ALT and Enter to start a new paragraph.)*

PROJECT 1 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 applicable gray boxes .

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
End Time	based on volunteer	based on volunteer	based on volunteer	based on volunteer	based on voluntee	based on volunteer	based on volunteer

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

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

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

Total Expenses **$316,750.32**

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.

A. §85.21 funds from annual allocation	**Total from A.**	$263,958.48
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$52,791.84
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 **$316,750.32**

Expenditures should equal revenue	**$0.00**

PROJECT 2 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 applicable gray boxes.

Project Name	**Metro Ride**
Third Party Provider	Wausau Area Transit System (WATS)
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)*: **N/A**

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

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

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

Total Expenses **$87,986.20**

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.

A. §85.21 funds from annual allocation	**Total from A.**	$73,321.80
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$14,664.40
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	**$87,986.20**

Expenditures should equal revenue	**$0.00**

PROJECT 3 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

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 applicable gray boxes. .

Project Name	**Marathon County Conservation, Planning & Zoning (CPZ)**
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)*	**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

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

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

Total Expenses **$35,194.48**

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.

A. §85.21 funds from annual allocation	**Total from A.**	$29,328.72
B. §85.21 funds from trust fund	**Total from B.**	
C. County Match Funds	**Total from C.**	$5,865.76
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	**$35,194.48**

Expenditures should equal revenue	**$0**

COUNTY ELDERLY TRANSPORTATION
2026 PROJECT BUDGET SUMMARY

Project Name	North Central Health Care (NCHC)	Metro Ride	Marathon County Conservation, Planning & Zoning (CPZ)	0	0	0	0	0	Totals
Project Expenses									
Total Project Expenses	$316,750.32	$87,986.20	$35,194.48	$0.00	$0.00	$0.00	$0.00	$0.00	**$439,931.00**
Project Revenue by Funding Source									
§85.21 Annual Allocation	$263,958.48	$73,321.80	$29,328.72	$0.00	$0.00	$0.00	$0.00	$0.00	**$366,609.00**
§85.21 Trust Fund	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
County funds	$52,791.84	$14,664.40	$5,865.76	$0.00	$0.00	$0.00	$0.00	$0.00	**$73,322.00**
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**

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 Interim Director, Ronald Schuenke, 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 9, 2025, and October 16, 2025

2026 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, 2025** at **3:00 p.m.** in the **Lake View Conference Center, Wisconsin Room, 1000 Lake View Drive, Wausau, WI 54403** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, **"**2026 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 $366,609 from the State with a local match of

$73,322 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 Transportation Planner, 1100 Lake View Drive, Suite 400, Wausau, Wisconsin, 54403.

A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 1100 Lake View Drive, Suite 400, 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 9 and October 16

Date of public hearing:	October 23, 2025
(Provide a summary of any public comments that were made before, during and after the meeting regarding the application. This may include but not limited to emails, phone conversations, etc.)	

Don't forget to attach **a copy the meeting minutes** during which the approval for the application was granted.

From: Nicole Delonay
To: Aaron Anklam
Subject: FW: Thank you for placing your order with us.
Date: Wednesday, October 1, 2025 1:08:42 PM

From: Wausau Legals <WDH-Legals@wdhmedia.com>
Sent: Wednesday, October 1, 2025 12:44 PM
To: Nicole Delonay <Nicole.Delonay@marathoncounty.gov>
Subject: Thank you for placing your order with us.

THANK YOU for your ad submission!

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

We appreciate you using our online self-service ads portal, available 24/7. Please continue to visit Wausau Daily Herald's online Classifieds HERE to place your legal notices in the future.

Deadlines vary by publication, changes and/or cancellations may not be honored due to deadline restrictions.

Job Details

Order Number: **LWIX0381951**
Classification:
Public Notices
Package:
General Package
Additional Options:
1 Affidavit $1.00
Total payment:
$101.10

Account Details

Marathon County
1100 Lake View DR DEBBIE
Wausau, WI 54403-6189
715-261-1155
Kim.Trueblood@co.marathon.wi.us
Marathon County

Schedule for ad number LWIX03819510

Thu Oct 9, 2025
Wausau Daily Herald
All Zones

Thu Oct 16, 2025
Wausau Daily Herald
All Zones

2026 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, 2025 at 3:00 p.m.** in the **Lake View Conference Center, Wisconsin Room, 1000 Lake View Drive, Wausau, WI 54403** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2026 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 $366,609 from the State with a local match of $73,322 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 Transportation Planner, 1100 Lake View Drive, Suite 400, Wausau, Wisconsin, 54403.
A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 1100 Lake View Drive, Suite 400, 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
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