



## CITY OF LA CROSSE COMMUNITY ENHANCEMENT GRANT APPLICATION

Please note that previous funding amounts are not a guarantee for continued support and any funding amount may be based on a number of factors including, but not limited to, performance, available City funds, and collaborating efforts by your organization with similar organizations.

### Contact Information

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**Organization**

la crosse county

**Address**

212 6th Street North

**Phone**

6087855919

**E-mail**

[chandy@lacrossecounty.org](mailto:chandy@lacrossecounty.org)

**Name of contact person**

charlie R handy

### Proposal Summary

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**Project Name**

SMRT bus

**Total amount of City funds your agency is requesting**

\$8,500.00

**Will any new jobs be created as a result of the project?**

Yes  No

**If so, how many?****What benefit has your organization provided to the La Crosse community, and specifically to the City, in 2024?**

SMRT is a regional public transit service that provides nearly 20,000 one-way rides per year. almost half of those rides originated inside the City of La Crosse. This provides a transportation option for anyone, but our data shows that a high percentage of our riders are commuting to work. We also provide many rides to health care appointments. Transit provides access to those populations that may not be able to afford two vehicles in their household, and many other situations so that our local businesses have a larger pool of workers. It also provides services to those residents that may not have the physical abilities needed to commute to work by other means. This also reduces wear and tear on public roads, reduces the need for parking spaces and many other benefits.

**What does your organization have planned for the remainder of 2024 (that is of benefit to La Crosse, and specifically the City)?**

Continue these public transit operations

**What does your organization plan to accomplish with the help of City funding in 2025?**

We hope to continue to provide this service continue to increase ridership and access for those populations that utilize this service.

### Organization Details

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**Legal status of organization**

Public Agency

**Federal Tax Identification Number**

39-6005709

**What was your organization's total operating budget for the past year?**

\$38,000,000.00

**Has your organization received City funds in the past?**

Yes  No

**If yes, how much has your organization received and how many years has your organization participated in the program?**

\$8,500 each year since 2012

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### Organization Structure

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**Attach the following documents (check off as you upload each file below)**

- Concise organization chart showing your agency's major administrative structure
- Articles of Incorporation and Bylaws
- List of Board of Directors
- Current agency budget
- Current project activity budget if currently funded
- Other financial forms: Form 990, Income Statement, Balance Sheet, et al.

### File Upload

2024 Management Plan.docx	68.02KB
2024 La Crosse County W9.pdf	86.08KB
5311 Certs Assurances - 2024 Awards.pdf	488.46KB

**What is your agency's primary funding source(s)?**

55% from federal and state transit assistance grants, 7% from fares, 38% from local match dollars

**What percent of your anticipated total project budget does this City request represent?**

1.4

**What other source(s) of funds could your organization pursue? Does your organization receive similar funding from other municipalities?**

Yes, we receive funding from 4 counties and 15 municipalities, ranging from \$30,000 down to \$500 based on their ability to pay and renewable agreements.

### Proposal Details

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**Provide an overview of the program (this pertains only to the activity for which you are seeking funds).**

Deviated fixed route rural regional transit

**Specifically state how the requested funds will be used.**

Local matching dollars are used to pay for a portion of the operating budget, We have a contracted provider, Running, Inc. and these funds pay for that contract.

**State the specific local needs and problems that your proposal intends to address.**

This transit service is designed to provide transportation services to all residents during the week, from 6 am to 6 pm. the three times that the routes circulate daily are meant to provide maximum access to shift workforce and other daily appointments.

**Identify the project target population your proposed program or activity will serve. Include unique characteristics such as: ethnicity/race, age, disability, income level.**

This transit system serves all residents. We do not have a target audience. Our data shows that a large percentage of our riders are commuting to work. Typically if they are utilizing this service, they may not have access to a vehicle, due to financial or physical constraints, but there are riders who simply choose to utilize this service because it is convenient and affordable.

**Describe methods used to measure success in achieving objectives and specifically meeting needs of the target population.**

We analyze ridership data and compare projections to actual data. We also survey riders and drivers annually to obtain feedback on the service. all of this is analyzed to provide information on continual improvement of the service. we also are required to perform regular audits and compliance site reviews to comply with federal transit regulations.

**If more than one agency within the La Crosse area deals with similar problems or clients that you have identified, describe how your agency coordinates tasks and responsibility with these other agencies and how duplication of services will be avoided.**

There are three transit providers in the area, MTU, Driftlink and SMRT. We meet quarterly to discuss activities, participate jointly in transit events, and assist each other in marketing and route planning. We also utilize each others data, analysis and procurement expertise.