

2025 APPLICANT INFORMATION FORM

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

DRAFT

County of **La Crosse**

Primary Contact for this Grant Program

Name **Carissa Pagel-Smith**

Telephone Number **608-785-6172**

Extension

Email Address **cpagel@lacrossecounty.org**

Application Preparer (if different than primary contact)

Name

Organization

Telephone Number

Extension

Email Address

Applicant Status

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

GPS

Organization Info

Place your initials in the box certifying all organization information, including contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your knowledge.

GPS

Federal Grant Match

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

5310

5307

5311

Other (Please explain)

Coordination

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

Title of Coordinated Plan: **La Crosse County Coordinated Public Transit - Human Services Transportation Plan 2024-2028**

The goal(s) and/or strategies from which your project is included: **1) Increase traditional and nontraditional transportation options for the clients we serve. 2) Coordinate, consolidate, and improve the marketing of transportation services.**

Page number(s) of the Coordinated plan in which the goals may be referenced: **3**

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

YES

NO

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

APPLICANT CHECKLIST

County of **La Crosse**

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Required Components

Complete

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

VEHICLE INVENTORY

Count: La Crosse

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

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Vehicle Type <i>(Minivan, Medium Bus, etc.)</i>	Full VIN Number	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non-Ambulatory)</i>	Funding Source (mark with X)				Place "X" in box to indicate if vehicle is leased to another party.
					5310	8521	Trust	Other	
Niro	KNDCR3LE8P5109900	2023	45,075	c3		x			
Grand Caravan	2C4RDGBG0HR855930	2017	261,381	wc1/3		x			
Caravan	2C4RDGBG8HR650002	2017	237,918	wc1/3		x			
Caravan	2C4RDGBG0JR348225	2018	247,493	wc1/3		x			
Caravan	2C4RDGCG6KR514585	2019	204,682	wc1/3		x			
Caravan	2C4RDGBG9KR596703	2019	195,078	wc1/3		x			
Grand Caravan	2C4RDGCG5KR557945	2019	209,832	wc1/3		x			
Grand Caravan	2C4RDGCG1KR632530	2019	163,641	wc1/3		x			
Grand Caravan	2C4RDGBG5KR782660	2019	184,749	wc1/3		x			
Grand Caravan	2C4RDGBG9KR792088	2019	179,781	wc1/3		x			
Grand Caravan	2C4RDGBG7LR192008	2020	112,303	wc1/3		x			
Grand Caravan	2C4RDGBG2LR231457	2020	126,048	wc1/3		x			
Voyager	2C4RC1CG2PR548739	2023	33,071	wc1/3		x			
Voyager	2C4RC1CG2PR548563	2023	63,283	wc1/3		x			
Voyager	2C4RC1CG2PR558543	2023	43,224	wc1/2 or wc2/2		x			
Voyager	2C4RC1CG4RR105754	2024	14,034	wc1/3 or wc2/2		x			
Voyager	2C4RC1CGXRR105760	2024	12,652	wc1/3 or wc2/2		x			
Voyager	2C4RC1CG0RR105752	2024	15,352	wc1/3 or wc2/2		x			
Voyager	2C4RC1CG2RR105753	2024	7,135	wc1/3 or wc2/2		x			

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

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THIRD PARTY PROVIDERS

County of **La Crosse**

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

Project Name	Anticipated or Known Contractor Name	Type of Agreement (Lease or Contract)	Start Date (MM/DD/YY)	Expiration Date (MM/DD/YY)	Last Bid Date	Contract Price	If over \$10k, was a competitive solicitation completed?	Year of Contract (1 to 5)
Mini Bus	Abby Vans, Inc.	Contract	01/01/22	12/31/26	09/03/21	\$345,864	Yes	4
Volunteer Driver	Coulee Region RSVP	N/A						
Shared Ride	Running, Inc.	N/A						

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

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TRUST FUND SPENDING PLAN

County of **La Crosse**

Instructions: Please record your plan on how your county will spend down their trust fund over the next three years. Be as specific as possible. Do NOT include 2024 purchases made with trust funds. Please contact WisDOT Program Manager(s) for pre-approval prior to spending trust expenditure.

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Amt of Trust Used for Project
Purchase/maintenance of equipment used for specialized transportation	2025	\$12,000.00
Purchase/maintenance of equipment used for specialized transportation	2026	\$12,000.00
Purchase/maintenance of equipment used for specialized transportation	2027	\$12,000.00
Total projected cost of 3-year plan		\$ 36,000.00

Estimated amount of state aid to be held in trust on 12/31/2024 **\$36,424.80**

Will auto calculate based on year entered above	Enter the amount of funds to be added for the next three years. If none, enter 0.	
Spending plan for 2025 = \$ 12,000.00	Funds added for 2025 =	Estimated balance on 12/31/25 = \$ 24,424.80
Spending plan for 2026 = \$ 12,000.00	Funds added for 2026 =	Estimated balance on 12/31/26 = \$ 12,424.80
Spending plan for 2027 = \$ 12,000.00	Funds added for 2027 =	Estimated balance on 12/31/27 = \$ 424.80

Date complete **11/6/2024**

Prepared by *Carissa Pagel-Smith*

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

PROJECT 1 DESCRIPTION

DRAFT

County of **La Crosse**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name

Mini Bus

Third Party Provider

Abby Vans

Date contract last updated

01/01/22

Type of Service

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

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description
of Study

Other (provide explanation)

Mini Bus Transportation Services

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

The Mini Bus provides transportation for individuals who reside in La Crosse County and are either 60 years and older, or 18 years and older with a disability. The service primarily operates door-to-door within La Crosse County for pick up and drop off. Additionally, transportation is available to and from Trempealeau and Vernon Counties, but only as authorized and needed. The service also includes travel to and from La Crescent, MN, within city limits.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Primarily La Crosse County with rides to/from Trempealeau and Vernon County authorized as needed in addition to La Crescent, MN within City limits.

Zone 1A: City of La Crosse and South Onalaska

Zone 1B: North Onalaska, Village of Holmen, French Island, Towns of Medary and Shelby

Rural: Villages of Bangor, West Salem, Rockland; Towns of Holland, Farmington, Burns, Bangor, Barre, Greenfield, Onalaska; Washington; Galesville (Trempealeau County); Stoddard (Vernon County); La Crescent, MN (within City limits)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM
End Time	2:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM

Additional description
(if applicable)

Medical appointments may be scheduled as early as 5 AM based on provider capacity.

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

First time riders must call the ADRC between the hours of 8 AM-3 PM, Monday-Friday, 24-48 hours in advance. If before/after normal business hours, the individual may leave a voicemail and call will be returned. Individuals will speak to a specialist who creates an authorization and emails to Abby Vans. Abby Vans then calls the individual to confirm date/time requested. Authorizations are good for six-months. Once authorized, riders schedule own trips however, may not exceed 60 trips/year.

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

Riders must reside in La Crosse County and be either 60 years of age or older, or an individual with a disability aged 18 years or older. An attendant or caregiver may accompany an eligible rider at no additional charge. Each rider is eligible for up to 60 trips per year.

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

Ride copays are based on the zone of ride origin or destination:

Zone 1A = \$4.50 per one-way trip

Zone 1B = \$5.00 per one-way trip

Rural=\$5.50 per one-way trip

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

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

Total Expenses \$400,218.00

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

Annual Revenue

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

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

- | | | |
|---|---------------|--------------|
| A. §85.21 funds from annual allocation | Total from A. | \$280,405.00 |
| B. §85.21 funds from trust fund | Total from B. | |
| C. County Match Funds | Total from C. | \$57,313.00 |
| D. Passenger Revenue | Total from D. | \$62,500.00 |
| E. Older American Act (OAA) funding | Total from E. | |
| F. §5310 Operating or Mobility Management funds | Total from F. | |
| G. Other funds | Total from G. | \$0.00 |

(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

- | | | | |
|----|--|-------|--|
| 1. | | Total | |
| | | | |
| 2. | | Total | |
| | | | |
| 3. | | Total | |
| | | | |
| 4. | | Total | |
| | | | |
| 5. | | Total | |
| | | | |
| 6. | | Total | |
| | | | |

Revenue Total \$400,218.00

Expenditures should equal revenue	\$0.00
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PROJECT 2 DESCRIPTION

DRAFT

County of **La Crosse**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name **Volunteer Driver**

Third Party Provider **Coulee Region RSVP**

Date contract last updated **N/A**

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

Volunteer Driver	<input checked="" type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<input type="text"/>		

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

This volunteer driver program provides safe and reliable transportation for eligible individuals to and from La Crosse County Senior Nutrition meal sites, medical appointments and/or other personal appointments. Volunteer drivers use their own vehicles to transport as authorized.

DRAFT

PROJECT DESCRIPTION, Continued

Geography of Service

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

This service is provided within La Crosse County as well as other destinations outside of La Crosse County, as needed/requested. Examples of destinations outside of La Crosse County include: Cashton and Tomah, WI in Monroe County; Westby and Viroqua, WI in Vernon County; Madison, WI in Dane County; Milwaukee, WI in Milwaukee County; as well as Rochester in Minnesota.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	
End Time		5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	

Additional description
(if applicable)

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

Individuals interested in a ride must call the Aging & Disability Resource Center (ADRC) of La Crosse County between the hours of 8:00 AM and 4:30 PM, Monday through Friday, 48 hours in advance. If before/after business hours, the individual has the option of leaving a voicemail and their call will be returned. Individuals will speak to a transportation specialist who creates an authorization and emails to RSVP. RSVP then calls the individual to confirm date and time requested.

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

Riders must reside in La Crosse County and be 55 years of age or older. An attendant or caregiver may accompany an eligible rider at no additional charge.

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

Riders traveling to/from La Crosse County Senior Nutrition meal sites purchase punch cards at meal sites; 20 rides for \$20 (\$1.00/ride). All other riders (i.e., traveling to/from medical or other personal appointments) pay \$5.00 for every 25 miles traveled (i.e., 15 miles = \$5.00; 35 miles = \$10.00).

PROJECT BUDGET

Section Description

Amount

DRAFT

Annual Expenditures

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

Total Expenses \$8,252.00

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

Annual Revenue

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

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

A. \$85.21 funds from annual allocation

Total from A. \$5,770.00

B. \$85.21 funds from trust fund

Total from B.

C. County Match Funds

Total from C. \$782.00

D. Passenger Revenue

Total from D. \$1,700.00

E. Older American Act (OAA) funding

Total from E.

F. \$5310 Operating or Mobility Management funds

Total from F.

G. Other funds

Total from G. \$0.00

(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1.

Total

2.

Total

3.

Total

4.

Total

5.

Total

6.

Total

Revenue Total \$8,252.00

Expenditures should equal revenue

\$0.00

PROJECT 3 DESCRIPTION

DRAFT

County of **La Crosse**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name

Shared Ride

Third Party Provider

Running, Inc.

Date contract last updated

N/A

Type of Service

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

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input checked="" type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input type="text"/>
Other (provide explanation)	<input type="text"/>		

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

This ride share program provides safe and reliable transportation for eligible individuals to and from La Crosse County Senior Nutrition meal sites. Service is door-to-door within La Crosse County.

ADAPT

PROJECT DESCRIPTION, Continued

Geography of Service

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

Holmen, Onalaska, and West Salem

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		9:30 AM	9:30 AM	9:30 AM	9:30 AM	9:30 AM	
End Time		12:30 PM	12:30 PM	12:30 PM	12:30 PM	12:30 PM	

Additional description
(if applicable)

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

Individuals interested in a ride must notify the site manager at the La Crosse County Senior Nutrition Program meal site at least 24 hours in advance. The manager informs the ADRC. The ADRC's transportation specialist creates an authorization and emails to Running, Inc. If/when changes need to be made, the individual may call the ADRC at any time.

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

Riders must reside in La Crosse County and be 60 years of age or older. An attendant or caregiver may accompany an eligible rider at no additional charge.

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

Riders purchase punch cards at meal sites. Riders traveling to/from meal sites in Onalaska and West Salem purchase 20 rides for \$20 (\$1.00/ride).

PROJECT BUDGET

Section Description

Amount

DRAFT

Annual Expenditures

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

Total Expenses

\$4,125.00

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

Annual Revenue

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

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

A. \$85.21 funds from annual allocation	Total from A.	\$2,325.00
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	
D. Passenger Revenue	Total from D.	\$300.00
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$1,500.00

(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1.	Village of Holmen Donation	Total	\$1,500.00
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total

\$4,125.00

Expenditures should equal revenue

\$0

**COUNTY ELDERLY TRANSPORTATION
2025 PROJECT BUDGET SUMMARY**

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County of **La Crosse**

Project Name	Mini Bus	Volunteer Driver	Shared Ride	0	0	0	0	Totals

Project Expenses

Total Project Expenses	\$400,218.00	\$8,252.00	\$4,125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$412,595.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$280,405.00	\$5,770.00	\$2,325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$288,500.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$57,313.00	\$782.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,095.00
Passenger Revenue	\$62,500.00	\$1,700.00	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64,500.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00
1.	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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CERTIFICATION

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

La Crosse

County

[Signature Box]

Signature (County Authorized Representative)

[Date Box]

Date

Carissa Pagel-Smith

Printed Name

608-785-6172

Phone

ADRC Manager

Title

cpagel@lacrossecounty.org

Email