

Solicitation Number: RFP #97 26-01	Solicitation Name: Paratransit Software Management System
Date: 6/8/2026	

Vendor must include a signed copy of this Addendum with their proposal.

Vendor Company Name

Authorized Signature

Date

Above name printed or typewritten

Quest. No.	Question	Answer
1.	The current number of vehicles used in the transportation program, including county-owned, contractor-owned, volunteer, and any other vehicles used to provide service.	7 County Owned Vehicles – Paid drivers (12) use County Owned Vehicles. 13 Volunteer Driver Vehicles
2.	The total number of scheduled trips managed in the most recent fiscal year, and if available, the prior fiscal year.	2024 – 7148 trips 2025 – 8375 Trips 2026 – 2269 trips (1 st quarter)
3.	Any annual report, financial report, board packet, or program summary that shows vehicle count, trip count, ridership, or service volume.	Annual Financial Report is attached. Ride recap reports are attached.
4.	Any recent board meeting notes or agenda materials that reference transportation program operations, fleet size, or trip totals.	Any data that would be provided in a board meeting would come from the data in the attached documents.

5.	Do you happen to have any figures on the number of trips Dodge County is managing, this is the general figure we are looking for?	See Question 2.
6.	Can you tell me the total number of vehicles to be supported?	See Question 1.
7.	What is the scheduled trips per day count on your busiest day?	The average is around 45 – 50. There have been instances of 60 a few times. This number sometimes decreases due to cancellations/no shows.
8.	Do you offer subscription (recurring) based bookings? If so, what is the total percentage of daily trips that are subscription?	Yes, recurring trips account for 35% – 40% of the daily trips. Statistics are attached.
9.	Please confirm whether real-time CAD/AVL vehicle location integration is required at go-live or may be implemented during an optional phase, and identify the specific AVL system(s) currently in use.	No current AVL system is in use. The preference for CAD/AVL integration is at go-live. This can be addressed during contract negotiation.
10.	How many years of historical trip, rider eligibility, and billing data must be migrated into the new system, and in what formats are those data currently stored?	Records must be kept for 7 years after the end of the final contract year and the grant has been closed. The records currently reside in a SQL database.
11.	Please provide average and peak daily trip counts, number of schedulers/dispatchers, and concurrent rider mobile-app users anticipated so vendors can size hosting and licensing appropriately.	Trip counts are attached. 5 scheduler/dispatchers Dodge County currently does not have services for rider mobile app users.
12.	What weighting will be applied to price versus technical factors, and how many reference implementations similar in scope are mandatory versus preferred?	See Section 7.6 Evaluation Summary of the RFP for Scoring. Section 6.13 states that at least three (3) references are required.
13.	Will the agency require an on-site or remote sandbox demonstration using sample data prior to award, and if so, what specific scenarios will be scored?	Please see section 7.7 for Interviews / Presentation and/or Demonstrations details.
14.	I noted in section 1.5 that you will be using 5310 monies for this amounting to \$83,901.00. Can you confirm the total budget	Per section 6.15, “Provide your best pricing”.

	available for the project and if it is to cover year 1 or also extend into subsequent years 2 to 5.	
15.	Will Dodge County consider a (2) week extension for RFP submissions?	No, RFP Submittals are due on June 24, 2026 at 11:00 am CT.
16.	How many vehicles are in the fleet, and how many Vehicles are operated during maximum service? (VOMS)	Question 1 – See #1 above. Question 2 - vehicle usage varies day by day. 10-12 combined van/volunteer vehicles are the maximum.
17.	How many vehicles need to be equipped with an MDT?	MDT's will be installed in 7 County owned vans and 13 volunteer vehicles. Dodge County will purchase the MDT's
18.	How many one-way trips are completed daily at peak times?	See Question 7. This information is also included on the trip statistics attached.
19.	Is the \$83,901 in Section 5310 federal grant funding the sole budget for this contract, or does Dodge County have additional local/county funds allocated towards this procurement?	Per section 6.15, "Provide your best pricing".
20.	Is the Section 5310 grant designated for capital expenditures (software license/implementation) or operating expenditures (ongoing subscription/maintenance), or both? How does the County plan to split funding across contract years?	Per section 6.15, "Provide your best pricing".
21.	Is providing pricing for Years 2–5 subscription + maintenance mandatory or optional as part of this bid?	Per Appendix A - Pricing Proposal, "Vendors must submit costs for each deliverable". If vendor does not follow these instructions, they will not be considered for award.
22.	Does the County have a not-to-exceed budget or target price range for the total 5-year contract value that vendors should be aware of when preparing pricing?	Per section 6.15 of the RFP, "Provide your best pricing".
23.	Has the Section 5310 grant been fully awarded and obligated, or is it pending final approval? What would happen to the contract if grant funds are reduced or rescinded?	Per section 1.2 "... may be renewed or extended with an option of up to 4 – one (1) year renewal options.."
24.	A rider-facing app is referenced in Section 5.2 under "Client mobile device capability" but is not elaborated in the Scope of Services. Is a	It is not required, please see RFP for requirements.

	rider-facing application (e.g., a client portal or mobile app for trip booking, trip status, and notifications) required for this procurement? If so, a web-based portal, mobile app or both?	
25.	If either a rider-facing web portal or mobile app are required, would a virtual wallet functionality be required within to support virtual payments for trips?	It is not required, please see RFP for requirements.
26.	Is a rider Notifications tool for trip reminders required as part of this bid? If so - what specific capabilities are required (e.g. day before notifications, real-time ETA notifications, cancellation capabilities, etc.)? Should it support riders with the ability to utilize IVR call and SMS text for delivery method and cancellations?	It is not required.
27.	Is a full fleet/vehicle maintenance management module required as a mandatory deliverable, or is the County looking for basic maintenance tracking and alerting only?	See Section 5.3 of the RFP for requirements.
28.	Is a full volunteer management module to handle volunteer-specific reimbursements, home-as-garage logic, variable availability, and dispute/donation workflows a mandatory deliverable, or is the County looking for basic volunteer management capabilities?	See Section 5.3 of the RFP for requirements.
29.	Section 5.3 references billing capabilities. Is the system expected to generate invoices, interface with Dodge County's financial/accounting system, or process payments — or is billing limited to tracking fare types and generating reports?	This should include tracking fare types, generating reports, and generating monthly invoice by client and/or funding source.
30.	Are there any third-party systems (EHR, Medicaid billing, county financial software, HR/payroll) that the new system must integrate with? If so, please list them and describe the required integration type (real-time API, file-based, read-only, etc.).	No.

31.	Does the County require a hosted solution, or is the preference to have the software hosted on-premise (Dodge's servers)	There is no requirement for the vendor to offer either on-premises or hosted solutions.
32.	What mobile devices (make, model, OS version) does the County plan to provide to drivers for use as MDTs? Does the County plan to utilize Commercial-grade Android tablets? Will the County manage device procurement, or is the vendor expected to supply or recommend devices?	Dodge County has not yet determined the exact make/model of the mobile devices to be used in the vehicles as we would want to purchase a device that meets the specifications required by the awarded vendor. Dodge County reserves the right to purchase its own mobile devices for this use with the understanding the mobile app would be available from the any mainstream app store.
33.	Does the County require onsite training/go live support services or is a fully remote deployment/training schedule preferred?	There is no requirement.
34.	Please confirm if the budget for this project is \$83,901.00 as mentioned in the RFP for 5 years. If yes, provide the allocation of the budget for the first year and the subsequent years?	Per section 6.15, "Provide your best pricing".
35.	What is the commencement date of the project?	See Section 1.2 of the RFP.
36.	Who is the incumbent software provider for this service and what are the major pain points Dodge County is looking for the new solution to tackle here?	See Section 1.1 of the RFP.
37.	Can the County share the ridership data for the past year?	See Question 2 and attachments.
38.	Could the County provide with 3 days of scheduling data so vendors can include an analysis of this data in their proposals?	Please see attached statistical information.
39.	Is it possible for the County to provide a sample dataset for review? If the dataset cannot be shared at this stage due to confidentiality or other restrictions, would it be possible for the County to demonstrate representative sample data during the product demo?	Please see attached statistical information.
40.	Section 5.2 of the RFP states that the Agency will be providing staff devices for this software. <ul style="list-style-type: none"> Can the County provide the exact hardware models, operating system versions (iOS/Android), and available screen sizes currently used by the 5 office staff and 12 paid drivers to ensure our application user interface complies with native performance and optimization expectations? 	See Question/Answer 32.

41.	<p>Section 5.2 (C) and Section 5.3 (G) of the RFP outlines mobile capability and MDT software features.</p> <ul style="list-style-type: none"> • Will the 11 volunteer drivers be utilizing their personal smartphones/tablets, or will the County issue mobile devices to volunteers as well? 	The expectation at this time is for the drivers to use a county-issued mobile device.
42.	<p>In the RFP, Section 5.3 (G)(3) mandates a "device locking mechanism while vehicle in motion".</p> <ul style="list-style-type: none"> • Is the Authority expecting a software-enforced lock based on GPS speed calculation from the application itself, or does the County utilize third-party mobile device management (MDM) hardware/software connected directly to the vehicles? 	Dodge County utilizes a MDM for county-issued devices.
43.	<p>The RFP under Section 5.3 (D)(14) references graphically displaying route paths on the "GIS system".</p> <ul style="list-style-type: none"> • Does the County expect the software vendor to supply and bundle the map/GIS engine licensing (e.g., Google Maps API, ArcGIS), or does the County have an existing enterprise map structure the platform must integrate with? 	The solution must offer access to mapping, however a specific mapping platform is not defined for this proposal to allow the vendor to offer its integration options.
44.	<p>Section 5.5 of the RFP outlines the migration of client, vehicle, and driver data from the current RouteMatch platform.</p> <ul style="list-style-type: none"> • Could the County specify the approximate volume of records to be migrated (e.g., total active client profiles, active driver profiles, and total fleet size)? 	<p>There are approximately 500 active clients (clients who have used the services in the past year.)</p> <p>The number of drivers and vehicles are answered in Question 1.</p>
45.	<p>The RFP under Section 5.5 (1)(a) mandates the migration of "future scheduled rides".</p> <ul style="list-style-type: none"> • Does the County require any historic trip, billing, or manifest records to be migrated into the new system for historical reporting, or is the migration strictly limited to master files and upcoming reservations? 	See Question 10
46.	<p>Section 5.5 (2) of the RFP states that data will be provided via a secure transfer method or controlled file-sharing platform.</p> <ul style="list-style-type: none"> • Will the County require the vendor to provide the secure environment (e.g., vendor-hosted SFTP), or will Dodge County 	Please see RFP for requirement. Details can be negotiated during contract negotiation.

	provide access to their own secure file-sharing platform during the Configuration phase in November 2026?	
47.	<p>In the RFP, under Section 5.3 (N)(3) requires the vendor to maintain at least one non-production environment post go-live.</p> <ul style="list-style-type: none"> Is the non-production environment expected to be a permanent "sandbox" for continuous staff training throughout the maximum 5-year potential contract term? 	Per 5.3,"through the duration of the contract".
48.	<p>Section 5.6 of the RFP, details training for 5 office staff, 12 paid drivers, and 11 volunteer drivers.</p> <ul style="list-style-type: none"> Will the County coordinate group training sessions during business hours, or should the vendor plan for staggered/weekend shifts, particularly to accommodate the scheduling availability of the 11 volunteer drivers? 	The County will coordinate group training sessions. There are currently 13 volunteer drivers.
49.	<p>Section 1.7 of the RFP states that proposers must submit fixed prices for the base year and Option Years 2 through 5. However, Section 7.6 (F) under "Price Scoring" states that the administrator will evaluate pricing based on the sum total of the Initial Year 1 Cost for the base and each option year, detailing "Option Years 1 through 4".</p> <ul style="list-style-type: none"> Could the County clarify if the price scoring evaluation calculates the sum of a 5-year period (Base Year 1 + 4 Option Years) or a 5-year option window in addition to the base year? 	The scoring evaluation calculates the sum of a 5-year period (Base year + Option years 1-4).
50.	<p>In the RFP, Section 11.6 states that proposal prices shall include all charges and expenses but exclude all taxes and duties.</p> <ul style="list-style-type: none"> Kindly confirm that the County holds a valid Wisconsin State Sales and Use Tax exemption certificate that will apply directly to the software subscription fees? 	Dodge County is Tax Exempt entity and holds a valid Wisconsin State Sales and Use Tax exemption certificate.
51.	The RFP under Section 13.4 ("Under Separate Cover... Financial Stability Documentation") states that "Financial statements and documents should NOT accompany the bank/auditor letter".	A bank/auditor letter is acceptable.

	<p>However, Section 6.14 (A) states "the Offeror must attach a copy of its most recent annual audited financial statement".</p> <ul style="list-style-type: none"> • Please clarify if full audited financial statements are required as part of Attachment 3 ("Financial Stability Documentation"), or if a simple bank/auditor letter is preferred at initial submission? 	
52.	Please confirm if there are any software integrations required by the bidder/ proposer?	There are no required integrations with other current software.
53.	Kindly provide the count of vehicles in service.	See Question 1.
54.	The RFP mentions about "Reasonable Accommodation". – Please elaborate on this.	Informational material in an alternative format can be supplied for qualified individuals with disabilities.
55.	Provide a proper URL for Vendor Net where addendums will be posted. Also, confirm if the addendums will be posted in the attached link https://www.co.dodge.wi.gov/p-clone/~board/rfp/post/rfp-97-26-01-paratransit-software-management-system	This solicitation is not posted on Vendor Net. The link provided in the question is the correct link. It can also be found at this link: Demandstar
56.	What all license and certificates are required to conduct business within the State of Wisconsin? Also, are these licenses needs to be submitted with the proposal or required later after the project is awarded?	<p>Please see Wisconsin Department of Revenue's website for applicable information:</p> <p>DOR Business Tax Registration</p> <p>https://www.revenue.wi.gov/Pages/Businesses/New-Business-home.aspx</p> <p>The agency will not need this at time of RFP submission.</p>
57.	Is there a Bid/ Performance Bond applicable for this project as mentioned under the "Bonding Requirements" of Federal Clauses? If yes, please mention the percentage and share more details on it.	There is no bonding requirements for this RFP.
58.	<p>Please confirm if there is a DBE requirement in this project?</p> <ul style="list-style-type: none"> • If yes, does the vendor need to be DBE certified in WI to submit a proposal? • If the vendor is DBE certified in other states, will this satisfy any DBE requirement for this project? 	Please see section 12.4 for information regarding the DBE program.

	<ul style="list-style-type: none">• What is the percentage of the DBE goal?	
59.	In order to allow bidder/ proposer, prepare a more detailed and informed response, can the County please extend the submission deadline for the proposal?	No, RFP Submittals are due on June 24, 2026 at 11:00 am CT.
60.	What is the maximum number of vehicles that will be on the road at any given time during this service?	The total number of vehicles is 20. The average is 4-5 County Owned vehicles and 4-6 Volunteer vehicles.



Trip Count Report - WI_Dodge_County

For Time Period: 4/6/2026 - 4/10/2026

Printed: 5/26/2026 2:51:09PM

<u>Billing Category</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	216	21	2	4	2	158	58	0
<u>Billing Category Totals:</u>	216	21	2	4	2	158	58	0

<u>Day of Week</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Monday	40	6	1	0	0	27	13	0
Tuesday	38	6	0	2	0	28	10	0
Wednesday	45	4	1	0	0	31	14	0
Thursday	47	4	0	0	0	39	8	0
Friday	46	1	0	2	2	33	13	0
Saturday								
Sunday								
<u>Day of Week Totals:</u>	216	21	2	4	2	158	58	0

<u>Destination County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Columbia	3	0	0	0	0	2	1	0
Dane	6	0	0	0	0	5	1	0
Dodge	174	18	1	2	2	132	42	0
Fond Du Lac	14	1	0	0	0	8	6	0
Jefferson	3	0	0	1	0	0	3	0
Milwaukee	3	0	0	0	0	1	2	0
Outagamie	0	1	0	0	0	0	0	0
Washington	5	0	0	1	0	3	2	0
Waukesha	8	1	1	0	0	7	1	0
<u>Destination County Totals:</u>	216	21	2	4	2	158	58	0

<u>Elderly</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Non Elderly	135	16	2	2	2	106	29	0
Elderly	81	5	0	2	0	52	29	0

<u>Elderly Totals:</u>	216	21	2	4	2	158	58	0
-------------------------------	------------	-----------	----------	----------	----------	------------	-----------	----------

<u>FareType</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

Not assigned	216	21	2	4	2	158	58	0
--------------	-----	----	---	---	---	-----	----	---

<u>FareType Totals:</u>	216	21	2	4	2	158	58	0
--------------------------------	------------	-----------	----------	----------	----------	------------	-----------	----------

<u>Funding Source</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
------------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

APS	3	0	0	0	0	0	3	0
-----	---	---	---	---	---	---	---	---

CONTRIBUTION	98	9	0	2	2	76	22	0
--------------	----	---	---	---	---	----	----	---

INCLUSA	18	4	1	0	0	14	4	0
---------	----	---	---	---	---	----	---	---

MCW	8	0	0	0	0	8	0	0
-----	---	---	---	---	---	---	---	---

STATEMENT	53	2	1	2	0	26	27	0
-----------	----	---	---	---	---	----	----	---

TAD	30	6	0	0	0	30	0	0
-----	----	---	---	---	---	----	---	---

VA	4	0	0	0	0	4	0	0
----	---	---	---	---	---	---	---	---

WC - RURAL INS	2	0	0	0	0	0	2	0
----------------	---	---	---	---	---	---	---	---

<u>Funding Source Totals:</u>	216	21	2	4	2	158	58	0
--------------------------------------	------------	-----------	----------	----------	----------	------------	-----------	----------

<u>Home County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
---------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

Dodge	216	21	2	4	2	158	58	0
<u>Home County Totals:</u>	216	21	2	4	2	158	58	0

<u>How Cost Computed</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
APS (Automated)	3	0	0	0	0	0	3	0
Escort 0 - 19 Miles	52	7	1	0	0	52	0	0
Escort 20-39 Miles	24	0	0	0	2	24	0	0
Escort 40 - 59 Miles	9	0	0	0	0	9	0	0
Escort 60 - 79 Miles	3	0	0	0	0	3	0	0
INCLUSA (Automated)	9	1	1	0	0	5	4	0
VA (Automated)	2	0	0	0	0	2	0	0
Van 0 - 19 Miles	65	10	0	0	0	39	26	0
Van 20-39 Miles	24	0	0	4	0	5	19	0
Van 40-59 Miles	4	0	0	0	0	0	4	0
Volunteer Escort Non Medicaid	19	3	0	0	0	19	0	0

WC - RURAL INS (Automated)	2	0	0	0	0	0	2	0
<u>How Cost Computed Totals:</u>	216	21	2	4	2	158	58	0

<u>Limited Save</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not Assigned	0	0	0	0	0	0	0	0
<u>Limited Save Totals:</u>	0	0	0	0	0	0	0	0

<u>Origin County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Columbia	8	0	0	0	0	7	1	0
Dane	6	0	0	0	0	5	1	0
Dodge	168	18	2	2	0	126	42	0
Fond Du Lac	13	1	0	0	2	7	6	0
Jefferson	3	0	0	1	0	0	3	0
Milwaukee	3	0	0	0	0	1	2	0
Outagamie	0	1	0	0	0	0	0	0
Washington	7	0	0	1	0	5	2	0

Waukesha	8	1	0	0	0	7	1	0
<u>Origin County Totals:</u>	216	21	2	4	2	158	58	0

<u>Service</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	216	21	2	4	2	158	58	0
<u>Service Totals:</u>	216	21	2	4	2	158	58	0

<u>Time of Day</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
0	0	0	0	0	0	0	0	0
100	0	0	0	0	0	0	0	0
200	0	0	0	0	0	0	0	0
300	0	0	0	0	0	0	0	0
400	0	0	0	0	0	0	0	0
500	0	0	0	0	0	0	0	0
600	0	0	0	0	0	0	0	0
700	7	0	0	0	0	5	2	0
800	33	4	1	0	0	31	2	0

900	26	2	0	1	0	14	12	0
1000	35	2	0	0	0	29	6	0
1100	28	3	1	0	0	20	8	0
1200	21	3	0	1	0	14	7	0
1300	13	1	0	0	0	9	4	0
1400	28	4	0	2	0	16	12	0
1500	19	2	0	0	0	14	5	0
1600	6	0	0	0	2	6	0	0
1700	0	0	0	0	0	0	0	0
1800	0	0	0	0	0	0	0	0
1900	0	0	0	0	0	0	0	0
2000	0	0	0	0	0	0	0	0
2100	0	0	0	0	0	0	0	0
2200	0	0	0	0	0	0	0	0

2300	0	0	0	0	0	0	0	0
<u>Time of Day Totals:</u>	216	21	2	4	2	158	58	0

<u>Trip Purpose</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	216	21	2	4	2	158	58	0
<u>Trip Purpose Totals:</u>	216	21	2	4	2	158	58	0

<u>Vehicle</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
952	3	1	1	0	0	0	3	0
953	4	1	0	0	0	4	0	0
954	22	3	0	2	0	6	16	0
957	20	0	0	2	0	7	13	0
960	14	0	0	0	0	9	5	0
961	20	3	0	0	0	14	6	0
962	26	3	0	0	0	11	15	0
ADRC STAFF	2	0	0	0	0	2	0	0

Bahr Wayne 2	17	3	0	0	0	17	0	0
Freund MaryAnn 3	8	0	0	0	0	8	0	0
Gonder Eric 3	7	0	0	0	0	7	0	0
Greenwald Jeff 3	15	1	1	0	2	15	0	0
Henkel Molly 3	2	0	0	0	0	2	0	0
Neubaum Jim 2	12	1	0	0	0	12	0	0
ONeil, James 3	9	0	0	0	0	9	0	0
Robbins Paul 3	15	1	0	0	0	15	0	0
Rusch, Paul 3	9	4	0	0	0	9	0	0
Weber, Robert 3	11	0	0	0	0	11	0	0
<u>Vehicle Totals:</u>	216	21	2	4	2	158	58	0

<u>Vehicle Pool</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Dodge County	109	11	1	4	0	51	58	0
Volunteer Escort	107	10	1	0	2	107	0	0
<u>Vehicle Pool Totals:</u>	216	21	2	4	2	158	58	0

 **Paratransit**





Trip Count Report - WI_Dodge_County

For Time Period: 1/1/2024 - 12/31/2024

Printed: 5/26/2026 2:16:45PM

<u>Billing Category</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	7,100	766	78	202	107	5,506	1,594	0
<u>Billing Category Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Day of Week</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Monday	1,534	221	21	26	12	1,168	366	0
Tuesday	1,316	127	16	58	15	1,012	304	0
Wednesday	1,643	161	13	51	34	1,282	361	0
Thursday	1,195	142	23	51	34	934	261	0
Friday	1,412	115	5	16	12	1,110	302	0
Saturday								
Sunday								
<u>Day of Week Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Destination County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
713	1	0	0	0	0	1	0	0
Columbia	135	8	0	4	0	102	33	0
Dane	478	20	1	9	15	395	83	0
Dodge	5,357	628	62	141	66	4,171	1,186	0
Fond Du Lac	271	28	3	8	8	144	127	0
Jefferson	109	10	0	6	0	66	43	0
Juneau	1	0	0	0	0	1	0	0
Milwaukee	85	6	2	0	2	62	23	0
Outagamie	0	1	0	0	0	0	0	0
Ozaukee	7	0	0	0	0	4	3	0
Washington	514	46	7	28	10	443	71	0
Waukesha	139	18	3	6	5	115	24	0

Winnebago	3	1	0	0	1	2	1	0
<u>Destination County Totals:</u>	7,100	766	78	202	107	5,506	1,594	0
<u>Elderly</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Non Elderly	2,486	287	38	28	33	1,889	597	0
Elderly	4,614	479	40	174	74	3,617	997	0
<u>Elderly Totals:</u>	7,100	766	78	202	107	5,506	1,594	0
<u>FareType</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	7,100	766	78	202	107	5,506	1,594	0
<u>FareType Totals:</u>	7,100	766	78	202	107	5,506	1,594	0
<u>Funding Source</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
APS	53	0	0	0	0	0	53	0
CONTRIBUTION	4,726	552	67	168	103	3,822	904	0
INCLUSA	264	25	1	6	1	118	146	0
MCW	488	50	2	4	3	264	224	0
NH-AVINA	16	0	0	0	0	0	16	0
STATEMENT	1,528	132	7	16	0	1,287	241	0

VA	25	7	1	8	0	15	10	0
<u>Funding Source Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Home County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
---------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

713	2	0	0	0	0	2	0	0
-----	---	---	---	---	---	---	---	---

Dodge	7,098	766	78	202	107	5,504	1,594	0
-------	-------	-----	----	-----	-----	-------	-------	---

<u>Home County Totals:</u>	7,100	766	78	202	107	5,506	1,594	0
-----------------------------------	--------------	------------	-----------	------------	------------	--------------	--------------	----------

<u>How Cost Computed</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
---------------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

APS (Automated)	53	0	0	0	0	0	53	0
-----------------	----	---	---	---	---	---	----	---

Escort 0 - 19 Miles	2,218	418	48	17	1	2,146	72	0
---------------------	-------	-----	----	----	---	-------	----	---

Escort 20-39 Miles	792	0	0	4	6	790	2	0
--------------------	-----	---	---	---	---	-----	---	---

Escort 40 - 59 Miles	490	0	0	3	4	489	1	0
----------------------	-----	---	---	---	---	-----	---	---

Escort 60 - 79 Miles	62	0	0	0	4	62	0	0
----------------------	----	---	---	---	---	----	---	---

Escort 80 - 99 Miles	3	0	0	0	0	3	0	0
----------------------	---	---	---	---	---	---	---	---

INCLUSA (Automated)	177	16	1	4	1	31	146	0
---------------------	-----	----	---	---	---	----	-----	---

MCW (Automated)	306	39	1	4	1	84	222	0
NH Van Rates	16	0	0	0	0	0	16	0
Not assigned	12	1	0	0	0	10	2	0
VA (Automated)	12	0	0	8	0	2	10	0
Van 0 - 19 Miles	1,659	265	26	86	37	1,113	546	0
Van 100-119 Miles	1	0	0	0	0	1	0	0
Van 120-139 Miles	1	0	0	0	0	1	0	0
Van 140-159 Miles	2	0	0	0	0	1	1	0
Van 20-39 Miles	671	0	0	64	25	301	370	0
Van 40-59 Miles	303	0	0	10	20	168	135	0
Van 60-79 Miles	36	0	0	0	6	20	16	0
Van 80-99 Miles	5	0	0	0	0	3	2	0
Volunteer Escort Non Medicaid	281	27	2	2	2	281	0	0
<u>How Cost Computed Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

Limited Save **Trips** **CS** **NS** **Att** **Guest** **Amb** **WC** **Other**

Not Assigned	4	0	0	0	0	2	0	2
<u>Limited Save Totals:</u>	4	0	0	0	0	2	0	2

<u>Origin County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
713	1	0	0	0	0	1	0	0
Columbia	136	10	0	5	0	101	35	0
Dane	454	21	0	8	14	373	81	0
Dodge	5,416	614	68	142	71	4,224	1,192	0
Fond Du Lac	266	29	3	8	8	139	127	0
Jefferson	105	12	0	5	0	64	41	0
Milwaukee	80	9	2	0	1	60	20	0
Outagamie	0	1	0	0	0	0	0	0
Ozaukee	4	0	0	0	0	2	2	0
Washington	496	50	4	28	8	427	69	0
Waukesha	140	19	1	6	4	114	26	0

Winnebago	2	1	0	0	1	1	1	0
<u>Origin County Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Service</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	7,100	766	78	202	107	5,506	1,594	0
<u>Service Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Time of Day</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
0	0	6	3	0	0	0	0	0
100	1	1	0	0	0	0	1	0
200	0	0	0	0	0	0	0	0
300	0	1	1	0	0	0	0	0
400	0	0	0	0	0	0	0	0
500	0	0	0	0	0	0	0	0
600	0	0	0	0	0	0	0	0
700	254	15	3	12	5	200	54	0

800	1,065	59	11	34	10	892	173	0
900	1,009	89	8	20	14	818	191	0
1000	1,082	97	10	26	12	832	250	0
1100	903	100	13	15	20	728	175	0
1200	694	99	11	33	18	548	146	0
1300	620	65	9	19	14	422	198	0
1400	728	134	7	31	10	548	180	0
1500	616	51	1	12	4	400	216	0
1600	125	48	1	0	0	116	9	0
1700	2	1	0	0	0	1	1	0
1800	0	0	0	0	0	0	0	0
1900	0	0	0	0	0	0	0	0
2000	0	0	0	0	0	0	0	0
2100	0	0	0	0	0	0	0	0

2200	0	0	0	0	0	0	0	0
2300	1	0	0	0	0	1	0	0
<u>Time of Day Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Trip Purpose</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	7,100	766	78	202	107	5,506	1,594	0
<u>Trip Purpose Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Vehicle</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
950	171	8	1	12	0	101	70	0
951	121	14	1	7	4	65	56	0
952	726	65	6	28	20	454	272	0
953	410	45	1	12	10	225	185	0
954	762	68	10	54	29	361	401	0
955	15	2	0	4	0	3	12	0
957	827	96	7	49	24	411	416	0

960	177	18	2	10	3	82	95	0
961	35	5	0	0	0	23	12	0
ADRC STAFF	15	0	0	0	0	15	0	0
BACK UP VOLUNTEER	1	0	0	0	0	1	0	0
Bahr Wayne 2	646	69	15	2	2	625	21	0
Birkholz Nancy 3	4	6	0	0	0	4	0	0
Cleary, James 3	8	0	0	0	0	8	0	0
Connolly Mark 3	267	25	0	0	0	262	5	0
Freund MaryAnn 3	278	33	1	6	0	270	8	0
Gonder Eric 3	214	26	3	0	0	213	1	0
Greenwald Jeff 3	681	78	4	2	4	663	18	0
Neubaum Jim 2	446	43	5	5	1	444	2	0
ONeil, James 3	284	33	5	6	0	279	5	0
Robbins Paul 3	252	38	8	0	4	251	1	0

Rusch, Paul 3	337	39	4	2	4	330	7	0
Streblow Dan 3	399	47	2	3	0	392	7	0
Unferth, Elaine 3	24	8	3	0	2	24	0	0
<u>Vehicle Totals:</u>	7,100	766	78	202	107	5,506	1,594	0

<u>Vehicle Pool</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Dodge County	3,244	321	28	176	90	1,725	1,519	0
Volunteer Escort	3,856	445	50	26	17	3,781	75	0
<u>Vehicle Pool Totals:</u>	7,100	766	78	202	107	5,506	1,594	0



Trip Count Report - WI_Dodge_County

For Time Period: 1/1/2025 - 12/31/2025

Printed: 5/26/2026 2:15:50PM

<u>Billing Category</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	8,304	1,132	143	139	136	6,707	1,597	0
<u>Billing Category Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Day of Week</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Monday	1,767	261	29	32	40	1,411	356	0
Tuesday	1,675	192	33	24	30	1,376	299	0
Wednesday	1,708	217	22	40	28	1,345	363	0
Thursday	1,732	274	43	30	11	1,461	271	0
Friday	1,422	188	16	13	27	1,114	308	0
Saturday								
Sunday								
<u>Day of Week Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Destination County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Columbia	148	4	1	1	0	101	47	0
Dane	483	39	6	32	24	347	136	0
Dodge	6,475	969	120	92	87	5,267	1,208	0
Fond Du Lac	214	24	4	4	1	176	38	0
Jefferson	69	13	1	1	0	58	11	0
Kenosha	0	1	0	0	0	0	0	0
Milwaukee	127	10	3	1	1	107	20	0
Outagamie	1	0	0	0	0	1	0	0
Ozaukee	16	3	0	0	0	14	2	0
Racine	6	0	0	0	0	6	0	0
Rock	2	0	0	0	0	0	2	0
Washington	560	49	5	5	16	464	96	0

Waukesha	197	20	3	3	7	164	33	0
Winnebago	6	0	0	0	0	2	4	0
<u>Destination County Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Elderly</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
-----------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

Non Elderly	4,575	718	113	85	64	3,873	702	0
Elderly	3,729	414	30	54	72	2,834	895	0
<u>Elderly Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>FareType</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

Not assigned	8,304	1,132	143	139	136	6,707	1,597	0
<u>FareType Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Funding Source</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
------------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

AL - DIMENSIONS LIVING	2	0	0	2	0	0	2	0
APS	55	3	0	0	0	0	55	0
CONTRIBUTION	5,081	817	116	95	110	4,520	561	0
DVR	30	0	0	0	0	2	28	0
INCLUSA	1,007	110	14	27	13	608	399	0

MA	1	0	0	0	0	1	0	0
MCW	362	25	7	7	7	346	16	0
NH-AVINA	8	2	0	0	0	0	8	0
STATEMENT	1,652	152	6	4	2	1,148	504	0
VA	102	23	0	4	4	82	20	0
WC - RURAL INS	4	0	0	0	0	0	4	0
<u>Funding Source Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Home County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Columbia	22	2	1	0	0	22	0	0
Dane	2	0	0	0	0	2	0	0
Dodge	8,276	1,130	142	137	136	6,679	1,597	0
Fond du Lac	4	0	0	2	0	4	0	0
<u>Home County Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>How Cost Computed</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
---------------------------------	---------------------	------------------	------------------	-------------------	---------------------	-------------------	------------------	---------------------

AL - DIMENSIONS LIVING (Automated)	2	0	0	2	0	0	2	0
APS (Automated)	55	3	0	0	0	0	55	0
DVR (Automated)	28	0	0	0	0	0	28	0
Escort 0 - 19 Miles	1,926	451	57	5	6	1,866	60	0
Escort 100-119 Miles	4	0	0	0	0	4	0	0
Escort 180+ miles	0	3	0	0	0	0	0	0
Escort 20-39 Miles	763	0	1	13	18	763	0	0
Escort 40 - 59 Miles	361	0	0	17	14	358	3	0
Escort 60 - 79 Miles	71	0	0	2	3	71	0	0
Escort 80 - 99 Miles	13	0	0	2	0	13	0	0
INCLUSA (Automated)	624	56	8	16	11	225	399	0
MA (Automated)	1	0	0	0	0	1	0	0
MCW (Automated)	149	13	1	7	2	133	16	0
NH Van Rates	8	2	0	0	0	0	8	0

Not assigned	7	5	0	0	0	7	0	0
VA (Automated)	45	11	0	4	1	25	20	0
Van 0 - 19 Miles	2,526	505	63	17	20	1,837	689	0
Van 100-119 Miles	2	0	0	0	0	2	0	0
Van 140-159 Miles	1	0	0	0	0	1	0	0
Van 180+ Miles	0	4	1	0	0	0	0	0
Van 20-39 Miles	710	2	0	9	17	528	182	0
Van 40-59 Miles	320	1	0	32	34	191	129	0
Van 60-79 Miles	25	0	0	2	0	23	2	0
Van 80-99 Miles	3	0	0	0	0	3	0	0
Volunteer Escort Non Medicaid	656	76	12	11	10	656	0	0
WC - RURAL INS (Automated)	4	0	0	0	0	0	4	0
<u>How Cost Computed Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

Limited Save **Trips** **CS** **NS** **Att** **Guest** **Amb** **WC** **Other**

Not Assigned	1	0	0	0	0	1	0	0
<u>Limited Save Totals:</u>	1	0	0	0	0	1	0	0

<u>Origin County</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Columbia	236	9	1	1	0	188	48	0
Dane	475	43	3	31	25	337	138	0
Dodge	6,437	941	135	92	81	5,223	1,214	0
Fond Du Lac	207	27	3	4	9	170	37	0
Jefferson	67	16	0	1	0	57	10	0
Kenosha	0	1	0	0	0	0	0	0
Milwaukee	124	14	0	2	1	105	19	0
Outagamie	1	0	0	0	0	1	0	0
Ozaukee	7	0	0	0	0	6	1	0
Racine	6	0	0	0	0	6	0	0
Rock	1	0	0	0	0	0	1	0

600	0	0	0	0	0	0	0	0
700	217	10	1	4	3	191	26	0
800	1,159	102	19	13	15	1,072	87	0
900	1,117	143	22	12	14	1,002	115	0
1000	1,276	154	19	15	15	1,009	267	0
1100	1,080	137	15	22	14	825	255	0
1200	979	158	17	18	23	777	202	0
1300	809	131	17	24	17	663	146	0
1400	846	159	19	20	13	649	197	0
1500	750	92	3	10	9	452	298	0
1600	64	23	2	1	6	61	3	0
1700	2	1	0	0	7	1	1	0
1800	0	0	0	0	0	0	0	0
1900	0	0	0	0	0	0	0	0

2000	1	0	0	0	0	1	0	0
2100	0	0	0	0	0	0	0	0
2200	0	0	0	0	0	0	0	0
2300	0	0	0	0	0	0	0	0
<u>Time of Day Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Trip Purpose</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Not assigned	8,304	1,132	143	139	136	6,707	1,597	0
<u>Trip Purpose Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Vehicle</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
952	869	136	27	18	14	711	158	0
953	505	51	4	4	3	296	209	0
954	969	115	16	21	20	586	383	0
955	25	7	0	0	7	23	2	0
957	772	108	12	9	8	533	239	0

960	782	111	9	21	5	499	283	0
961	588	69	5	16	28	328	260	0
ADRC STAFF	27	0	0	0	0	26	1	0
ADRC STAFF 2	14	0	0	0	0	13	1	0
Bahr Wayne 2	622	107	20	10	8	616	6	0
Cleary, James 3	79	17	3	2	0	76	3	0
Connolly Mark 3	83	12	0	0	0	77	6	0
Freund MaryAnn 3	326	36	5	8	2	326	0	0
Gonder Eric 3	277	20	2	0	0	268	9	0
Greenwald Jeff 3	646	119	18	6	14	644	2	0
Neubaum Jim 2	412	57	5	8	2	411	1	0
ONeil, James 3	241	44	2	5	10	241	0	0
Robbins Paul 3	304	35	7	2	8	303	1	0
Rusch, Paul 3	307	31	5	0	5	301	6	0

Streblow Dan 3	420	53	3	9	2	393	27	0
Weber, Robert 3	36	4	0	0	0	36	0	0
<u>Vehicle Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0

<u>Vehicle Pool</u>	<u>Trips</u>	<u>CS</u>	<u>NS</u>	<u>Att</u>	<u>Guest</u>	<u>Amb</u>	<u>WC</u>	<u>Other</u>
Dodge County	4,510	597	73	89	85	2,976	1,534	0
Volunteer Escort	3,794	535	70	50	51	3,731	63	0
<u>Vehicle Pool Totals:</u>	8,304	1,132	143	139	136	6,707	1,597	0



Standing Order Percentage Report - WI_Dodge_County

For Time Period: 1/1/2025 - 12/31/2025

Printed: 5/26/2026 2:18:38PM

Requested Hour	Trip Count	Standing Orders	Standing Order %
1	1	0	0.00
7	775	4	0.52
8	344	182	52.91
9	1,254	691	55.10
10	1,521	710	46.68
11	1,235	453	36.68
12	1,180	393	33.31
13	1,057	257	24.31
14	1,185	391	33.00
15	1,005	503	50.05
16	133	43	32.33
17	1	0	0.00
22	1	0	0.00
Totals	9,692	3,627	37.42



Standing Order Percentage Report - WI_Dodge_County

For Time Period: 1/1/2026 - 5/26/2026

Printed: 5/26/2026 2:59:07PM

Requested Hour	Trip Count	Standing Orders	Standing Order %
7	268	0	0.00
8	215	121	56.28
9	587	292	49.74
10	596	204	34.23
11	644	262	40.68
12	510	212	41.57
13	440	92	20.91
14	478	167	34.94
15	553	375	67.81
16	80	34	42.50
Totals	4,371	1,759	40.24

QTR 1-2024 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	950	951	952	953	954	955	957	960	961		Clearview	Total
Senior, Ambulatory	11	21	61	39	38	0	59				92	321
Senior, Non-Amb	15	20	42	32	79	0	80				44	312
Disabled, Non-Senior, Amb	2	1	20	3	7	0	20				156	209
Disabled, Non-Senior, Non-Amb	3	1	7	2	2	0	5				116	136
Other	0	0	0	0	0	0	0				0	0
Total	31	43	130	76	126	0	164	0	0	0	408	978

One-Way Trips by Purpose

Medical	26	34	93	60	105	0	136				0	454
Employment	1	1	4	0	3	0	12				0	21
Nutrition	1	5	4	6	5	0	0				0	21
Education/Training	0	0	1	0	0	0	0				0	1
Social/Rec	3	3	28	4	6	0	8				408	460
Personal	0	0	0	6	7	0	8				0	21
Other	0	0	0	0	0	0	0				0	0
Total	31	43	130	76	126	0	164	0	0	0	408	978

Total Expenses	\$1,167	\$1,536	\$5,228	\$3,229	\$5,944	\$0	\$7,870	\$0	\$0	\$0	\$577	\$25,551
Total Trip Miles	1071	1409	4796	2962	5453	0	7220			0	529	23440
Total Hours of Service	47	65	247	125	265	0	294			0	33	1076

2024 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory	708			
Senior, Non-Amb	0			
Disabled, Non-Senior, Amb	177			
Disabled, Non-Senior, Non-Amb	0			
Other	29			
Total	914	0	0	0

TOTAL TRIPS COMBINED
1892

One-Way Trips by Purpose

Medical	544			
Employment	94			
Nutrition	62			
Education/Training	1			
Social/Rec	124			
Personal	89			
Other	0			
Total	914	0	0	0

YTD

Total Expenses	\$ 38,371	\$ -	\$ -	\$ -	\$ 38,371.00
Total Trip Miles	35203				35,203
Total Hours of Service	1464				1,464
Total Donations	5654.45				\$ 5,654.45
Care WI Reimbursement	1379.92				\$ 1,379.92

\$ 7,034.37

QTR 2-2024 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	950	951	952	953	954	955	957	960	961		Clearview	Total
Senior, Ambulatory	26	23	78	24	55	0	84	1			78	369
Senior, Non-Amb	8	12	39	21	84	2	73	0			42	281
Disabled, Non-Senior, Amb	7	7	22	3	16	0	13	1			134	203
Disabled, Non-Senior, Non-Amb	12	11	23	5	24	0	26	0			104	205
Other	0	0	0	0	0	0	0	0			0	0
Total	53	53	162	53	179	2	196	2	0	0	358	1058

One-Way Trips by Purpose

Medical	32	35	117	41	146	2	161	1			0	535
Employment	4	5	7	1	3	0	5	1			0	26
Nutrition	5	7	8	2	9	0	5	0			0	36
Education/Training	0	0	0	0	0	0	0	0			0	0
Social/Rec	4	2	10	6	12	0	16	0			358	408
Personal	8	4	20	3	9	0	9	0			0	53
Other	0	0	0	0	0	0	0	0			0	0
Total	53	53	162	53	179	2	196	2	0	0	358	1058

Total Expenses	\$1,870	\$2,436	\$6,309	\$2,184	\$9,056	\$88	\$7,952	\$26	\$0	\$0	\$1,224	\$31,145
Total Trip Miles	1716	2235	5788	2004	8308	81	7295	24			1123	28574
Total Hours of Service	89	108	268	96	358	8	298	4			77	1306

2024 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory		776		
Senior, Non-Amb		2		
Disabled, Non-Senior, Amb		201		
Disabled, Non-Senior, Non-Amb		2		
Other		28		
Total	0	1009	0	0

TOTAL TRIPS COMBINED
2067

One-Way Trips by Purpose

Medical		570		
Employment		97		
Nutrition		45		
Education/Training		0		
Social/Rec		172		
Personal		125		
Other		0		
Total	0	1009	0	0

YTD

Total Expenses	\$ -	\$ 38,341	\$ -	\$ -	\$ 38,341.00
Total Trip Miles		35175			35,175
Total Hours of Service		1526			1,526
Total Donations		\$ 6,212.00			\$ 6,212.00
Care WI Reimbursement		\$ 4,157.63			\$ 4,157.63
					\$ 10,369.63

QTR 3-2024 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	950	951	952	953	954	955	957	960	961		Clearview	Total
Senior, Ambulatory	43	1	104	57	96	0	102	53			106	562
Senior, Non-Amb	21	0	24	29	48	6	33	22			64	247
Disabled, Non-Senior, Amb	13	1	39	20	32	1	25	6			93	230
Disabled, Non-Senior, Non-Amb	10	1	14	16	24	2	44	47			56	214
Other	0	0	0	0	0	0	0	0			0	0
Total	87	3	181	122	200	9	204	128	0	0	319	1253

One-Way Trips by Purpose

Medical	61	1	108	76	143	6	157	73			0	625
Employment	8	1	11	6	8	2	7	22			0	65
Nutrition	4	0	0	8	12	0	6	4			0	34
Education/Training	0	0	0	0	0	0	0	0			0	0
Social/Rec	12	1	37	18	19	0	20	27			319	453
Personal	2	0	25	14	18	1	14	2			0	76
Other	0	0	0	0	0	0	0	0			0	0
Total	87	3	181	122	200	9	204	128	0	0	319	1253

Total Expenses	\$3,076	\$137	\$7,123	\$4,581	\$7,510	\$259	\$0	\$5,305	\$0	\$0	\$727	\$28,718
Total Trip Miles	2822	126	6535	4203	6890	238	0	4867			667	26348
Total Hours of Service	122	7	257	198	288	15	0	211			70	1168

2024 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory			798	
Senior, Non-Amb			0	
Disabled, Non-Senior, Amb			214	
Disabled, Non-Senior, Non-Amb			0	
Other			11	
Total	0	0	1023	0

TOTAL TRIPS COMBINED
2276

One-Way Trips by Purpose

Medical			584	
Employment			64	
Nutrition			36	
Education/Training			0	
Social/Rec			247	
Personal			92	
Other			0	
Total	0	0	1023	0

YTD

Total Expenses	\$ -	\$ -	\$ 40,995	\$ -	\$ 40,995.00
Total Trip Miles			37610		37,610
Total Hours of Service			1419		1,419
Total Donations			\$ 6,281.59		\$ 6,281.59
Care WI Reimbursement			\$ 5,770.84		\$ 5,770.84

\$ 12,052.43

QTR 4-2024 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	950	951	952	953	954	955	957	960	961	Clearview	Total
Senior, Ambulatory		4	123	57	112	0	78	13	10	85	482
Senior, Non-Amb		3	51	49	85	3	75	16	8	50	340
Disabled, Non-Senior, Amb		6	37	34	28	0	27	3	8	81	224
Disabled, Non-Senior, Non-Amb		4	24	14	19	0	80	9	3	69	222
Other		0	0	0	0	0	0	0	0	0	0
Total	0	17	235	154	244	3	260	41	29	285	1268

One-Way Trips by Purpose

Medical		6	168	84	175	1	188	33	20	0	675
Employment		4	15	11	10	0	23	2	4	0	69
Nutrition		0	7	5	8	0	7	2	2	0	31
Education/Training		0	0	0	0	2	0	0	0	0	2
Social/Rec		2	34	33	36	0	30	3	2	285	425
Personal		5	11	21	15	0	12	1	1	0	66
Other										0	0
Total	0	17	235	154	244	3	260	41	29	285	1268

Total Expenses	\$0	\$719	\$9,318	\$5,486	\$8,675	\$264	\$8,061	\$1,591	\$1,717	\$589	\$36,420
Total Trip Miles		660	8549	5033	7959	242	7395	1460	1575	540	33413
Total Hours of Service										68	68

2024 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory				694
Senior, Non-Amb				0
Disabled, Non-Senior, Amb				237
Disabled, Non-Senior, Non-Amb				84
Other				0
Total	0	0	0	1015

TOTAL TRIPS COMBINED
2283

One-Way Trips by Purpose

Medical				623
Employment				45
Nutrition				30
Education/Training				0
Social/Rec				227
Personal				90
Other				
Total	0	0	0	1015

YTD

Total Expenses	\$ -	\$ -	\$ -	\$ 39,701	\$ 39,701.00
Total Trip Miles				36423	36,423
Total Hours of Service				1518	1,518
Total Donations				\$ 6,229.01	\$ 6,229.01
Care WI Reimbursement				\$ 8,836.21	\$ 8,836.21

\$ 15,065.22

2024 Quarterly Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	950				951				952				953				954				955				957				960				961				CLEARVIEW				YTD
	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	TOTAL
Senior, Ambulatory	11	26	43	0	21	23	1	4	61	78	104	123	39	24	57	57	38	55	96	112	0	0	0	0	59	84	102	78	0	1	53	13	0	0	0	10	92	78	106	85	2406
Senior, Non-Amb	15	8	21	0	20	12	0	3	42	39	24	51	32	21	29	49	79	84	48	85	0	2	6	3	80	73	33	75	0	0	22	16	0	0	0	8	44	42	64	50	1546
Disabled, Non-Senior, Amb	2	7	13	0	1	7	1	6	20	22	39	37	3	3	20	34	7	16	32	28	0	0	1	0	20	13	25	27	0	1	6	3	0	0	0	8	156	134	93	81	1081
Disabled, Non-Senior, Non-Amb	3	12	10	0	1	11	1	4	7	23	14	24	2	5	16	14	2	24	24	19	0	0	2	0	5	26	44	80	0	0	47	9	0	0	0	3	116	104	56	69	924
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	31	53	87	0	43	53	3	17	130	162	181	235	76	53	122	154	126	179	200	244	0	2	9	3	164	196	204	260	0	2	128	41	0	0	0	29	408	358	319	285	5957

One-Way Trips by Purpose	950				951				952				953				954				955				957				960				961				CLEARVIEW				Total
	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	Year				
Medical	26	32	61	0	34	35	1	6	93	117	108	168	60	41	76	84	105	146	143	175	0	2	6	1	136	161	157	188	0	1	73	33	0	0	0	20	0	0	0	0	3231
Employment	1	4	8	0	1	5	1	4	4	7	11	15	0	1	6	11	3	3	8	10	0	0	2	0	12	5	7	23	0	1	22	2	0	0	0	4	0	0	0	0	260
Nutrition	1	5	4	0	5	7	0	0	4	8	0	7	6	2	8	5	5	9	12	8	0	0	0	0	0	5	6	7	0	0	4	2	0	0	0	2	0	0	0	0	184
Education/Training	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Social/Rec	3	4	12	0	3	2	1	2	28	10	37	34	4	6	18	33	6	12	19	36	0	0	0	0	8	16	20	30	0	0	27	3	0	0	0	2	408	358	319	285	1943
Personal	0	8	2	0	0	4	0	5	0	20	25	11	6	3	14	21	7	9	18	15	0	0	1	0	8	9	14	12	0	0	2	1	0	0	0	1	0	0	0	0	335
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	31	53	87	0	43	53	3	17	130	162	181	235	76	53	122	154	126	179	200	244	0	2	9	3	164	196	204	260	0	2	128	41	0	0	0	29	408	358	319	285	5957

Total Expenses	1167	1870	3076	0	1536	2436	137	719	5228	6309	7123	9318	3229	2184	4581	5486	5944	9056	7510	8675	0	88	259	264	7870	7952	0	8061	0	26	5305	1591	0	0	0	1717	577	1224	727	589	120210.65
Total Trip Miles	1071	1716	2822	0	1409	2235	126	660	4796	5788	6535	8549	2962	2004	4203	5033	5453	8308	6890	7959	0	81	238	242	7220	7295	0	7395	0	24	4867	1460	0	0	0	1575	529	1123	667	540	110285
Total Hours of Service	47	89	122	0	65	108	7	0	247	268	257	0	125	96	198	0	265	358	288	0	0	8	15	0	294	298	0	0	0	4	211	0	0	0	0	0	33	77	70	68	3180

2024 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Senior, Ambulatory	708	776	798	694	2976
Senior, Non-Amb	0	2	0	0	2
Disabled, Non-Senior, Amb	177	201	214	237	829
Disabled, Non-Senior, Non-Amb	0	2	0	84	86
Other	29	28	11	0	68
Total	914	1009	1023	1015	3961

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Medical	544	570	584	623	2321
Employment	94	97	64	45	300
Nutrition	62	45	36	30	173
Education/Training	1	0	0	0	1
Social/Rec	124	172	247	227	770
Personal	89	125	92	90	396
Other	0	0	0	0	0
Total	914	1009	1023	1015	3961

Total Expenses	\$ 38,371	\$ 38,341	\$ 40,995	\$ 39,701	\$ 157,408
Total Trip Miles	35,203	35,175	37,610	36,423	144,411
Total Hours of Service	1,464	1,526	1,419	1,518	5,927
Total Donations	5,654.45	6,212	6,281.59	6,229.01	\$ 24,377.05
MCO Reimbursements	1,379.92	4,157.63	5,770.84	8836.21	\$ 20,144.60

TOTAL TRIPS PROVIDED

1ST	1892
2ND	2067
3RD	2276
4TH	2283
TOTAL	8518

\$	44,521.65	
\$	11,025.00	received from van auction
\$	55,546.65	not included in revenue

QTR 1-2025 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	0	1	2	3	4	5	6	7	8	9	Clearview	Total
Senior, Ambulatory	82	63	93	55	109	0		107			52	561
Senior, Non-Amb	20	39	19	17	45	0		29			6	175
Disabled, Non-Senior, Amb	41	13	86	36	38	0		36			104	354
Disabled, Non-Senior, Non-Amb	16	8	9	4	13	0		4			90	144
Other	0	0	0	0	0	0		0			0	0
Total	159	123	207	112	205	0	0	176	0	0	252	1234

One-Way Trips by Purpose	0	1	2	3	4	5	6	7	8	9	Clearview	Total
Medical	103	102	108	71	143	0		129			0	656
Employment	14	5	14	8	9	0		9			0	59
Nutrition	5	5	5	5	9	0		6			0	35
Education/Training	0	0	0	0	0	0		0			0	0
Social/Rec	14	4	12	11	19	0		15			252	327
Personal	23	7	68	17	25	0		17			0	157
Other	0	0	0	0	0	0		0			0	0
Total	159	123	207	112	205	0	0	176	0	0	252	1234

Total Expenses	9,082.00	7,227.00	10,488.00	4,926.00	10,764.00	0.00	0.00	8,682.00	0.00	0.00	368.00	51,537.00
Total Trip Miles	6095	4850	7039	3306	7224	0		5827			247	34588
Total Hours of Service	256	214	299	156	309	0		237			54	1525

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory	589			
Senior, Non-Amb	0			
Disabled, Non-Senior, Amb	283			
Disabled, Non-Senior, Non-Amb	0			
Other	54			
Total	926	0	0	0

TOTAL TRIPS COMBINED
2160

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4
Medical	588			
Employment	34			
Nutrition	54			
Education/Training	0			
Social/Rec	131			
Personal	119			
Other	0			
Total	926	0	0	0

YTD

Total Expenses	\$ 50,216	\$ -	\$ -	\$ -	\$ 50,216.00
Total Trip Miles	33702				33,702
Total Hours of Service	1404				1,404
Total Donations	6188.06				\$ 6,188.06
Care WI Reimbursement	7596.77				\$ 7,596.77

\$ 13,784.83

QTR 2-2025 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	0	1	2	3	4	5	6	7	8	9	Clearview	Total
Senior, Ambulatory	52	87	104	27	87	0		106	8		82	545
Senior, Non-Amb	29	36	20	4	51	0		28			54	222
Disabled, Non-Senior, Amb	28	38	65	53	68	20		58			168	498
Disabled, Non-Senior, Non-Amb	11	41	11	7	18	0		12			76	176
Other	0	0	0	0	0	0		0			0	0
Total	120	202	200	91	224	20	0	204	0	0	380	1441

One-Way Trips by Purpose	0	1	2	3	4	5	6	7	8	9	Clearview	Total
Medical	83	109	118	48	122	0		128			0	608
Employment	5	22	6	1	9	0		2			0	45
Nutrition	5	12	10	6	14	0		8			0	55
Education/Training	0	4	0	0	2	0		1			0	7
Social/Rec	8	27	30	6	32	20		26			380	529
Personal	19	28	36	30	45	0		39			0	197
Other	0	0	0	0	0	0		0			0	0
Total	120	202	200	91	224	20	0	204	0	0	380	1441

Total Expenses	\$7,082	\$11,105	\$9,248	\$4,492	\$10,618	\$139	\$0	\$9,368	\$0	\$0	\$2,001	\$54,053
Total Trip Miles	4753	7453	6207	3015	7126	93	0	6287			1343	36277
Total Hours of Service	202	322	277	147	300	6	0	248			108	1610

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory		575		
Senior, Non-Amb		0		
Disabled, Non-Senior, Amb		364		
Disabled, Non-Senior, Non-Amb		0		
Other		38		
Total	0	977	0	0

TOTAL TRIPS COMBINED
2418

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4
Medical		654		
Employment		0		
Nutrition		47		
Education/Training		0		
Social/Rec		118		
Personal		158		
Other		0		
Total	0	977	0	0

	YTD				
Total Expenses	\$ -	\$ 49,121	\$ -	\$ -	\$ 49,121.00
Total Trip Miles		32967			32,967
Total Hours of Service		1346			1,346
Total Donations		\$ 5,595.92			\$ 5,595.92
Care WI Reimbursement		\$ 10,836.58			\$ 10,836.58
					\$ 16,432.50

QTR 3-2025 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	0	1	2	3	4	5	6	7	8	9	Clearview	Total
Senior, Ambulatory	104	61	98	71	86	0	0	93	0	0	108	621
Senior, Non-Amb	43	23	13	19	58	0	0	20	0	0	84	260
Disabled, Non-Senior, Amb	55	43	156	61	71	6	0	51	0	0	220	663
Disabled, Non-Senior, Non-Amb	25	27	11	19	22	4	0	23	0	0	160	291
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total	227	154	278	170	237	10	0	187	0	0	572	1835

One-Way Trips by Purpose

Medical	132	81	157	101	170	0	0	127	0	0	0	768
Employment	25	23	14	19	16	0	0	16	0	0	0	113
Nutrition	17	9	12	12	8	0	0	2	0	0	0	60
Education/Training	0	0	0	0	0	0	0	0	0	0	0	0
Social/Rec	18	13	12	12	14	10	0	14	0	0	572	665
Personal	35	28	83	26	29	0	0	28	0	0	0	229
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total	227	154	278	170	237	10	0	187	0	0	572	1835

Total Expenses	\$11,370	\$7,125	\$11,571	\$7,261	\$12,096	\$22	\$0	\$10,305	\$0	\$0	\$1,198	\$60,948
Total Trip Miles	7631	4782	7766	4873	8118	15	0	6916	0	0	804	40905
Total Hours of Service	328	212	327	228	358	5	0	266	0	0	101	1825

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory			474	
Senior, Non-Amb			0	
Disabled, Non-Senior, Amb			0	
Disabled, Non-Senior, Non-Amb			462	
Other			16	
Total	0	0	952	0

TOTAL TRIPS COMBINED
2787

One-Way Trips by Purpose

Medical			649	
Employment			18	
Nutrition			36	
Education/Training			0	
Social/Rec			73	
Personal			176	
Other			0	
Total	0	0	952	0

YTD

Total Expenses	\$ -	\$ -	\$ 52,242	\$ -	\$ 52,242.00
Total Trip Miles			35062		35,062
Total Hours of Service			1349		1,349
Total Donations			\$ 5,426.00		\$ 5,426.00
Care WI Reimbursement			\$ 10,749.66		\$ 10,749.66

\$ 16,175.66

QTR 4-2025 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	0	1	2	3	4	5	6	7	8	9	Clearview	Total
Senior, Ambulatory	132	39	71	45	105	5		99			88	584
Senior, Non-Amb	85	41	18	14	86	2		19			42	307
Disabled, Non-Senior, Amb	44	17	92	59	75	0		79			82	448
Disabled, Non-Senior, Non-Amb	14	4	4	5	20	0		3			62	112
Other	1	2	3	1	1	0		1				9
Total	276	103	188	124	287	7	0	201	0	0	274	1460

One-Way Trips by Purpose

Medical	214	85	108	60	185	0		136			0	788
Employment	12	2	6	10	17	0		6			0	53
Nutrition	10	0	6	16	17	4		6			0	59
Education/Training	0	2	0	0	0	0		0			0	2
Social/Rec	27	12	8	12	23	3		12			274	371
Personal	4	1	14	15	11	0		8			0	53
Other	9	1	46	11	34	0		33			0	134
Total	276	103	188	124	287	7	0	201	0	0	274	1460

Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Trip Miles												0
Total Hours of Service												0

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory				620
Senior, Non-Amb				0
Disabled, Non-Senior, Amb				394
Disabled, Non-Senior, Non-Amb				0
Other				14
Total	0	0	0	1028

TOTAL TRIPS COMBINED
2488

One-Way Trips by Purpose

Medical				691
Employment				24
Nutrition				42
Education/Training				0
Social/Rec				108
Personal				53
Other				110
Total	0	0	0	1028

YTD

Total Expenses	\$ -	\$ -	\$ -	\$ 52,970	\$ 52,970.00
Total Trip Miles				35550	35,550
Total Hours of Service				1488.67	1,489
Total Donations				\$ 7,893.00	\$ 7,893.00
Care WI Reimbursement				\$ 14,476.64	\$ 14,476.64
					\$ 22,369.64

2025 Quarterly Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	0				1				2				3				4				5				6				7				8				9				CLEARVIEW				YTD				
	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	TOTAL				
Senior, Ambulatory	82	52	104	132	63	87	61	39	93	104	98	71	55	27	71	45	109	87	86	105	0	0	0	5	0	0	0	0	107	106	93	99	0	0	0	0	0	0	0	0	0	0	0	0	52	82	108	88	2311
Senior, Non-Amb	20	29	43	85	39	36	23	41	19	20	13	18	17	4	19	14	45	51	58	86	0	0	0	2	0	0	0	0	29	28	20	19	0	0	0	0	0	0	0	0	6	54	84	42	964				
Disabled, Non-Senior, Amb	41	28	55	44	13	38	43	17	86	65	156	92	36	53	61	59	38	68	71	75	0	20	6	0	0	0	0	0	36	58	51	79	0	0	0	0	0	0	0	0	104	168	220	82	1963				
Disabled, Non-Senior, Non-Amb	16	11	25	14	8	41	27	4	9	11	11	4	4	7	19	5	13	18	22	20	0	0	4	0	0	0	0	0	4	12	23	3	0	0	0	0	0	0	0	0	90	76	160	62	723				
Other	0	0	0	1	0	0	0	2	0	0	0	3	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	9				
Total	159	120	227	276	123	202	154	103	207	200	278	188	112	91	170	124	205	224	237	287	0	20	10	7	0	0	0	0	176	204	187	201	0	0	0	0	0	0	0	0	252	380	572	274	5970				

One-Way Trips by Purpose	950				951				952				953				954				955				957				960				961				960				CLEARVIEW				Total				
	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	Year				
Medical	103	83	132	214	102	109	81	85	108	118	157	108	71	48	101	60	143	122	170	185	0	0	0	0	0	0	0	0	129	128	127	136	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2820
Employment	14	5	25	12	5	22	23	2	14	6	14	6	8	1	19	10	9	9	16	17	0	0	0	0	0	0	0	0	9	2	16	6	0	0	0	0	0	0	0	0	0	0	0	0	270				
Nutrition	5	5	17	10	5	12	9	0	5	10	12	6	5	6	12	16	9	14	8	17	0	0	0	4	0	0	0	0	6	8	2	6	0	0	0	0	0	0	0	0	0	0	0	0	209				
Education/Training	0	0	0	0	0	4	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	9								
Social/Rec	14	8	18	27	4	27	13	12	12	30	12	8	11	6	12	12	19	32	14	23	0	20	10	3	0	0	0	0	15	26	14	12	0	0	0	0	0	0	0	0	252	380	572	274	1892				
Personal	23	19	35	4	7	28	28	1	68	36	83	14	17	30	26	15	25	45	29	11	0	0	0	0	0	0	0	0	17	39	28	8	0	0	0	0	0	0	0	0	636								
Other	0	0	0	9	0	0	0	1	0	0	0	46	0	0	0	11	0	0	0	34	0	0	0	0	0	0	0	0	0	0	0	33	0	0	0	0	0	0	0	0	134								
Total	159	120	227	276	123	202	154	103	207	200	278	188	112	91	170	124	205	224	237	287	0	20	10	7	0	0	0	0	176	204	187	201	0	0	0	0	0	0	0	0	252	380	572	274	5970				

Total Expenses	9082	7082	11370	0	7227	11105	7125	0	10488	9248	11571	0	4926	4492	7261	0	10764	10618	12096	0	0	139	22	0	0	0	0	0	8682	9368	10305	0	0	0	0	0	0	0	0	0	368	2001	1198	0	166537
Total Trip Miles	6095	4753	7631	0	4850	7453	4782	0	7039	6207	7766	0	3306	3015	4873	0	7224	7126	8118	0	0	93	15	0	0	0	0	0	5827	6287	6916	0	0	0	0	0	0	0	0	0	247	1343	804	0	111770
Total Hours of Service	256	202	328	0	214	322	212	0	299	277	327	0	156	147	228	0	309	300	358	0	0	6	5	0	0	0	0	0	237	248	266	0	0	0	0	0	0	0	0	0	54	108	101	0	4960

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Senior, Ambulatory	589	575	474	620	2258
Senior, Non-Amb	0	0	0	0	0
Disabled, Non-Senior, Amb	283	364	0	394	1041
Disabled, Non-Senior, Non-Amb	0	0	462	0	462
Other	54	38	16	14	122
Total	926	977	952	1028	3883

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Medical	588	654	649	691	2582
Employment	34	0	18	24	76
Nutrition	54	47	36	42	179
Education/Training	0	0	0	0	0
Social/Rec	131	118	73	108	430
Personal	119	158	176	53	506
Other	0	0	0	110	110
Total	926	977	952	1028	3883

Total Expenses	\$ 50,216	\$ 49,121	\$ 52,242	\$ 52,970	\$ 204,549
Total Trip Miles	33,702	32,967	35,062	35550	137,281
Total Hours of Service	1,404	1,346	1,349	1488.67	5,588
Total Donations	6,188.06	5,595.92	5,426.00	7893.00	\$ 25,102.98
MCO Reimbursements	7,596.77	10,836.58	10,749.66	14476.64	\$ 43,659.65

TOTAL TRIPS PROVIDED

1ST 2160
 2ND 2418
 3RD 2787
 4TH 2488
TOTAL 9853

\$ 68,762.63

\$ 68,762.63

2025 Transportation Recap-VANS (53.10 Grant Funded)

One-Way Trips by Passenger Type	0	1	2	3	4	5	6	7	8	9	Clearview	TOTAL
Senior, Ambulatory	370	250	366	198	387	5	0	405	0	0	330	2311
Senior, Non-Amb	177	139	70	54	240	2	0	96	0	0	186	964
Disabled, Non-Senior, Amb	168	111	399	209	252	26	0	224	0	0	574	1963
Disabled, Non-Senior, Non-Amb	66	80	35	35	73	4	0	42	0	0	388	723
Other	1	2	3	1	1	0	0	1	0	0	0	9
Total	782	582	873	497	953	37	0	768	0	0	1478	5970

One-Way Trips by Purpose	0	1	2	3	4	5	6	7	8	9	Clearview	TOTAL
Medical	532	377	491	280	620	0	0	520	0	0	0	2820
Employment	56	52	40	38	51	0	0	33	0	0	0	270
Nutrition	37	26	33	39	48	4	0	22	0	0	0	209
Education/Training	0	6	0	0	2	0	0	1	0	0	0	9
Social/Rec	67	56	62	41	88	33	0	67	0	0	1478	1892
Personal	81	64	201	88	110	0	0	92	0	0	0	636
Other	9	1	46	11	34	0	0	33	0	0	0	134
Total	782	582	873	497	953	37	0	768	0	0	1478	5970
Total Expenses	27534.00	25457.00	31307.00	16679.00	33478.00	161.00	0.00	28355.00	0.00	0.00	3567.00	166538.00
Total Trip Miles	18479	17085	21012	11194	22468	108	0	19030	0	0	2394	111770
Total Hours of Service	786	748	903	531	967	11	0	751	0	0	263	4960

2025 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	
Senior, Ambulatory	2258
Senior, Non-Amb	0
Disabled, Non-Senior, Amb	1041
Disabled, Non-Senior, Non-Amb	462
Other	122
Total	3883

One-Way Trips by Purpose	
Medical	2582
Employment	76
Nutrition	179
Education/Training	0
Social/Rec	430
Personal	506
Other	110
Total	3883

Total Expenses	204549.00
Total Trip Miles	137281
Total Hours of Service	5587.67

Total Donations	25102.98
MCO Reimbursements	43659.65

\$ 68,762.63

TOTAL TRIPS PROVIDED 5310 & 85.21	
1ST	2160
2ND	2418
3RD	2787
4TH	2488
TOTAL	9853

QTR 1-2026 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	952	953	954	955	957	960	961	962			Clearview	Total
Senior, Ambulatory	61	30	54	0	84	68	87	10			18	412
Senior, Non-Amb	45	34	79	2	68	72	101	3			16	420
Disabled, Non-Senior, Amb	61	50	56	0	55	38	40	12			86	398
Disabled, Non-Senior, Non-Amb	4	3	18	0	11	15	15	6			56	128
Other	7	0	0	2	3	2	0	0			0	14
Total	178	117	207	4	221	195	243	31	0	0	176	1372

One-Way Trips by Purpose	952	953	954	955	957	960	961	962			Clearview	Total
Medical	102	82	159	2	186	148	188	20			0	887
Employment	4	4	4	0	6	2	3	0			0	23
Nutrition	10	12	10	0	3	8	15	2			0	60
Education/Training	0	0	0	2	1	1	0	0			0	4
Social/Rec	16	7	12	0	7	20	13	3			176	254
Personal	21	2	5	0	10	8	9	4			0	59
Other	25	10	17	0	8	8	15	2			0	85
Total	178	117	207	4	221	195	243	31	0	0	176	1372

Total Expenses	8,234.00	4,986.00	9,667.00	307.00	11,673.00	7,784.00	12,217.00	1,934.00	0.00	0.00	410.00	57,212.00
Total Trip Miles	5526	3346	6488	206	7834	5224	8199	1298			275	38396
Total Hours of Service	220	147	278	9	301	235	354	46			33	1623

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory	607			
Senior, Non-Amb	0			
Disabled, Non-Senior, Amb	466			
Disabled, Non-Senior, Non-Amb	0			
Other	0			
Total	1073	0	0	0

TOTAL TRIPS COMBINED
2445

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4
Medical	685			
Employment	34			
Nutrition	58			
Education/Training	0			
Social/Rec	118			
Personal	72			
Other	106			
Total	1073	0	0	0

YTD

Total Expenses	\$ 57,603	\$ -	\$ -	\$ -	\$ 57,603.00
Total Trip Miles	38660				38,660
Total Hours of Service	1509				1,509
Total Donations	7436				\$ 7,436.00
Care WI Reimbursement	5501.16				\$ 5,501.16

\$ 12,937.16

QTR 2-2026 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	952	953	954	955	957	960	961	962			Clearview	Total
Senior, Ambulatory												0
Senior, Non-Amb												0
Disabled, Non-Senior, Amb												0
Disabled, Non-Senior, Non-Amb												0
Other												0
Total	0	0	0	0	0	0	0	0	0	0	0	0

One-Way Trips by Purpose	952	953	954	955	957	960	961	962			Clearview	Total
Medical												0
Employment												0
Nutrition												0
Education/Training												0
Social/Rec												0
Personal												0
Other												0
Total	0	0	0	0	0	0	0	0	0	0	0	0

Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Trip Miles												0
Total Hours of Service												0

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory				
Senior, Non-Amb				
Disabled, Non-Senior, Amb				
Disabled, Non-Senior, Non-Amb				
Other				
Total	0	0	0	0

TOTAL TRIPS COMBINED
0

One-Way Trips by Purpose				
Medical				
Employment				
Nutrition				
Education/Training				
Social/Rec				
Personal				
Other				
Total	0	0	0	0

	YTD				
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Total Trip Miles					0
Total Hours of Service					0
Total Donations					\$ -
Care WI Reimbursement					\$ -

\$ -

QTR 3-2026 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	952	953	954	955	957	960	961	962			Clearview	Total
Senior, Ambulatory												0
Senior, Non-Amb												0
Disabled, Non-Senior, Amb												0
Disabled, Non-Senior, Non-Amb												0
Other												0
Total	0	0	0	0	0	0	0	0	0	0	0	0

One-Way Trips by Purpose	952	953	954	955	957	960	961	962			Clearview	Total
Medical												0
Employment												0
Nutrition												0
Education/Training												0
Social/Rec												0
Personal												0
Other												0
Total	0	0	0	0	0	0	0	0	0	0	0	0

Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Trip Miles												0
Total Hours of Service												0

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory				
Senior, Non-Amb				
Disabled, Non-Senior, Amb				
Disabled, Non-Senior, Non-Amb				
Other				
Total	0	0	0	0

TOTAL TRIPS COMBINED
0

One-Way Trips by Purpose				
Medical				
Employment				
Nutrition				
Education/Training				
Social/Rec				
Personal				
Other				
Total	0	0	0	0

					YTD
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Total Trip Miles					0
Total Hours of Service					0
Total Donations					\$ -
Care WI Reimbursement					\$ -

\$ -

QTR 4-2026 Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	952	953	954	955	957	960	961	962			Clearview	Total
Senior, Ambulatory												0
Senior, Non-Amb												0
Disabled, Non-Senior, Amb												0
Disabled, Non-Senior, Non-Amb												0
Other												0
Total	0	0	0	0	0	0	0	0	0	0	0	0

One-Way Trips by Purpose	952	953	954	955	957	960	961	962			Clearview	Total
Medical												0
Employment												0
Nutrition												0
Education/Training												0
Social/Rec												0
Personal												0
Other												0
Total	0	0	0	0	0	0	0	0	0	0	0	0

Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Trip Miles												0
Total Hours of Service												0

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4
Senior, Ambulatory				
Senior, Non-Amb				
Disabled, Non-Senior, Amb				
Disabled, Non-Senior, Non-Amb				
Other				
Total	0	0	0	0

TOTAL TRIPS COMBINED
0

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4
Medical				
Employment				
Nutrition				
Education/Training				
Social/Rec				
Personal				
Other				
Total	0	0	0	0

	YTD				
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Total Trip Miles					0
Total Hours of Service					0
Total Donations					\$ -
Care WI Reimbursement					\$ -

\$ -

2026 Quarterly Transportation Recap-Vans (5310 Grant Funded)

One-Way Trips by Passenger Type	952				953				954				955				957				960				961				962				0				0				CLEARVIEW				YTD TOTAL				
	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH					
Senior, Ambulatory	61	0	0	0	30	0	0	0	54	0	0	0	0	0	0	0	84	0	0	0	68	0	0	0	87	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	0	0	0	412
Senior, Non-Amb	45	0	0	0	34	0	0	0	79	0	0	0	2	0	0	0	68	0	0	0	72	0	0	0	101	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	420
Disabled, Non-Senior, Amb	61	0	0	0	50	0	0	0	56	0	0	0	0	0	0	0	55	0	0	0	38	0	0	0	40	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86	0	0	0	398
Disabled, Non-Senior, Non-Amb	4	0	0	0	3	0	0	0	18	0	0	0	0	0	0	0	11	0	0	0	15	0	0	0	15	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56	0	0	0	128
Other	7	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	3	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
Total	178	0	0	0	117	0	0	0	207	0	0	0	4	0	0	0	221	0	0	0	195	0	0	0	243	0	0	0	31	0	0	0	0	0	0	0	0	0	0	0	176	0	0	0	1372				

One-Way Trips by Purpose	950				951				952				953				954				955				957				960				961				960				CLEARVIEW				Total Year				
	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH									
Medical	102	0	0	0	82	0	0	0	159	0	0	0	2	0	0	0	186	0	0	0	148	0	0	0	188	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	887
Employment	4	0	0	0	4	0	0	0	4	0	0	0	0	0	0	0	6	0	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23
Nutrition	10	0	0	0	12	0	0	0	10	0	0	0	0	0	0	0	3	0	0	0	8	0	0	0	15	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60
Education/Training	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Social/Rec	16	0	0	0	7	0	0	0	12	0	0	0	0	0	0	0	7	0	0	0	20	0	0	0	13	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	176	0	0	0	254
Personal	21	0	0	0	2	0	0	0	5	0	0	0	0	0	0	0	10	0	0	0	8	0	0	0	9	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	59
Other	25	0	0	0	10	0	0	0	17	0	0	0	0	0	0	0	8	0	0	0	8	0	0	0	15	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	85
Total	178	0	0	0	117	0	0	0	207	0	0	0	4	0	0	0	221	0	0	0	195	0	0	0	243	0	0	0	31	0	0	0	0	0	0	0	0	0	0	0	176	0	0	0	1372				

Total Expenses	8234	0	0	0	4986	0	0	0	9667	0	0	0	307	0	0	0	11673	0	0	0	7784	0	0	0	####	0	0	0	1934	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	410	0	0	0	57210
Total Trip Miles	5526	0	0	0	3346	0	0	0	6488	0	0	0	206	0	0	0	7834	0	0	0	5224	0	0	0	8199	0	0	0	1298	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	275	0	0	0	38396
Total Hours of Service	220	0	0	0	147	0	0	0	278	0	0	0	9	0	0	0	301	0	0	0	235	0	0	0	354	0	0	0	46	0	0	0	0	0	0	0	0	0	0	0	33	0	0	0	1623				

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Senior, Ambulatory	607	0	0	0	607
Senior, Non-Amb	0	0	0	0	0
Disabled, Non-Senior, Amb	466	0	0	0	466
Disabled, Non-Senior, Non-Amb	0	0	0	0	0
Other	0	0	0	0	0
Total	1073	0	0	0	1073

One-Way Trips by Purpose	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Medical	685	0	0	0	685
Employment	34	0	0	0	34
Nutrition	58	0	0	0	58
Education/Training	0	0	0	0	0
Social/Rec	118	0	0	0	118
Personal	72	0	0	0	72
Other	106	0	0	0	106
Total	1073	0	0	0	1073

Total Expenses	\$ 57,603	\$ -	\$ -	\$ -	\$ 57,603
Total Trip Miles	38,660	-	-	-	38,660
Total Hours of Service	1,509	-	-	0	1,509
Total Donations	7,436.00	-	-	0.00	\$ 7,436.00
MCO Reimbursements	5,501.16	-	-	0.00	\$ 5,501.16

TOTAL TRIPS PROVIDED

1ST 2445
 2ND 0
 3RD 0
 4TH 0
TOTAL 2445

\$ 12,937.16
 \$ 12,937.16

2026 Transportation Recap-VANS (53.10 Grant Funded)

One-Way Trips by Passenger Type	0	1	2	3	4	5	6	7	8	9	Clearview	TOTAL
Senior, Ambulatory	61	30	54	0	84	68	87	10	0	0	18	412
Senior, Non-Amb	45	34	79	2	68	72	101	3	0	0	16	420
Disabled, Non-Senior, Amb	61	50	56	0	55	38	40	12	0	0	86	398
Disabled, Non-Senior, Non-Amb	4	3	18	0	11	15	15	6	0	0	56	128
Other	7	0	0	2	3	2	0	0	0	0	0	14
Total	178	117	207	4	221	195	243	31	0	0	176	1372

One-Way Trips by Purpose	0	1	2	3	4	5	6	7	8	9	Clearview	TOTAL
Medical	102	82	159	2	186	148	188	20	0	0	0	887
Employment	4	4	4	0	6	2	3	0	0	0	0	23
Nutrition	10	12	10	0	3	8	15	2	0	0	0	60
Education/Training	0	0	0	2	1	1	0	0	0	0	0	4
Social/Rec	16	7	12	0	7	20	13	3	0	0	176	254
Personal	21	2	5	0	10	8	9	4	0	0	0	59
Other	25	10	17	0	8	8	15	2	0	0	0	85
Total	178	117	207	4	221	195	243	31	0	0	176	1372
Total Expenses	8234.00	4986.00	9667.00	307.00	11673.00	7784.00	12217.00	1934.00	0.00	0.00	410.00	57212.00
Total Trip Miles	5526	3346	6488	206	7834	5224	8199	1298	0	0	275	38396
Total Hours of Service	220	147	278	9	301	235	354	46	0	0	33	1623

2026 Transportation Recap-Volunteer Drivers (85.21 Grant Funded)

One-Way Trips by Passenger Type	
Senior, Ambulatory	607
Senior, Non-Amb	0
Disabled, Non-Senior, Amb	466
Disabled, Non-Senior, Non-Amb	0
Other	0
Total	1073

Total Donations	7436.00
MCO Reimbursements	5501.16

\$ 12,937.16

TOTAL TRIPS PROVIDED 5310 & 85.21	
1ST	2445
2ND	0
3RD	0
4TH	0
TOTAL	2445

One-Way Trips by Purpose	
Medical	685
Employment	34
Nutrition	58
Education/Training	0
Social/Rec	118
Personal	72
Other	106
Total	1073

Total Expenses	57603.00
Total Trip Miles	38660
Total Hours of Service	1509

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Dodge County Human Services and Health

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	\$116,719.17
Administrative Personnel (salaries, wages, fringe benefits)	\$115,168.55
Volunteer Driver Reimbursement	\$93,761.97
Total:	\$325,649.69

Contractual Services

Transportation Sub-Contractor(s)	
1.	
2.	
3.	
4.	
5.	
Repairs and Maintenance	
Utility Services	
Other Contractual Services	\$16,057.77
Total:	\$16,057.77

Fare Assistance Programs

Fare Assistance	Total:	
-----------------	--------	--

Office Operations

Office Supplies & Expenses	Total:	\$7,729.28
----------------------------	--------	------------

Vehicle Operations

Fuel and Lubricants	\$18,677.32
Tires, Parts and Supplies	\$6,324.75
Vehicle Leases	
Total:	\$25,002.07

Fixed Charges

Insurance	\$2,407.57
Facility Rental	
Communications Equipment & Other Rentals	
Total:	\$2,407.57

Capital Outlay

Major Maintenance (greater than \$1,000)	
Capital Equipment (describe below)	
1.	
2.	
3.	
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1.	

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$376,846.38
Passenger Revenue	\$72,370.67
Net Expenditures (summary)	Expenses minus Revenue \$304,475.71

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2025 Allocation	\$228,441.00
B. s.85.21 funds from Trust Fund	
C. County Levy	\$76,034.71
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	

Total actual funding received	Funding payouts	\$304,475.71
--------------------------------------	-----------------	---------------------

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum **\$0.00**

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
	Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
	Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>	
Capital Equipment (describe below)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
	Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
	Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>	
Capital Equipment (describe below)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	

Total actual funding received	Funding payouts \$0.00
--------------------------------------	-------------------------------

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>
Capital Equipment (describe below)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>
Capital Equipment (describe below)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>
Capital Equipment (describe below)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>
Capital Equipment (describe below)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>
Capital Equipment (describe below)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>
Capital Equipment (describe below)	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:	
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
	Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
	Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>	
Capital Equipment (describe below)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
	Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
	Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>	
Capital Equipment (describe below)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Name of Project:

Were any funds provided to public transit agencies for this project (example- 5311)?
 If yes, please include under Transportation Sub-Contractor(s) below.

Y/N

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

1. Annual Expenditures/Expenses

Personal Services

Drivers/Mechanics (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Personnel (salaries, wages, fringe benefits)	<input style="width: 100%; height: 20px;" type="text"/>
Volunteer Driver Reimbursement	<input style="width: 100%; height: 20px;" type="text"/>
Total:	\$0.00

Contractual Services

Transportation Sub-Contractor(s)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Repairs and Maintenance	<input style="width: 100%; height: 20px;" type="text"/>
	Utility Services	<input style="width: 100%; height: 20px;" type="text"/>
	Other Contractual Services	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Fare Assistance Programs

Fare Assistance	Total: <input style="width: 100%; height: 20px;" type="text"/>
-----------------	----------------------------------------------------------------

Office Operations

Office Supplies & Expenses	Total: <input style="width: 100%; height: 20px;" type="text"/>
----------------------------	----------------------------------------------------------------

Vehicle Operations

Fuel and Lubricants	<input style="width: 100%; height: 20px;" type="text"/>
Tires, Parts and Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Vehicle Leases	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Fixed Charges

Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Facility Rental	<input style="width: 100%; height: 20px;" type="text"/>
Communications Equipment & Other Rentals	<input style="width: 100%; height: 20px;" type="text"/>
	Total: \$0.00

Capital Outlay

Major Maintenance (greater than \$1,000)	<input style="width: 100%; height: 20px;" type="text"/>	
Capital Equipment (describe below)		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Total:	\$0.00

Indirect Costs

Specify Types of Costs Covered:		
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
	Total:	\$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

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

2. Annual Net Expenditures - Summary

Total Annual Expenditures & Expenses	\$0.00
Passenger Revenue	
Net Expenditures (summary)	Expenses minus Revenue \$0.00

3. Annual Net Expenditures - Funding Sources

A. s.85.21 funds from CY2024 Allocation	
B. s.85.21 funds from Trust Fund	
C. County Levy	
D. Medicare	
E. Older American Act	
F. Tribal funds	
G. Other Funds (describe below)	
1.	
2.	
3.	
4.	
5.	
6.	
Total actual funding received	Funding payouts \$0.00

Summary vs. Breakout Cross-check (must equal zero)
 This value will equal zero (0) when the totals of Section 2 and 3 are the same.

Checksum \$0.00

Make Entries ONLY in Yellow Cells; NOT Blue Cells

Trust Fund Status Form

Instructions:

Step 1 - Enter all withdrawals of funds held in Trust. Include item purchased and the owner or whom the item was purchased for (name of agency/contractor).

Please include details as much as room allows. In the case of vehicles, please state the type, make, model year, seating capacity and whether or not the vehicles are equipped with lifts or ramps.)

Step 2 - Complete the yellow boxes.

NOTES Comingled funds need to be accounted for separately. This report is for **allowable** trust fund transactions only.

Trust Fund deposits should only be unspent allocation and interest.

Vehicle sale proceeds should not be included in this tab.

STEP 1: 2025 Withdrawals from your 85.21 Trust Fund (if any)

	Item & Owner	Total Cost	Aid Spent From Trust Fund
1.			
2.			
3.			
4.			
5.			
6.			
	Total	\$0.00	\$0.00

STEP 2: End of Year Trust Fund Balance Sheet

<u>Item Description</u>	<u>Amount</u>
1. Opening Balance on January 1, 2025 (from last year's report):	<input style="width: 100%; height: 20px;" type="text"/>
2. 2025 Additions to Funds Held in Trust:	
A. Aid from CY24 85.21 allocation unspent and moved to trust	<input style="width: 100%; height: 20px;" type="text"/>
B. Interest Earned by s. 85.21 Aid in 2025	<input style="width: 100%; height: 20px;" type="text"/>
3. 2025 Withdrawals of funds held in Trust <i>(carried from total in Step 1)</i>	<input style="width: 100%; height: 20px; background-color: #e0ffff;" type="text" value="\$0.00"/>
4. Adjustments: <i>If adjustments are made, provide a brief explanation below</i>	<input style="width: 100%; height: 20px;" type="text"/>

Make Entries ONLY in Yellow Cells; NOT Blue Cells

5. Closing Balance on December 31, 2025: (Sum of items 1 through 4):

\$0.00

Explanations or Other Notes:

--

Make Entries ONLY in Yellow Cells; NOT Blue Cells

2025 ALLOCATION STATUS

	Description	Amount
Item 1	Amount of s.85.21 aid received in 2025: <i>Enter the amount of the county's 2025 allocation received under s.85.21 as listed in Section II of your 2025 grant agreement.</i>	\$228,441.00
Item 2	Amount of s.85.21 2025 aid spent in 2025: <i>This total is automatically calculated from the sum of all amounts entered into Item 3A of each project.</i>	\$228,441.00
Item 3	Amount of s.85.21 2025 aid moved to trust: <i>This total is automatically calculated from the trust fund sheet. This should equal any amount of the county's 2025 allocation which was not spent in 2025, but will be retained in trust in accordance with Section II of your 85.21 grant agreement.</i>	\$0.00
Item 4	Unspent Aid Checksum: <i>This is a calculated value; amount of aid received minus the amount of aid spent or to be moved into trust.</i> Verify this amount is ZERO. <i>Any remaining aid cannot be "carried-over" into 2026. Any remaining balance not spent or moved to trust, is to be returned to WisDOT. If planning to refund any portion of your 85.21 funds, please contact the program manager for a discussion of other options.</i>	\$0.00

This Page Auto-Populates; Make No Entries on This Page
Summary of 2025 Financial Operations

Project Name	Dodge County Human Services and Health	0	0	0	0	0	0	0	0	0	0	0	TOTALS
---------------------	----------------------------------------	---	---	---	---	---	---	---	---	---	---	---	---------------

Annual Expenditures/Expenses														
Total Expenditures	\$376,846.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$376,846.38
Passenger Revenue	\$72,370.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72,370.67
Net Expenditures	\$304,475.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$304,475.71

Annual Net Expenditures - Breakout By Funding Source														
A.	85.21 Allocation	\$228,441.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$228,441.00
B.	Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C.	County Levy	\$76,034.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76,034.71
D.	Medicare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E.	OOA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F.	Tribal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Funding:	\$304,475.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$304,475.71

Checksum

Expenses vs. Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
----------------------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

TRUST FUND

Trust Fund (Part II)	\$0.00
Trust Fund Sum (Part IV, row B)	\$0.00
Difference	\$0.00

LOCAL MATCH

Required local match (20%)	\$45,688.20
Actual Local Match (Part V)	\$76,034.71
Difference	\$30,346.51