APPLICANT INFORMATION FORM

County Name	Jefferson
Applicant Preparer	Susan Torum, Aging & Disability Resources Division Manager
Address	ADRC of Jefferson County 1541 Annex Road Jefferson, WI 53549
Telephone Number	920-674-8136
Email Address	suet@jeffersoncountywi.gov

Federal Grant Match

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

5307		5311		5310	

Coordination

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

Title of Coordinated Plan	Jefferson County 2013 Locally Developed Transportation Coordination Plan
Goals(s) form which your project is included in	1) Increase rural transportation options and/or services for the transportation disadvantaged. 5) Increase community awareness and access to information about transportation issues in the county.
Page number(s) of the goal(s)	Page(s) 11 & 12

Accessibility

Will s. 85.21 aid in 2015 be used for the transportation of persons who cannot walk or who walk with assistance? (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.

Yes	X	**No**	

APPLICANT CHECKLIST

County Name Jefferson

Required Documents

Excel Packet	**Completed**
Application Information Form	X
Vehicle Inventory	X
Project Descriptions & Budgets	X

Other Documents (if applicable)

3 Year Trust Fund Form	X
Third Party Contracting Form	X

Guidelines Packet

Transmittal Letter	
Public Hearing Notice	
Local Review Documentation	

VEHICLE INVENTORY

Instructions: Please provide your specialized transit vehicle inventory (including vehicles that are used for transportation of seniors and individuals with disabilities, regardless of funding source).

Model Year/Type	Current Mileage	No. of Ambulatory / Wheelchair Positions	Place an "X" in the Box if Vehicle is Intended to be Replaced with a Vehicle Requested in the 2015 Grant Cycle
2014 Chevy Impala		0	
2014 Chevy Impala		0	
2011 Dodge Grand Caravan			

If you have more vehicles than can fit onto one sheet, please print multiple copies this table, add the additional vehicle information, and attach them to your application packet.

THIRD PARTY CONTRACTS

Please include a copy of all executed third party contracts with your application

Proposed Project Name	Anticipated or Known Contractor Name	Contract Required (Yes/No)	Bidding Required (Yes/No)	Year Last Bid	Date of Contract
Senior Dining Program Taxi Subsidy	Brown Cab Company	No	No	N/A	12/31/15
Intracounty Taxi Service	Brown Cab Company	No	No	N/A	12/31/15
Driver-Escort	Brown Cab Company (SMV)	No	No	N/A	12/31/15
Driver-Escort	LaVigne's Bus Company (SMV)	No	No	N/A	12/31/15
Driver-Escort	St. Coletta of WI (SMV)	No	No	N/A	12/31/15

3-YEAR TRUST FUND PLAN

County Name Jefferson

Item	Planned Year of Purchase	Project Cost
Dodge Grand Caravan	2017	25,000

Total Projected cost for 3-year plan $25,000.00

Amount of s.85.21 aid held in trust as of 9/30/2014 35,610

Narrative for non-vehicle equipment purchases:

Prepared by	Susan Torum
Date	10/31/2014

PROJECT DESCRIPTIONS

2015 Project 1	County	Jefferson
	Project Name	Driver Escort

Instructions

Use this section to describe your project that will use s.85.21 funds.

Be sure to complete:

* Project description information
* Project budget information

Type of Service

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

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Planning/Management Study	
Other (provide description)	3 PT Paid Drivers		

General Project Summary Please provide a **brief** description of this project.

This service provides rides to elderly and disabled individuals for medical appointments. Services are offered on a space available basis to non-elderly/disabled individuals who need transportation to access Human Services Department services.

Geography of Service

Please list the cities that are serviced though this project.

Service is provided throughout Jefferson County and across county lines when specialized medical care or treatment is needed.

Service Hours

Please indicate your general hours of service for this project.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:00 a.m.	6:00 a.m.	6:00 a.m.	6:00 a.m.	6:00 a.m.	
End Time		6:00 p.m.	6:00 p.m.	6:00 p.m.	6:00 p.m.	6:00 p.m.	

Service Requests

Briefly describe how your service is requested for this project.

Passengers are asked to call the Transportation Office 4 days in advance of the appointment. Late requests are accomodated to the fullest extent possible.

Passenger Eligibility

Briefly indicate passenger eligibility requirements for this project

Passengers eligible for this service is those 60+ and/or those with disabilities of any age.

Passenger Revenue Briefly indicate passenger revenue requirements for this project

$1.00 for one-way trip in-county and $5.00 for a one-way trip out-of-county. The same co-payments apply when SMV services are authorized.

PROJECT BUDGET

Section Description		Amount
1. Annual Expenditures		
Total Expenditures for this project	**Total**	$245,760
2. Annual Revenue - Breakout By Funding Source		
A. s.85.21 Funds from Annual Allocation	**Total**	$183,618
B. s.85.21 Funds from Trust Fund	**Total**	
C. County Match Funds	**Total**	$37,024
D. Passenger Revenue	**Total**	$6,200
E. Other Funds (including Medicaid) describe below and record the total		
1. Managed Care		
2.		
3.		
4.		
5.		
6.	**Total**	$18,918
Expenditures should equal revenue		$0

PROJECT DESCRIPTIONS

2015 Project 1	County	Jefferson
	Project Name	Senior Dining Program Taxi Subsidy

Instructions

Use this section to describe your project that will use s.85.21 funds.

Be sure to complete:

* Project description information
* Project budget information

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		Planning/Management Study	
Other (provide description)	Taxi Cab Subsidy		

General Project Summary

Please provide a **brief** description of this project.

Individuals attending a Senior Dining Program are eligible to use the taxi at a reduced rate.

Geography of Service

Please list the cities that are serviced though this project.

Jefferson
Lake Mills
Fort Atkinson

Service Hours

Please indicate your hours of service for this project.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		10:00 a.m.	10:00 a.m.	10:00 a.m.	10:00 a.m.	10:00 a.m.	
End Time		1:00 p.m.	1:00 p.m.	1:00 p.m.	1:00 p.m.	1:00 p.m.	

Service Requests

Briefly describe how your service is requested for this project.

Passengers call Brown Cab directly to request services.

Passenger Eligibility

Briefly indicate passenger eligibility requirements for this project

Individuals aged 60+ who are attending a Senior Dining Program.

Passenger Revenue Briefly indicate passenger eligibility requirements for this project

Passengers pay the cab company $1.00 per one-way trip. The balance is invoiced to the county @ .75/one-way trip.

PROJECT BUDGET

Section Description		Amount
1. Annual Expenditures		
Total Expenditures for this project	**Total**	$500
2. Annual Revenue - Breakout By Funding Source		
A. s.85.21 Funds from Annual Allocation	**Total**	$500
B. s.85.21 Funds from Trust Fund	**Total**	
C. County Match Funds	**Total**	
D. Passenger Revenue	**Total**	
E. Other Funds (including Medicaid) describe below and record the total		
1.		
2.		
3.		
4.		
5.		
6.	**Total**	
Expenditures should equal revenue		**$0**

PROJECT DESCRIPTIONS

2015 Project 1	County	Jefferson
	Project Name	Intracounty Taxi Cab Service

Instructions

Use this section to describe your project that will use s.85.21 funds.

Be sure to complete:

* Project description information
* Project budget information

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		Planning/Management Study	
Other (provide description)	Taxi Cab		

General Project Summary

Please provide a **brief** description of this project.

This project proivdes rides across municipal boundaries to elderly and disabled individuals requiring medical services in another community.

Geography of Service

Please list the cities that are serviced though this project.

All of Jefferson County: primarily authoirzed in Fort Atkinson, Jefferson and Johnson Creek.

Service Hours

Please indicate your hours of service for this project.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:00 a.m.	6:00 a.m.	6:00 a.m.	6:00 a.m.	6:00 a.m.	
End Time		7:00 p.m.	7:00 p.m.	7:00 p.m.	7:00 p.m.	7:00 p.m.	

Service Requests

Briefly describe how your service is requested for this project.

Service requests come to the Transportation Office and are authorized by the Transportation Coordinator when there are no available volunteers or paid drivers to accommodate the trip request.

Passenger Eligibility

Briefly indicate passenger eligibility requirements for this project

Passengers eligible for this service are those with disabilities and the elderly 60+ needing access to medical care.

Passenger Revenue Briefly indicate passenger eligibility requirements for this project

The passenger pays a co-pay directly to the driver and 85.21 funds are invoiced for the balance on an agreed upon fee schedule.

PROJECT BUDGET

Section Description		Amount
1. Annual Expenditures		
Total Expenditures for this project	**Total**	$1,000
2. Annual Revenue - Breakout By Funding Source		
A. s.85.21 Funds from Annual Allocation	**Total**	$1,000
B. s.85.21 Funds from Trust Fund	**Total**	
C. County Match Funds	**Total**	
D. Passenger Revenue	**Total**	
E. Other Funds (including Medicaid) describe below and record the total		
1.		
2.		
3.		
4.		
5.		
6.	**Total**	
Expenditures should equal revenue		$0

2015 COUNTY PROJECT BUDGET SUMMARY

County/Project Name	Jefferson								
	Driver Escort	Senior Dining Program Taxi Subsidy	Intracounty Taxi Cab Service	0	0	0	0	0	Totals
Projected Expenses									
Total Projected Expenses	$245,760	$500	$1,000	$0	$0	$0	$0	$0	$247,260
Projected Revenue by By Funding Source									
s.82.21 Funds from Annual Allocation	$183,618	$500	$1,000	$0	$0	$0	$0	$0	$185,118
s.82.21 Funds from Trust Fund	$0	$0	$0	$0	$0	$0	$0	$0	$0
County Funds	$37,024	$0	$0	$0	$0	$0	$0	$0	$37,024
Passenger Revenue	$6,200	$0	$0	$0	$0	$0	$0	$0	$6,200
Other Funds	$18,918	$0	$0	$0	$0	$0	$0	$0	$18,918
Expenses should equal revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0

Contact Person: **Susan Torum, Manager, Aging & Disability Resources Division**
Phone: **920-674-8136**

Must be published no later than Wednesday, November 12th

Notice of Public Hearing

The Specialized Transportation Assistance Grant application for 2015donna is scheduled for a public hearing on Tuesday, November 25th, at 11:00 a.m. at the ADRC, Aging & Disability Resource Center, 1541 Annex Road, Jefferson, WI. The hearing will be held in the Health/Human Services Conference Room. On this same date, the Coordinated Public Transit-Human Services Transportation Plan will be reviewed.

The public hearing will be held for the purpose of receiving comment for Jefferson County's proposed plan for spending the allocation of $185,118 as authorized under Section 85.21 of the Wisconsin Statutes. In 2015 the Department plans to use funds to support the three projects. All of the projects serve the elderly (60+) and persons with disabilities with priority being given to medical and nutrition trips. The proposed projects are: 1) Driver Escort/Assistance to medical appointments; 2) Taxi cab subsidies for those individuals attending a Senior Dining Program, and 3) Intra-county Taxi Service for medical appointments.

Those persons unable to attend the hearing who wish to submit comments in advance may do so by mailing their comments prior to the hearing to: Susan Torum, Aging & Disability Resources Division Manager, Jefferson County Human Services Department, 1541 Annex Road, Jefferson, WI 53549. The application will be available for public inspection prior to the hearing at the same address.

The location of the hearing is accessible to persons with disabilities, but should you require special accommodations, or are in need of transportation to attend the hearing, please contact the person listed above prior to November 21st. The telephone number to call is 920/674-8136.

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: Jefferson

Report for: Budget

Title III-B Budget Amount: $ 65,013

Section 6-B **Title III-B Supportive Services**

Expenditure Category	Title III-B Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	34,405								34,405
2. Personal Care	26,608	7,224							33,832
3. Homemaker									-
4. Chore									-
5. Home Del Meals									
6. Adult Day Care									-
7. Case Management	4,000								4,000
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
19. Med.Mgt/Scr./Edu.									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion									-
Total	**65,013**	**7,224**	-	-	-	-	-	-	**72,237**

Remaining Budget Balance	$	-	
Percent of Access to Services		6%	**Ok - You provide at least 6% of your allocation to Services Associated with Access to Services.**
Percent of Legal/Ben. Assist.		0%	**You have received a waiver for this requirement.**
Percent of In-Home Services		41%	**Ok - You provide at least 7% of your allocation to In-Home Services.**
Total Non-Federal Match	$	7,224	**Ok - Minimum Match Met**
Match Amount Needed	$	7,224	

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: **Jefferson**

Report for: **Budget**

Title III-C1 Budget Amount: **$ 144,293**

Section 6-C1 **Title III-C1 Congregate Meals**

Expenditure Category	Title III-C1 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									-
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals	144,293	16,033		10,837		13,221			184,384
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	**144,293**	**16,033**	**-**	**10,837**	**-**	**13,221**	**-**	**-**	**184,384**

Remaining Budget Balance $ -

Percentage of HDM 0% **Ok - You provide no more than 45% of your allocation to Home Delivered Meals.**

Total Non-Federal Match $ 16,033 **Ok - Minimum Match Met**

Match Amount Needed $ 16,033

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: **Jefferson**

Report for: **Budget**

Title III-C2 Budget Amount: **$ 47,594**

Section 6-C2 **Title III-C2 Home Delivered Meals**

Expenditure Category	Title III-C2 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals	47,594	5,288		7,225		21,682	83,673		165,462
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	**47,594**	**5,288**	**-**	**7,225**	**-**	**21,682**	**83,673**	**-**	**165,462**

Remaining Budget Balance $ -

Total Non-Federal Match $ 5,288 **Not Ok - Your Cash Match and/or In-Kind Match does not meet the Mimimum Match requirement.**

Match Amount Needed $ 5,288

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: **Jefferson**

Report for: **Budget**

Title III-D Budget Amount: **$ 4,263**

***NOTE: All spending under IIID MUST be Evidenced Based.**

Section 6-D **Title III-D Disease Prevention and Health Promotion Services**

Expenditure Category	Title III-D Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead. Devel.									
21. Other									
23. Health Promotion - EB	4,263	474							4,737
Total	**4,263**	**474**	-	-	-	-	-	-	**4,737**

Remaining Budget Balance $ -

Total Non-Federal Match $ 474 **Ok - Minimum Match Met**

Match Amount Needed $ 474

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: **Jefferson**

Report for: **Budget**

Title III-E Budget Amount: **$ 28,582**

Section 6-E Title III-E Family Caregiver Support Program

Expenditure Category	Title III-E Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									
14. Info. & Assistance									-
15. Outreach	500								500
16. Public Information									-
17. Counsel. & Training	1,500								1,500
18. Temporary Respite	25,082	9,527							34,609
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other	1,500								1,500
23. Health Promotion									
Total	**28,582**	**9,527**	-	-	-	-	-	-	**38,109**

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards.

	Information and Assistance		Counseling and Training
	Public Information		Temporary Respite

Remaining Budget Balance $ -

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: **Jefferson**

Report for: **Budget**

State Elderly Benefit Services Budget Amount: **$ 28,215**

Section 6-BS **State Elderly Benefit Services**

Expenditure Category	State Elderly Benefit Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.	28,215	3,135		11,565	6,102				49,017
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion									
Total	**28,215**	**3,135**	**-**	**11,565**	**6,102**	**-**	**-**	**-**	**49,017**

Remaining Budget Balance $ -

Total Non-Federal Match $ 3,135 **Ok - Minimum Match Met**

Match Amount Needed $ 3,135

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: **Jefferson**

Report for: **Budget**

State Elder Abuse Services Budget Amount: **$ 25,025**

Section 6-EA **State Elder Abuse Direct Services**

Expenditure Category	State Elder Abuse Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other	25,025								25,025
23. Health Promotion									
Total	**25,025**	-	-	-	-	-	-	-	**25,025**

Remaining Budget Balance $ -

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: Jefferson

Report for: Budget

State Senior Community Services Budget Amount: $ 7,986

Section 6-SCS State Senior Community Services

Expenditure Category	State SCS Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care	7,986	887							8,873
3. Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
19. Med.Mgt/Scr./Edu.									-
20. Advoc./Lead.Devel.									-
21. Other									
23. Health Promotion									
Total	7,986	887	-	-	-	-	-	-	8,873

Remaining Budget Balance -

Total Non-Federal Match $ 887 Not Ok - Your Cash Match and/or In-Kind Match does not meet the Mimimum Match requirement.

Match Amount Needed $ 887

County/Tribal Aging Unit Budget - 2015

Name of County/Tribe: Jefferson

Report for: Budget

Total Budget Amount: $ 350,971

Summary Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	34,405	-	-	-	-	-	-	-	**34,405**
2. Personal Care	34,594	8,111	-	-	-	-	-	-	**42,705**
3. Homemaker	-	-	-	-	-	-	-	-	**-**
4. Chore	-	-	-	-	-	-	-	-	**-**
5. Home Del Meals	47,594	5,288	-	7,225	-	21,682	83,673	-	**165,462**
6. Adult Day Care	-	-	-	-	-	-	-	-	**-**
7. Case Management	4,000	-	-	-	-	-	-	-	**4,000**
8. Congregate Meals	144,293	16,033	-	10,837	-	13,221	-	-	**184,384**
9. Nutrition Counsel.	-	-	-	-	-	-	-	-	**-**
10. Assisted Transpo.	-	-	-	-	-	-	-	-	**-**
11. Transportation	-	-	-	-	-	-	-	-	**-**
12. Legal/Ben. Assist.	28,215	3,135	-	11,565	6,102	-	-	-	**49,017**
13. Nutrition Education	-	-	-	-	-	-	-	-	**-**
14. Info. & Assistance	-	-	-	-	-	-	-	-	**-**
15. Outreach	500	-	-	-	-	-	-	-	**500**
16. Public Information	-	-	-	-	-	-	-	-	**-**
17. Counsel. & Training	1,500	-	-	-	-	-	-	-	**1,500**
18. Temporary Respite	25,082	9,527	-	-	-	-	-	-	**34,609**
19. Med.Mgt/Scr./Edu.	-	-	-	-	-	-	-	-	**-**
20. Advoc./Lead.Devel.	-	-	-	-	-	-	-	-	**-**
21. Other	26,525	-	-	-	-	-	-	-	**26,525**
23. Health Promotion	4,263	474	-	-	-	-	-	-	**4,737**
AFCSP Adjustment		-							**-**
Total	**350,971**	**42,568**	**-**	**29,627**	**6,102**	**34,903**	**83,673**	**-**	**547,844**

Remaining Budget Balance	-

Minimum NFSCP Requirements to Meet

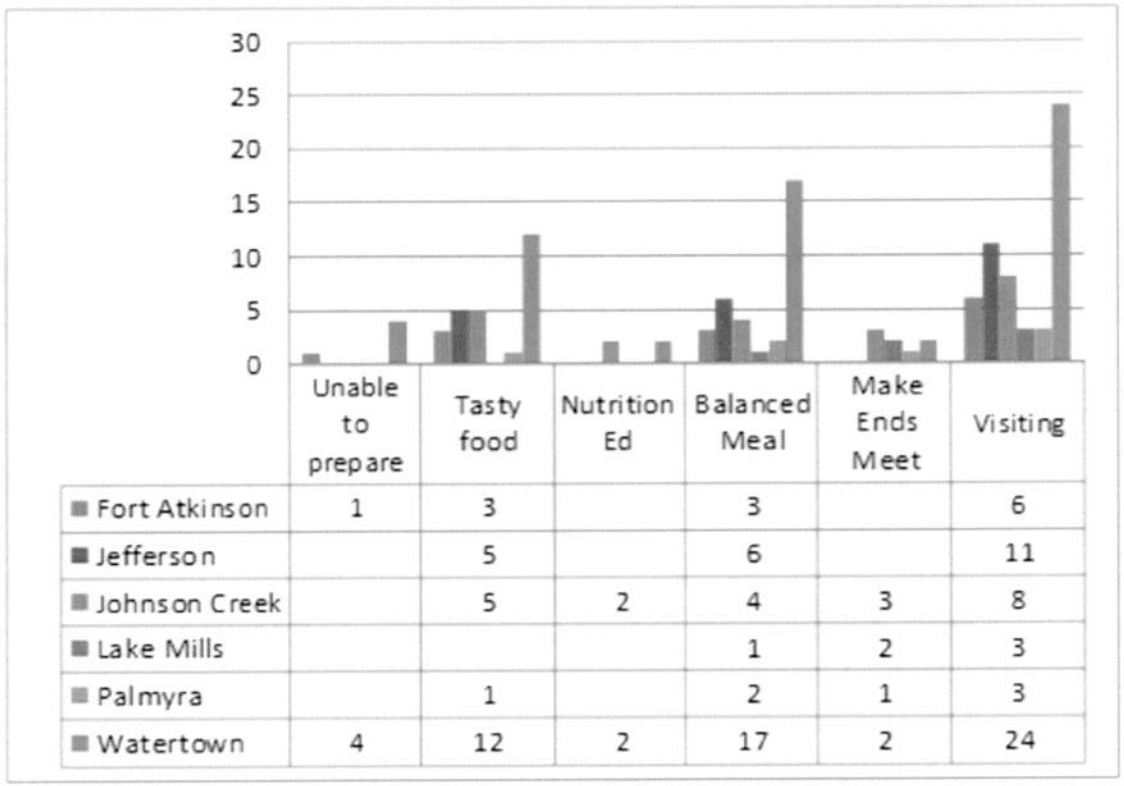
Address Line 14 - Information & Assistance

Address Line 16 - Public Information

2014 Senior Dining Congregate Program

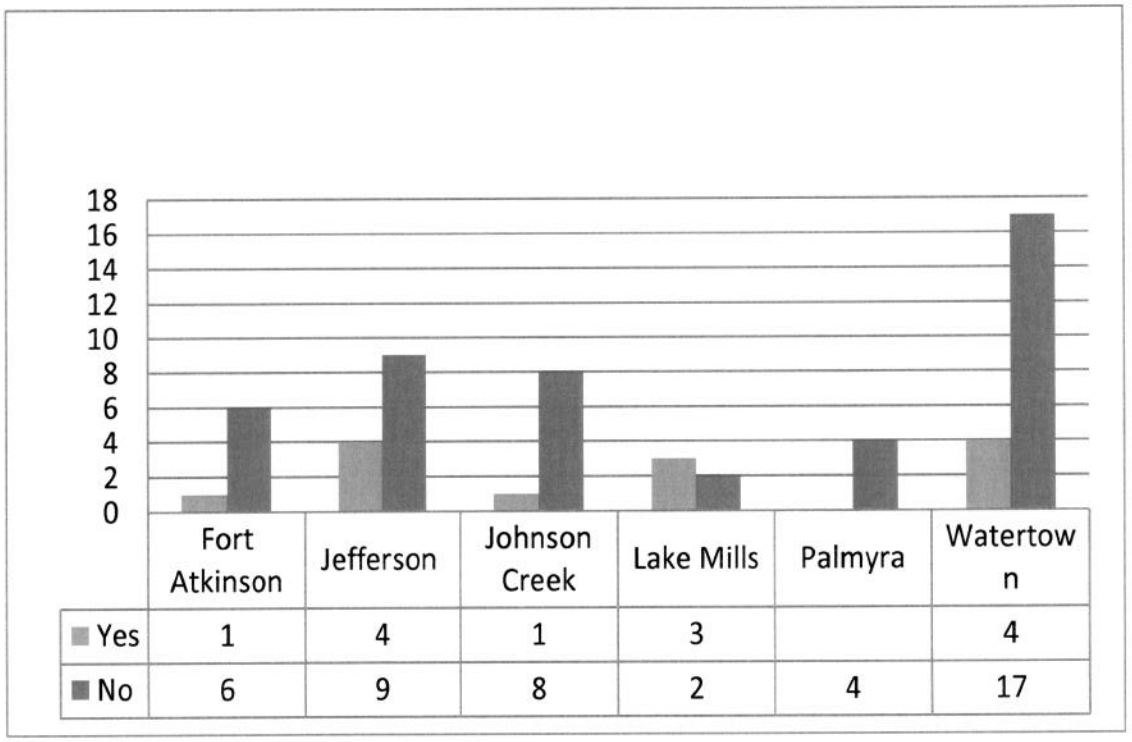
Satisfaction Survey Results

Which of the Following Best Describes why you attend the dining center?



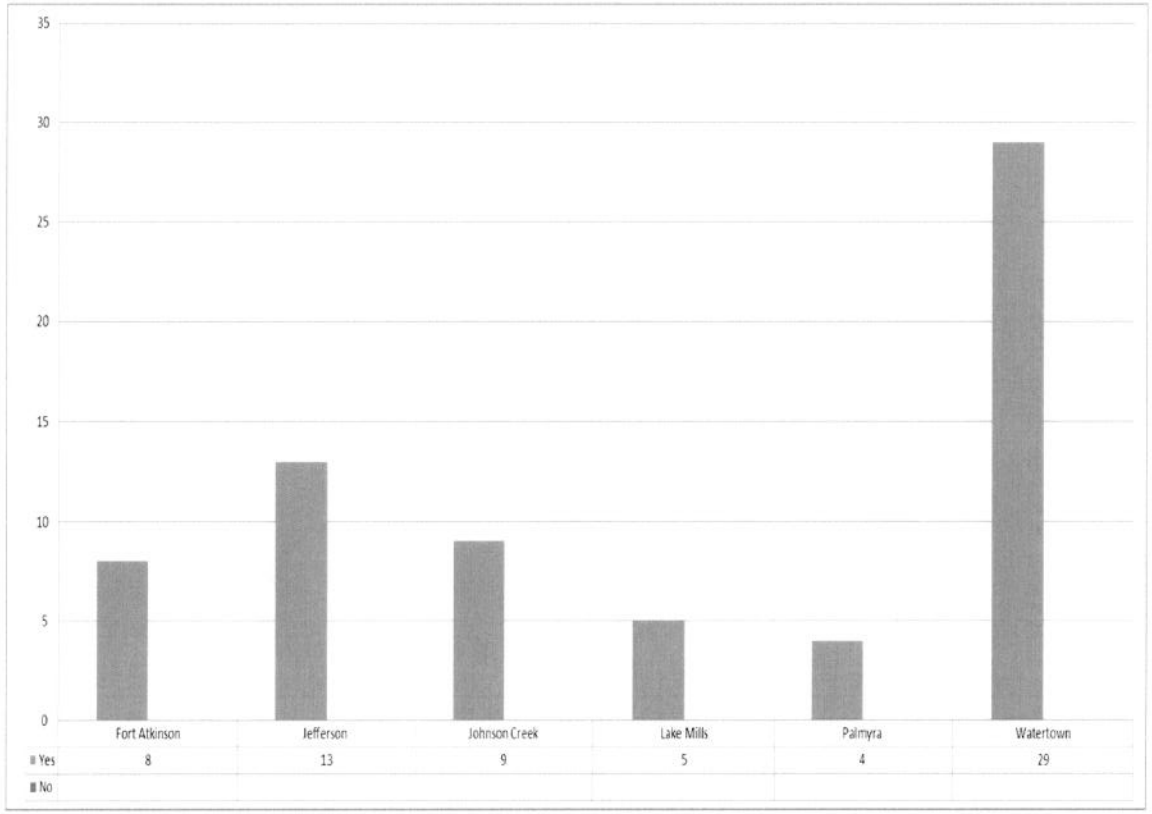
	Unable to prepare	Tasty food	Nutrition Ed	Balanced Meal	Make Ends Meet	Visiting
Fort Atkinson	1	3		3		6
Jefferson		5		6		11
Johnson Creek		5	2	4	3	8
Lake Mills				1	2	3
Palmyra		1		2	1	3
Watertown	4	12	2	17	2	24

Have you noticed any recent changes in the quality of food?

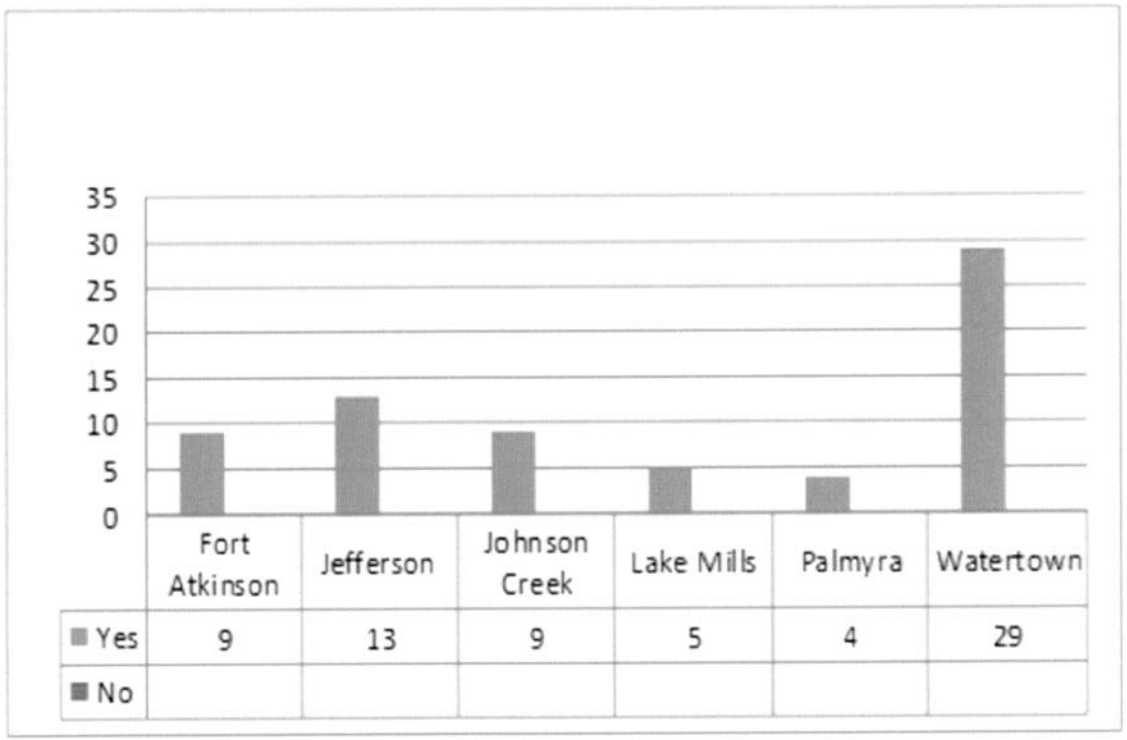


	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	1	4	1	3		4
No	6	9	8	2	4	17

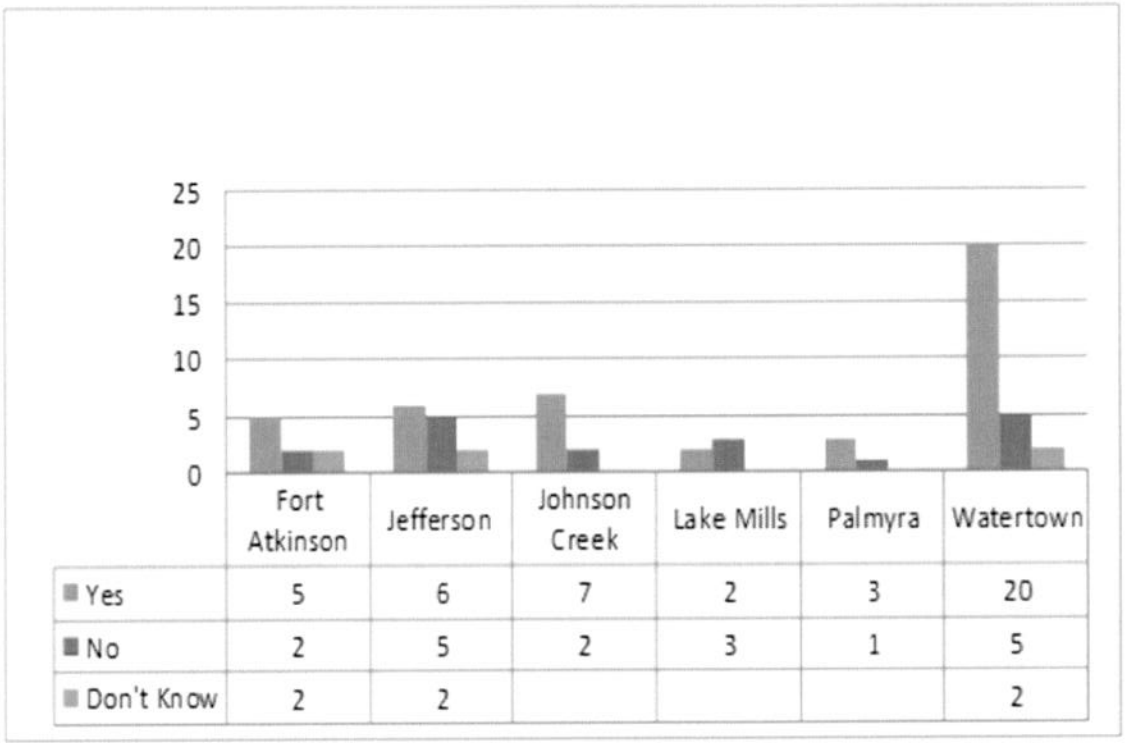
Would you recommend this dining center to a friend or family member?



Are you satisfied with the services you receive from the meal program?

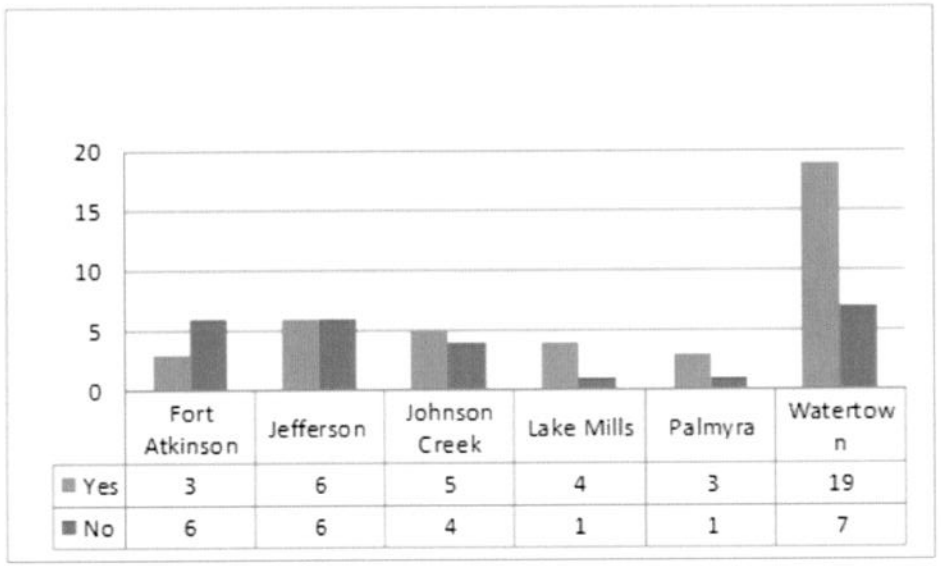


Does Attending the meal program help you remain in your own home?



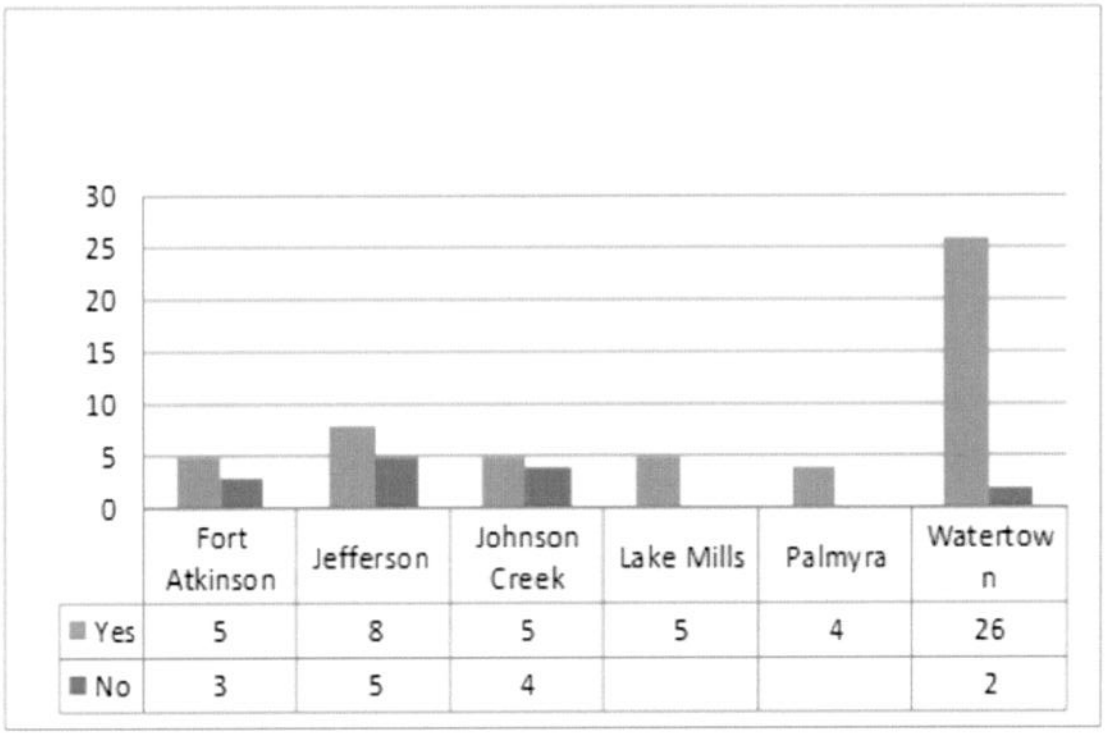
	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	5	6	7	2	3	20
No	2	5	2	3	1	5
Don't Know	2	2				2

Does attending the dining center help you manage chronic health conditions?



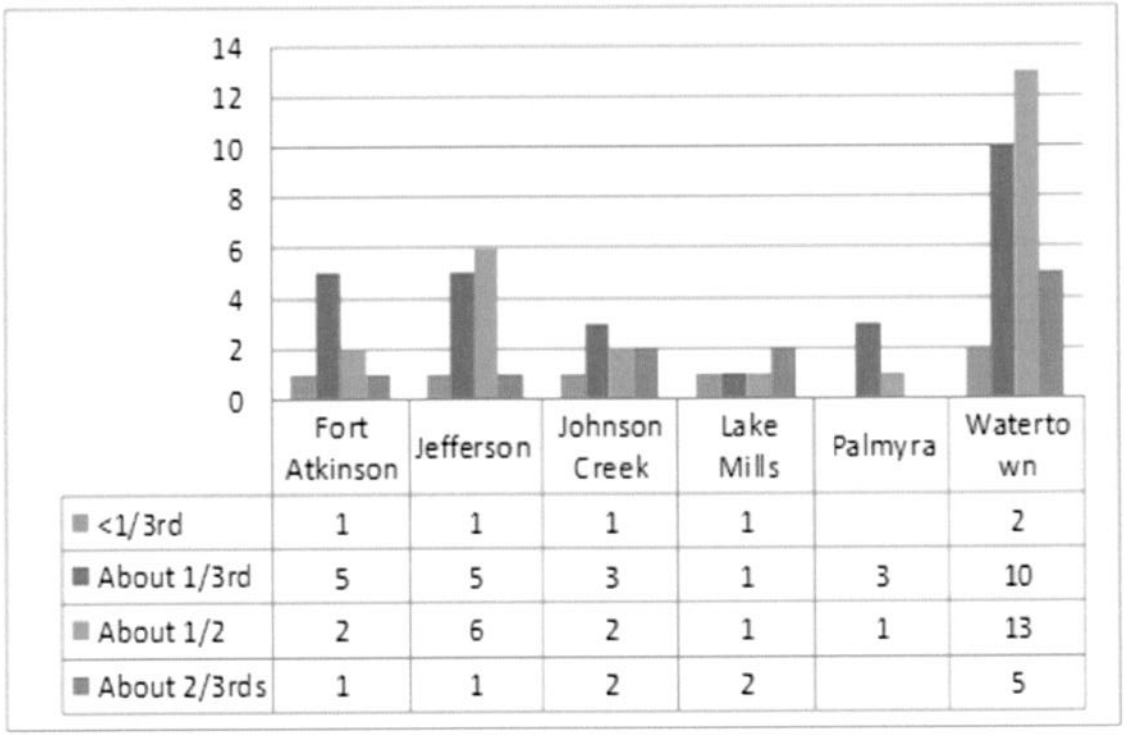
	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	3	6	5	4	3	19
No	6	6	4	1	1	7

Do you eat healthier as a result of the meal program?



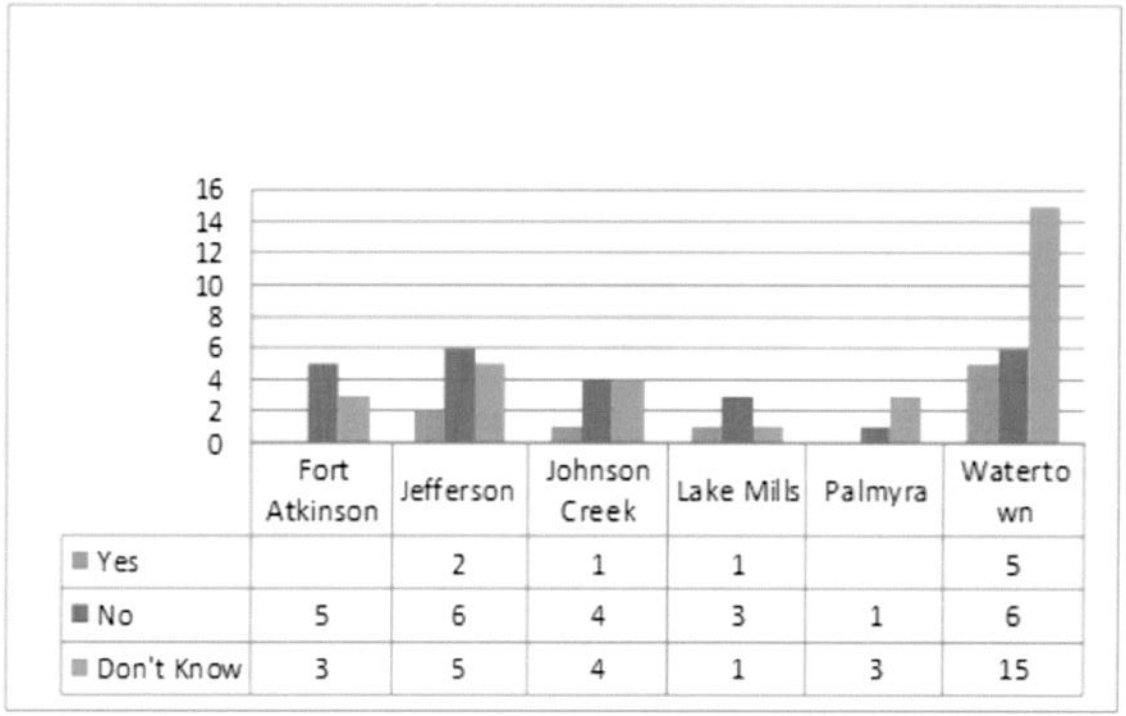
	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	5	8	5	5	4	26
No	3	5	4			2

what % of all the food you eat while attending the center is eaten at the dining center?



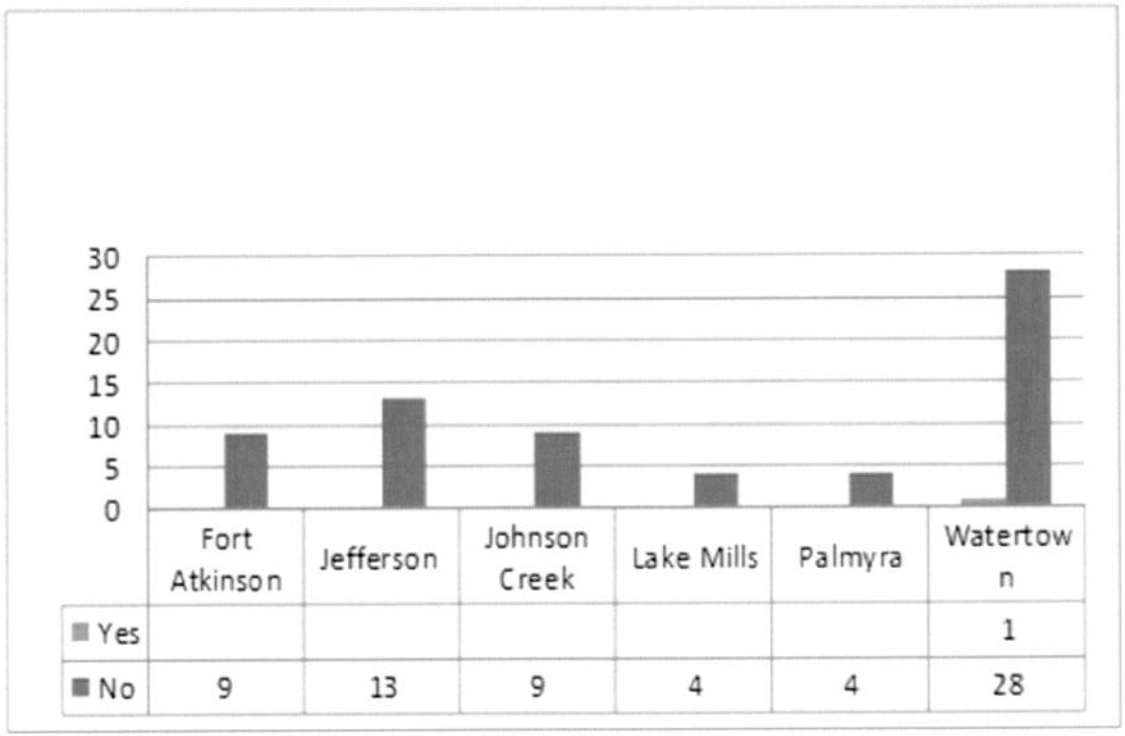
	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
<1/3rd	1	1	1	1		2
About 1/3rd	5	5	3	1	3	10
About 1/2	2	6	2	1	1	13
About 2/3rds	1	1	2	2		5

Have the meals helped prevent/decrease the amount of time you would have spent in a hospital or SNF?

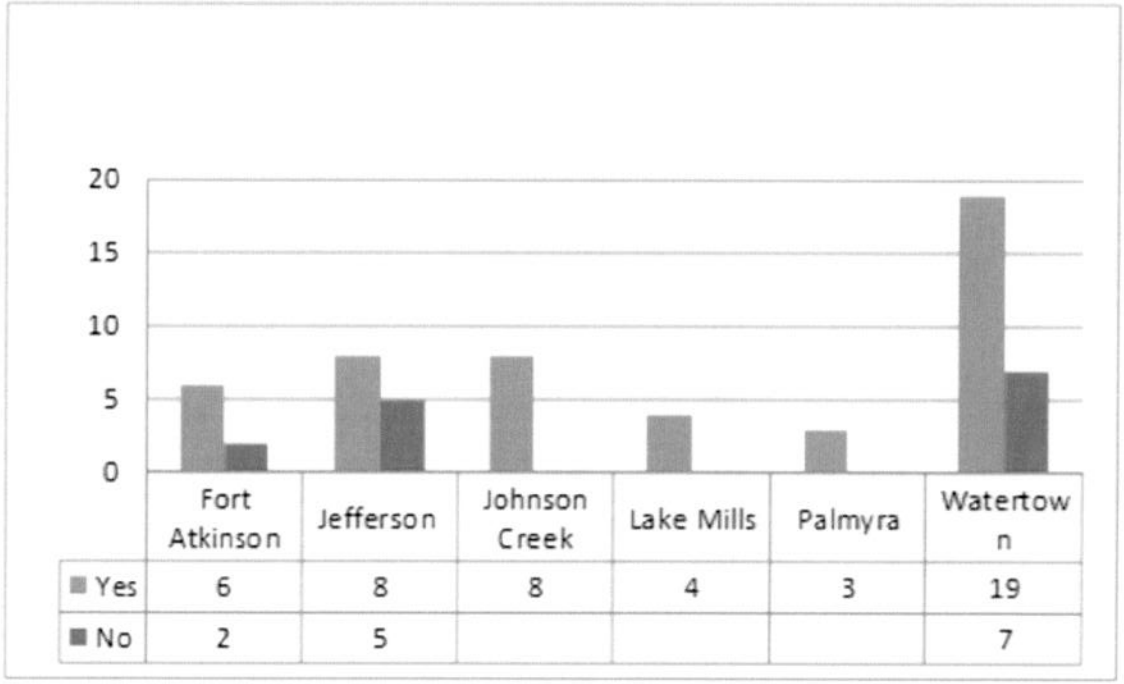


	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes		2	1	1		5
No	5	6	4	3	1	6
Don't Know	3	5	4	1	3	15

In the past month have you skipped meals because you had no food, money or FoodShare benefits to get food?

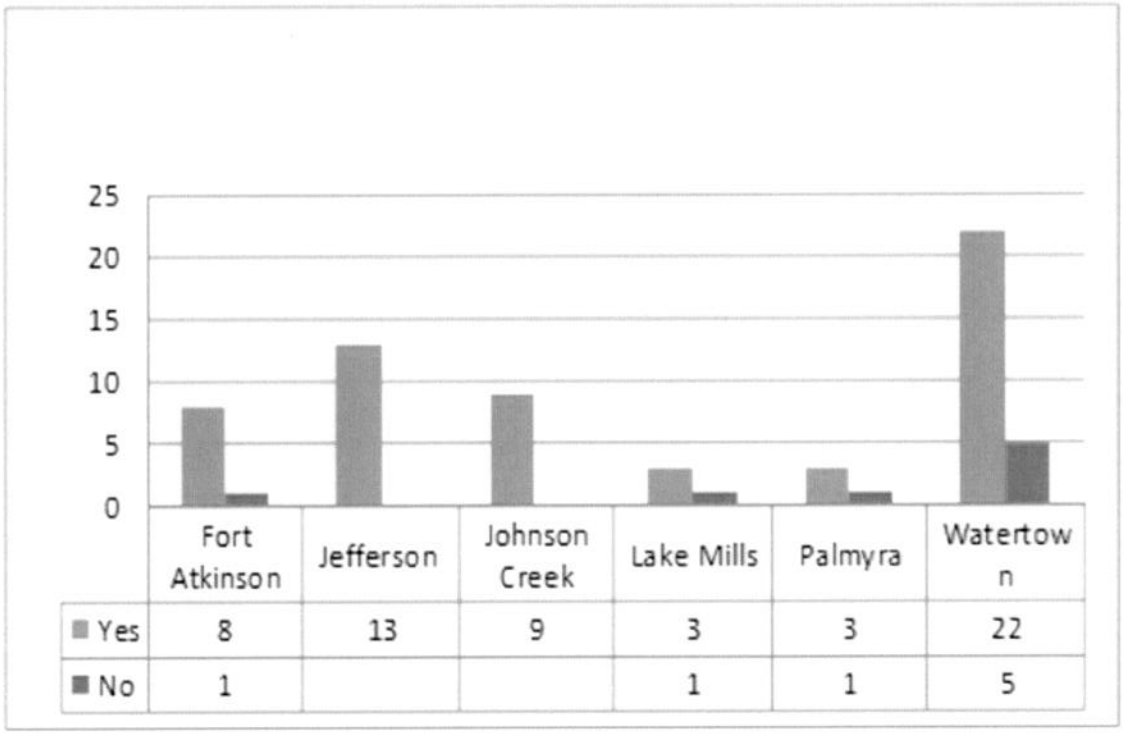


Overall, do you feel the dining program has improved your quality of life?



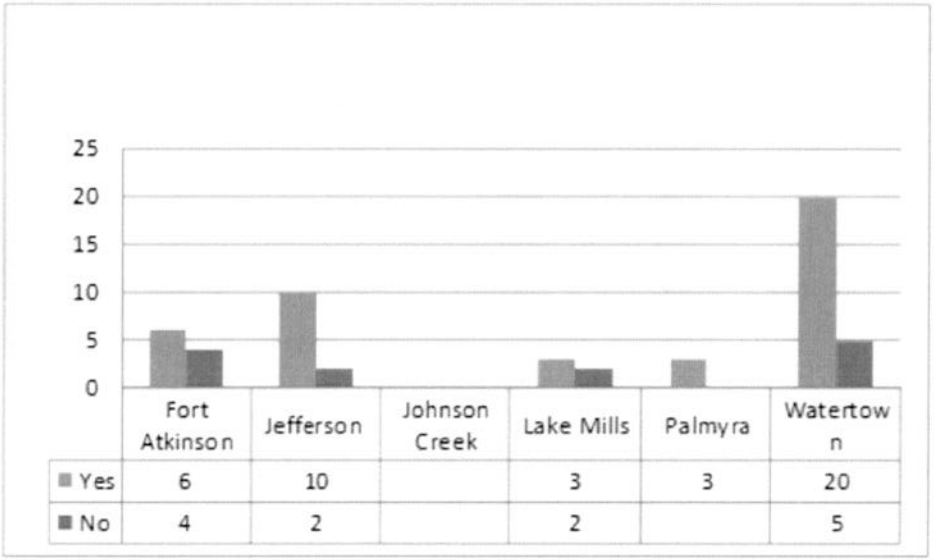
	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	6	8	8	4	3	19
No	2	5				7

If you didn't receive these meals, would you still have at least one hot, fresh , well-balanced meal per day?



	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	8	13	9	3	3	22
No	1			1	1	5

Do you participate in programs and activities offered at the dining center?



	Fort Atkinson	Jefferson	Johnson Creek	Lake Mills	Palmyra	Watertown
Yes	6	10		3	3	20
No	4	2		2		5

What programs would you like to see at the dining center?

15 Brain Health 14 Health & Wellness

11 Cooking Classes 5 Preserving Food

3 Easy Home Repair 26 Humor/Laughter

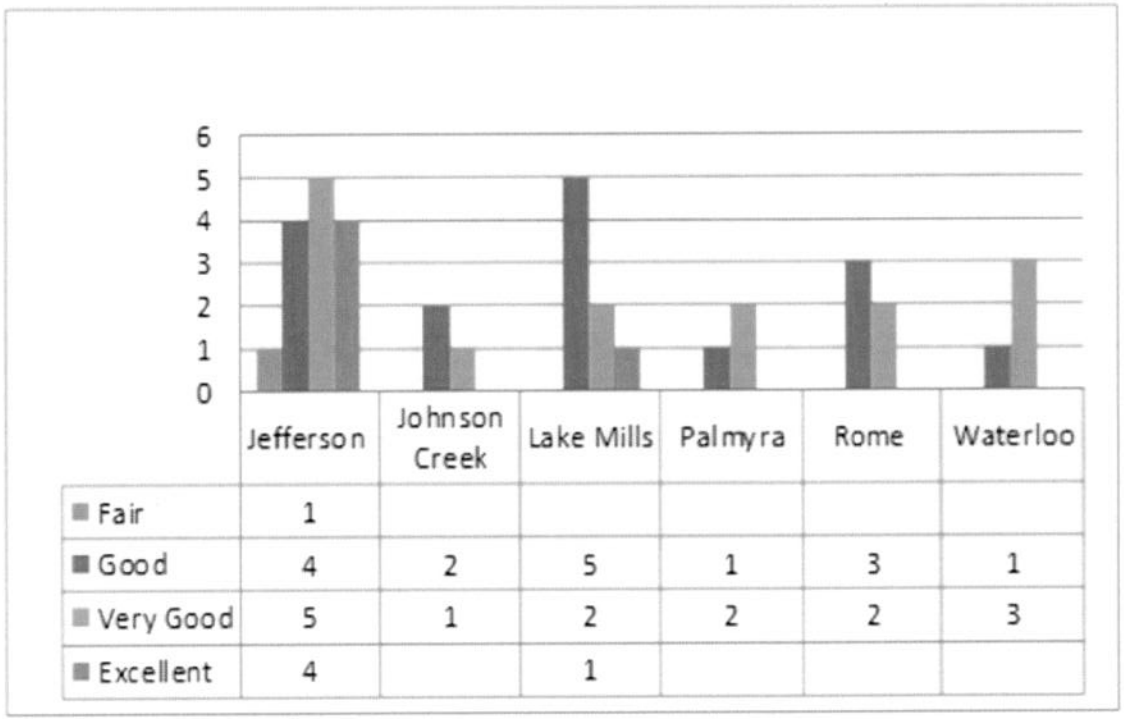
4 Living with Chronic Depression 4 Life Journaling

5 Caregiver Tips 3 Learning a new hobby

2014 Senior Dining
Home Delivered Program

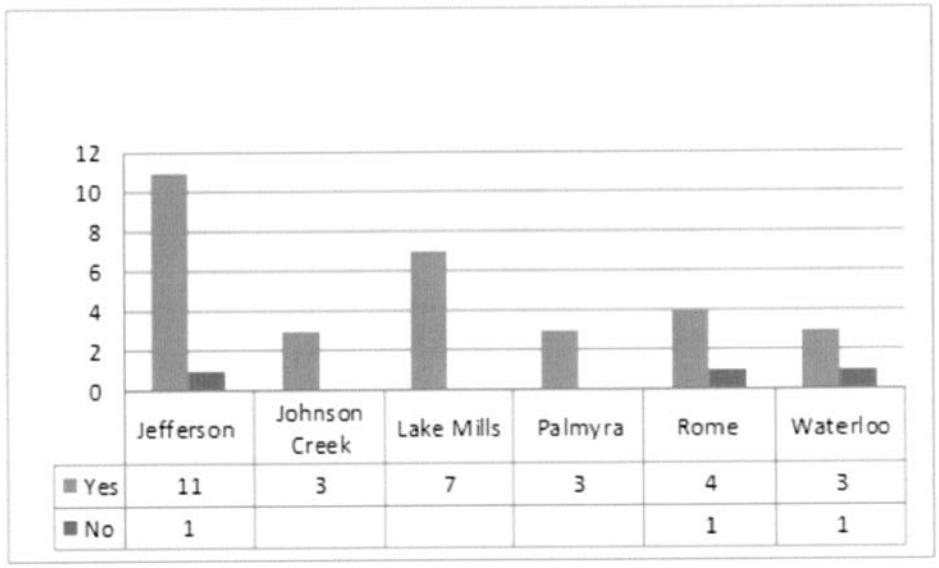
Satisfaction Survey Results

How would you rate the way the food tastes?

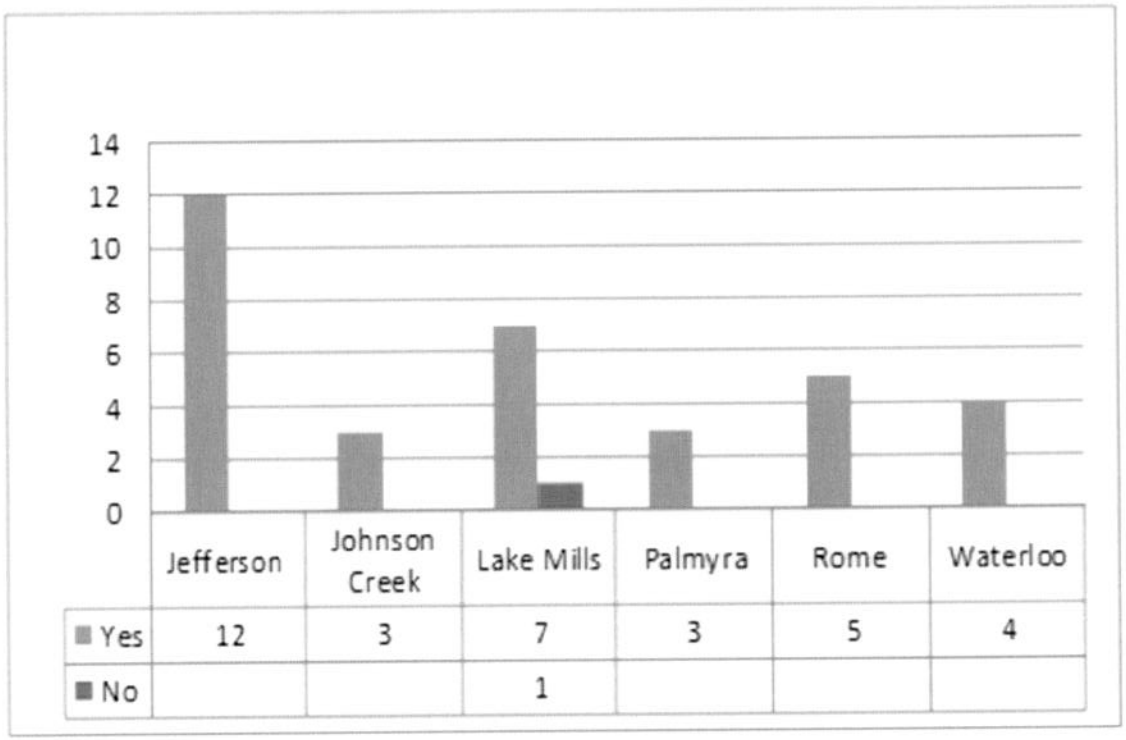


	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Fair	1					
Good	4	2	5	1	3	1
Very Good	5	1	2	2	2	3
Excellent	4		1			

Is the hot food hot and cold food cold when it is delivered?

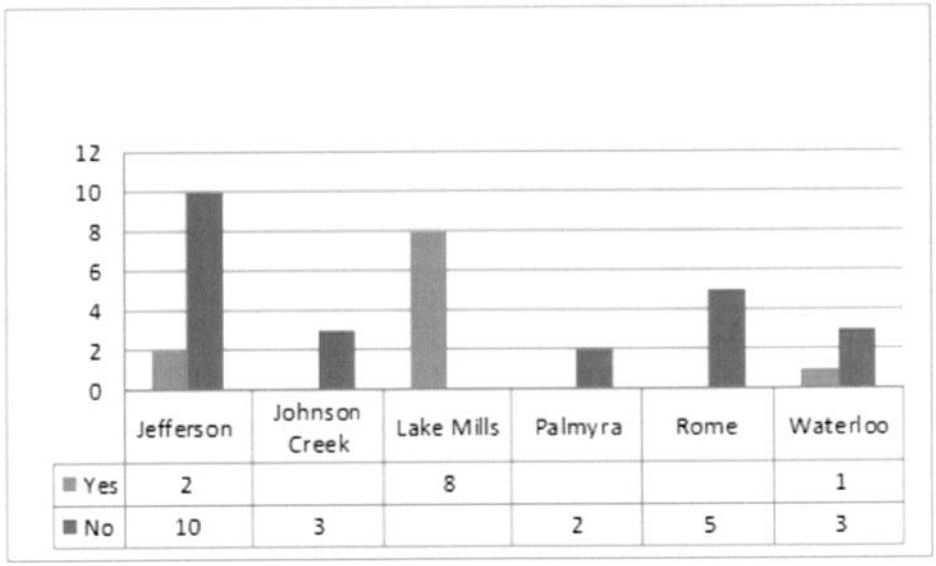


Do the meals look good on a regular basis?



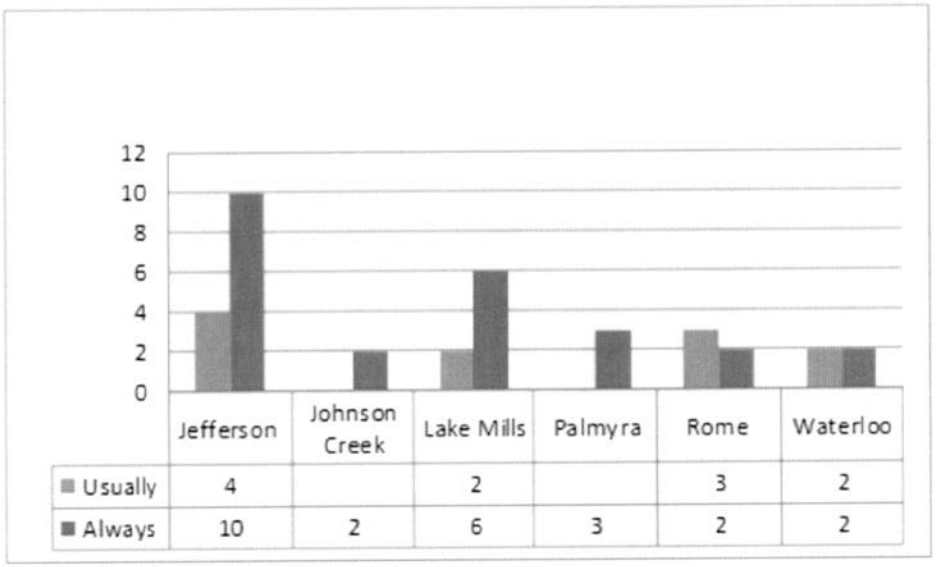
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	12	3	7	3	5	4
No			1			

Have you noticed any recent changes in the quality of the food?



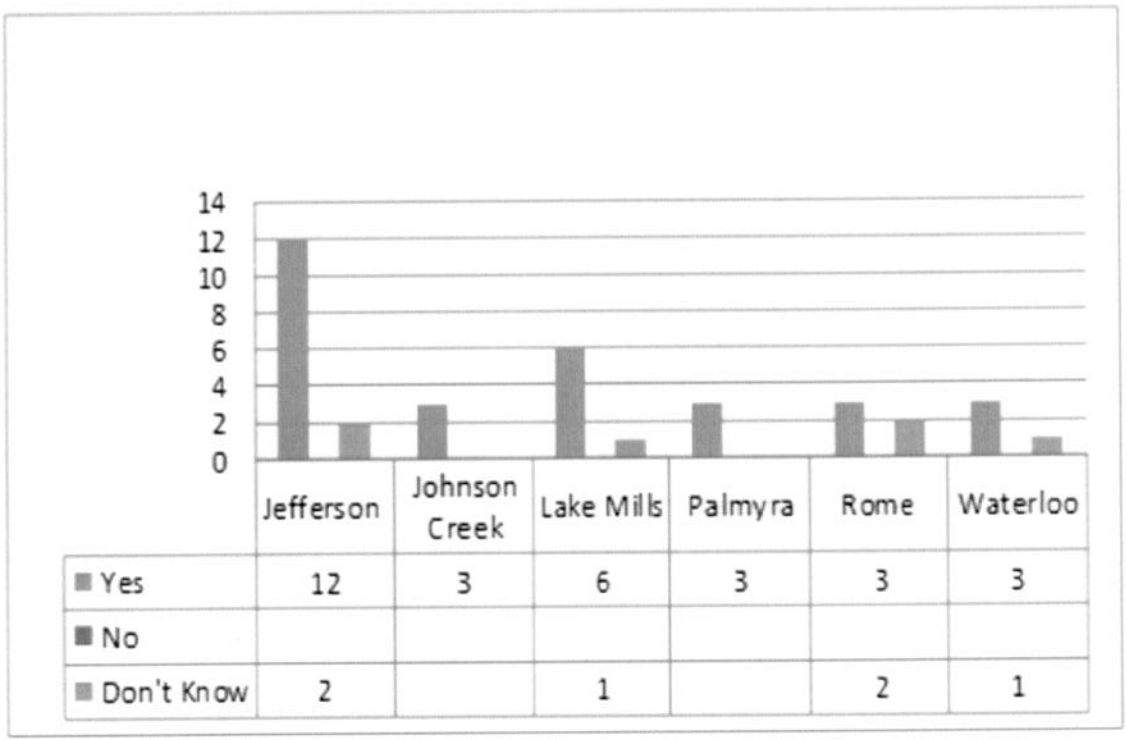
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	2		8			1
No	10	3		2	5	3

Are you satisfied with the service you receive from the meal program?



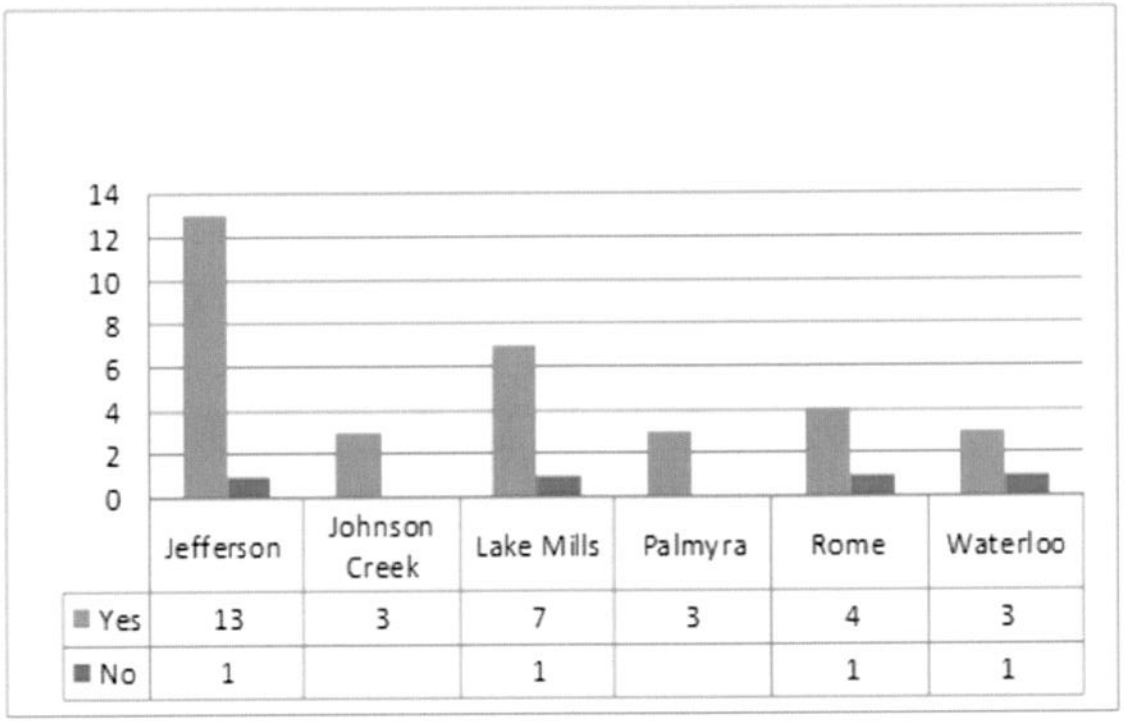
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Usually	4		2		3	2
Always	10	2	6	3	2	2

Does receiving home delivered meals help you continue to live independently in your own home?



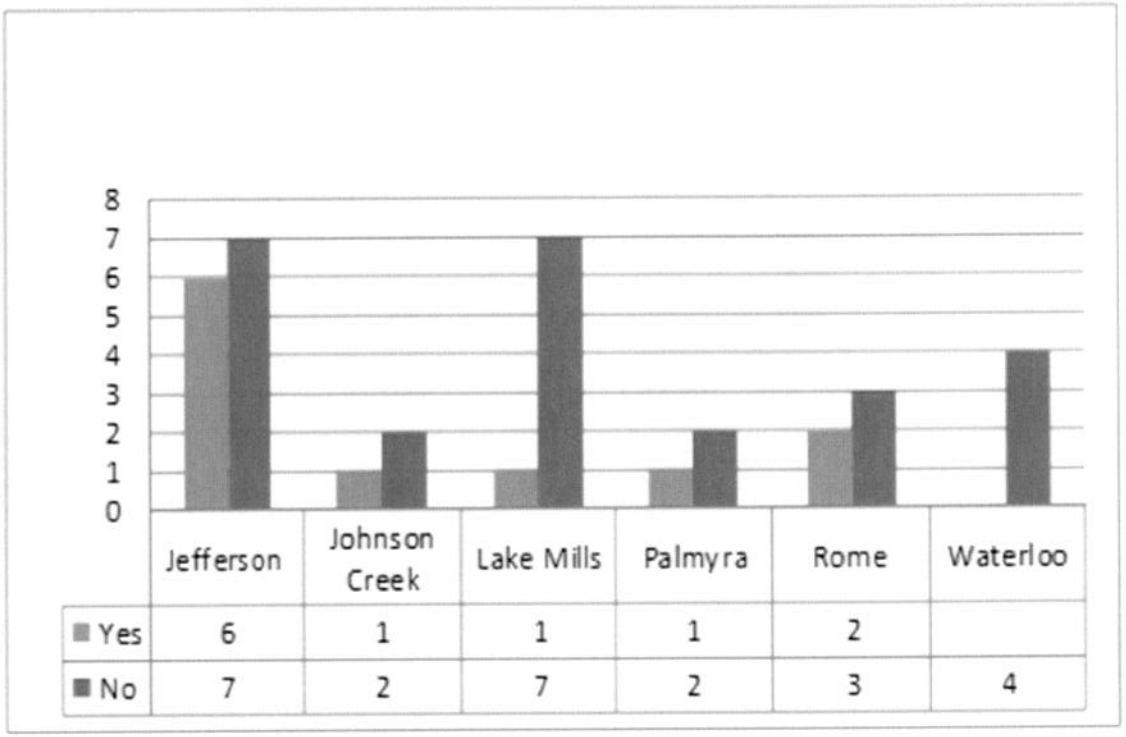
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	12	3	6	3	3	3
No						
Don't Know	2		1		2	1

Do you feel that the meals help you maintain or improve chronic health conditions?



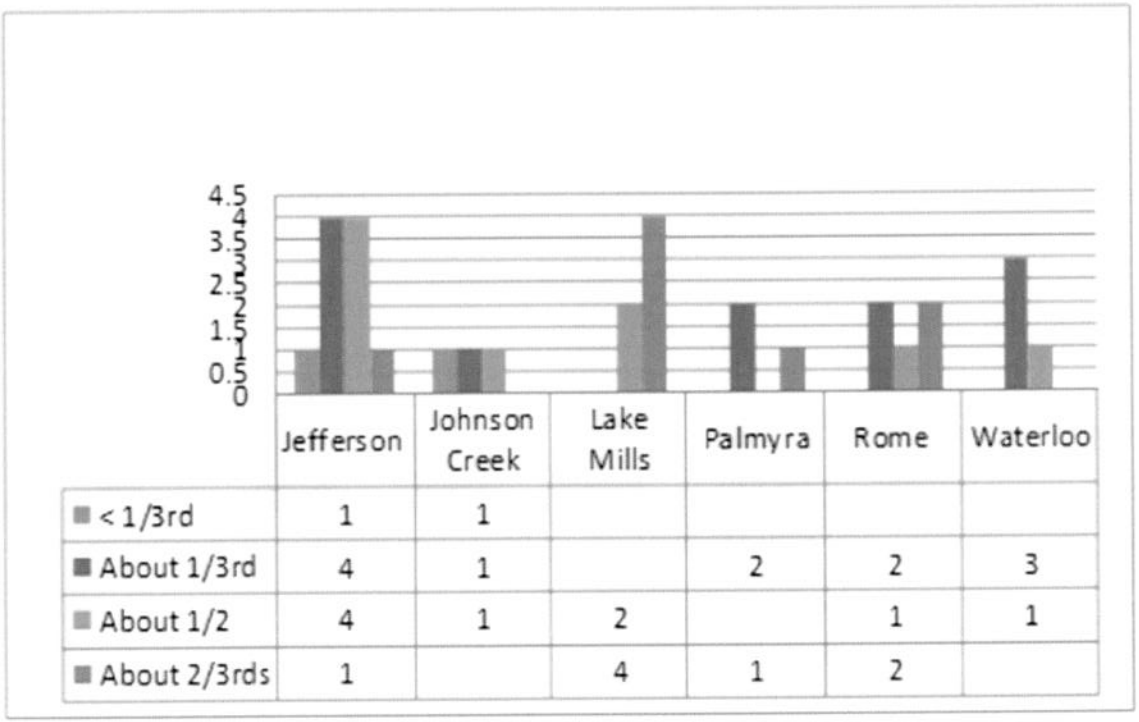
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	13	3	7	3	4	3
No	1		1		1	1

If the meals weren't available, would there be days you don't get enough to eat?



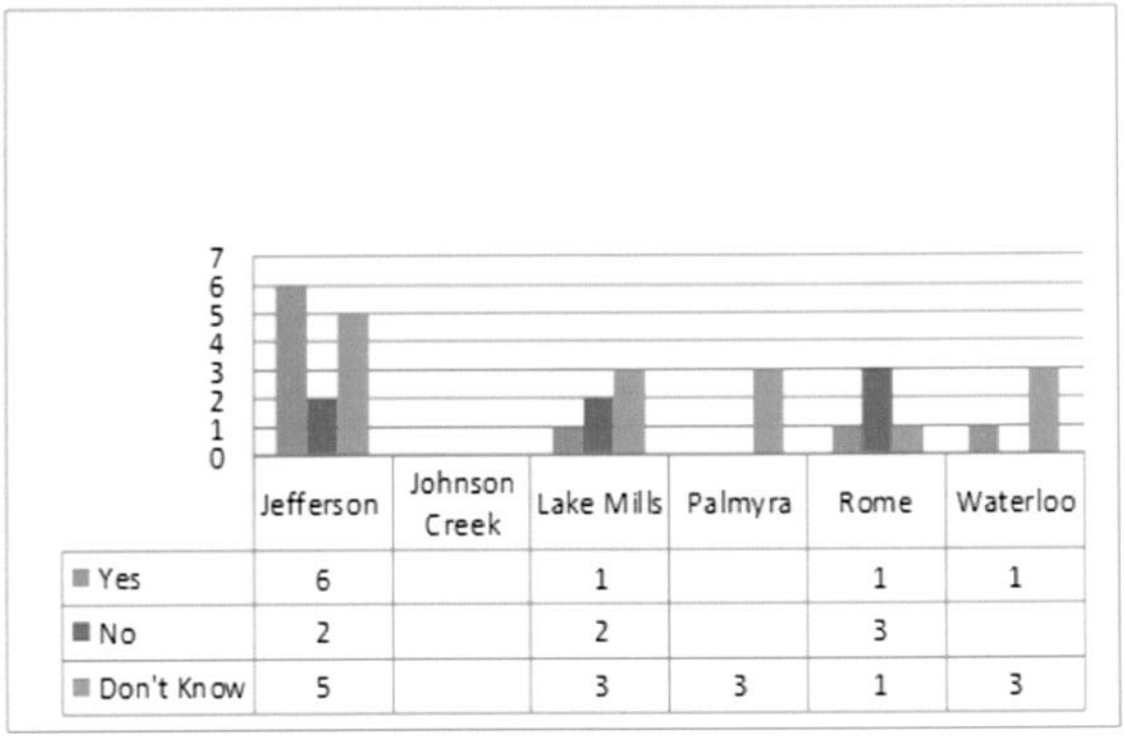
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	6	1	1	1	2	
No	7	2	7	2	3	4

What percentage of all the food you eat in a day is from the home delivered meal program?



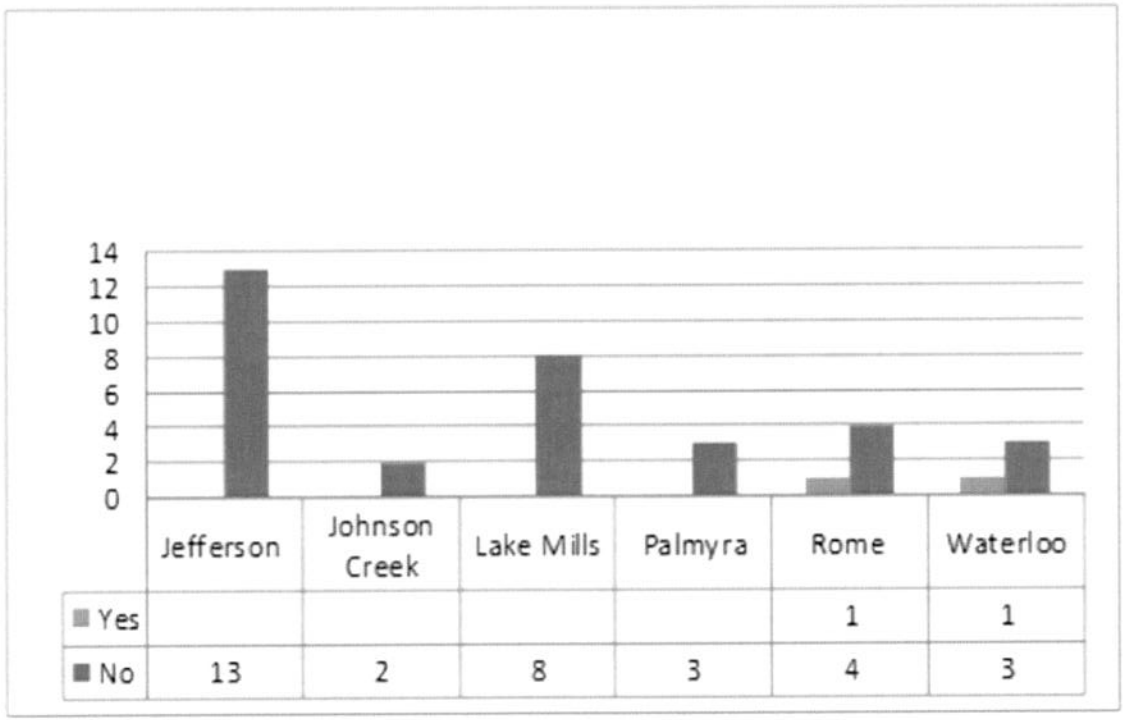
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
< 1/3rd	1	1				
About 1/3rd	4	1		2	2	3
About 1/2	4	1	2		1	1
About 2/3rds	1		4	1	2	

Have the meals helped prevent/decrease the amount of time you would have spent in a hospital or SNF?



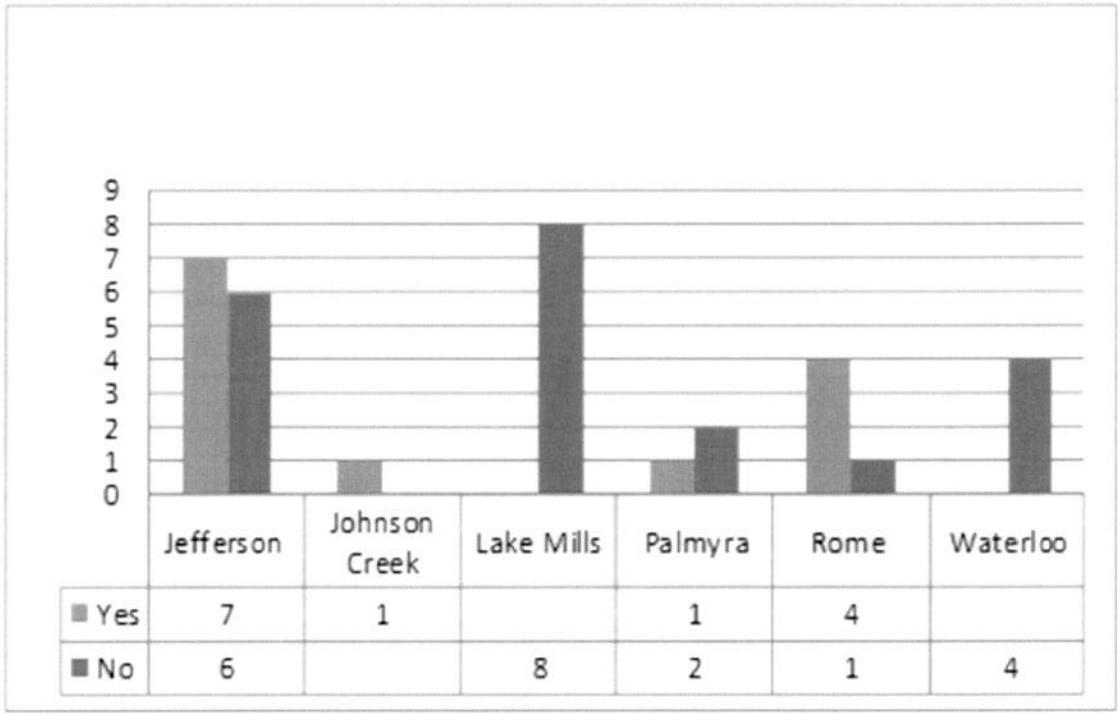
	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	6		1		1	1
No	2		2		3	
Don't Know	5		3	3	1	3

In the past month have you skipped meals because you had no food, money or FoodShare benefits to get food?



	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes					1	1
No	13	2	8	3	4	3

On most days, is the home delivered driver the only person you see?



	Jefferson	Johnson Creek	Lake Mills	Palmyra	Rome	Waterloo
Yes	7	1		1	4	
No	6		8	2	1	4

2014 Nutrition Program Revenue through 9/30/14

	Congregate	Delivered	Projected
Federal	144,994	47,594	192,588
NSIP	8,630	11,439	20,069
Match	12,415	5,288	17,703
Donations		70,211	93,615
	166,039	134,532	323,975
Expense through 9/30/14	120,368	119,115	
Projected	160,490	158,820	319,310
Over/Under	-6,039	24,288	4,665

Greater Wisconsin Agency on Aging Resources - County/Tribal Monthly Claim Form

Form #CM110 (11/02)
CARS No: 560350

Name of County/Tribe: Jefferson

Contract Period: January 2014 - December 2014

Report for the Month of: September 2014

Title III-C1 Contract Amount: $ 144,994

Title III-C1 Congregate Meals

Expenditure Category	Title III-C1 Expenditures this Month	Title III-C1 Expenditures YTD	Cash Match YTD	In-Kind Match YTD	Other Federal Expenditures YTD	Other State Expenditures YTD	Other Local Expenditures YTD	Current Year Program Income YTD	Current Year Program Income Expenditures YTD	Prior Year Program Income Carryover	Prior Year Program Income Expenditures YTD
1. Administration											
2. Personal Care											
3. Homemaker											
4. Chore											
5. Home Del Meals											
6. Adult Day Care											
7. Case Management											
8. Congregate Meals	14,322	111,738									
9. Nutrition Counsel.											
10. Assisted Transpo.											
11. Transportation											
12. Legal/Ben. Assist.											
13. Nutrition Education											
14. Info. & Assistance											
15. Outreach											
16. Public Information											
17. Counsel. & Training											
18. Temporary Respite											
19. Med.Mgt/Scr./Edu.											
20. Advoc./Lead.Devel.											
21. Other											
22. Elder Abuse											
23. Health Promotion											
26. Alzheimer's FC Support											
90. SHIP											
91. SPAP											
92. MIPPA											
Total	**14,322**	**111,738**	-	-	-	-	-	-	-	-	-

Remaining Budget Balance 33,256

Percentage of HDM 0.0% **Ok - You provide no more than 45% of your allocation to Home Delivered Meals.**

Total Non-Federal Match - **Not Ok - Your Cash Match and/or In-Kind Match does not meet the Mimimum Match requirement.**

Match Amount Needed 12,415 This applies to current YTD expenditures only.

Greater Wisconsin Agency on Aging Resources - County/Tribal Monthly Claim Form

Form #NSIP105 (11/02)
CARS No: 560422

Name of County/Tribe: Jefferson

Contract Period: October 2013 - September 2014

Report for the Month of: September 2014

Nutrition Services Incentives Program (NSIP) 11-12 Contract Amount: $ 20,069

Nutrition Services Incentives Program (NSIP) 11-12

Expenditure Category	NSIP Expenditures this Month		Cash Match YTD	In-Kind Match YTD	NSIP Expenditures YTD	Other State Expenditures YTD	Other Local Expenditures YTD	Current Year Program Income YTD	Current Year Program Income Expenditures YTD	Prior Year Program Income Carryover	Prior Year Program Income Expenditures YTD
1. Administration											
2. Personal Care											
3. Homemaker											
4. Chore											
5. Home Del Meals	-				11,439						
6. Adult Day Care											
7. Case Management											
8. Congregate Meals	-				8,630						
9. Nutrition Counsel.											
10. Assisted Transpo.											
11. Transportation											
12. Legal/Ben. Assist.											
13. Nutrition Education											
14. Info. & Assistance											
15. Outreach											
16. Public Information											
17. Counsel. & Training											
18. Temporary Respite											
19. Med.Mgt/Scr./Edu.											
20. Advoc./Lead.Devel.											
21. Other											
22. Elder Abuse											
23. Health Promotion											
26. Alzheimer's FC Support											
90. SHIP											
91. SPAP											
92. MIPPA											
Total	-	-	-	-	**20,069**	-	-	-	-	-	-

Remaining Budget Balance -

Greater Wisconsin Agency on Aging Resources - County/Tribal Monthly Claim Form

Form #HD120 (11/02)
CARS No: 560360

Name of County/Tribe: Jefferson

Contract Period: January 2014 - December 2014

Report for the Month of: September 2014

Title III-C2 Contract Amount: $ 47,594

Title III-C2 Home Delivered Meals

Expenditure Category	Title III-C2 Expenditures this Month	Title III-C2 Expenditures YTD	Cash Match YTD	In-Kind Match YTD	Other Federal Expenditures YTD	Other State Expenditures YTD	Other Local Expenditures YTD	Current Year Program Income YTD	Current Year Program Income Expenditures YTD	Prior Year Program Income Carryover	Prior Year Program Income Expenditures YTD
1. Administration											
2. Personal Care											
3. Homemaker											
4. Chore											
5. Home Del Meals		47,594	5,288					70,211	66,233		
6. Adult Day Care											
7. Case Management											
8. Congregate Meals											
9. Nutrition Counsel.											
10. Assisted Transpo.											
11. Transportation											
12. Legal/Ben. Assist.											
13. Nutrition Education											
14. Info. & Assistance											
15. Outreach											
16. Public Information											
17. Counsel. & Training											
18. Temporary Respite											
19. Med.Mgt/Scr./Edu.											
20. Advoc./Lead.Devel.											
21. Other											
22. Elder Abuse											
23. Health Promotion											
26. Alzheimer's FC Support											
90. SHIP											
91. SPAP											
92. MIPPA											
Total	**-**	**47,594**	**5,288**	**-**	**-**	**-**	**-**	**70,211**	**66,233**	**-**	**-**

Remaining Budget Balance -

Total Non-Federal Match 5,288 **Ok - Minimum Match Met**

Match Amount Needed 5,288 This applies to current YTD expenditures only.

2014 Donation Snapshot - Congregate Sites

	Jan	Feb	Mar	Apr	May	June	July	Aug	AVG	2013
Fort Atkinson	3.00	3.33	3.72	3.74	3.62	3.17	2.99	2.88	3.31	3.61
Jefferson	2.71	4.00	3.36	3.23	3.21	2.50	3.40	2.80	3.15	2.70
Johnson Creek	3.50	3.50	2.88	3.44	3.52	3.49	3.53	3.42	3.41	3.27
Lake Mills	2.63	1.96	2.82	2.77	2.68	2.92	2.46	2.50	2.59	2.65
Palmyra	2.30	0.83	1.96	2.23	1.68	1.92	1.49	1.87	1.79	2.55
Watertown	3.09	3.29	3.60	3.00	2.95	3.32	2.65	3.62	3.19	3.20