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Revision 2/25/2026

Recommendations for the Innovation Grant & Guide to Shared Services / Consolidation / Merging



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Implement a Community EMS (CEMS) / Community Paramedic (CP) Program

Executive Summary

Fire Protection and Emergency Medical Services (EMS) are a function of Government. In the late 1960's and early 1970's, Emergency Medical Services (EMS) was recognized by the Federal Government and placed under the authority of the National Highway Traffic Safety Administration (NHTSA) through the U.S Department of Transportation (USDOT). Congress then passed laws that allowed the individual states to regulate EMS, as it best suited the local needs of each community. Ambulance services are licensed in Wisconsin to respond to 9-1-1 calls or perform interfacility transfers because the State laws allow them to do so. Wis. Stat § 60.565 states that Towns shall provide ambulance service. Cities and Villages may provide ambulance service according to Wis. Stats. § 256.12(2)(a) and § 61.64. Wis. Stat § 66.0602(3)(e)6 provides an incentive for Counties to consider, which allows an exemption to the Tax Levy limit (cap) for Countywide EMS expenses. Wis. Stat. § 60.55(1)(a) requires that Town boards must provide fire protection for their towns. Wis. Stat § 61.66(1) states that Villages under a population of 5,500 may provide fire protection services, and Wis. Stat § 61.65(2) states that Villages over a population of 5,500 shall provide fire protection services. Lastly, Wis. Stat § 62.13(2e)(a)(a) states that Cities may provide fire protection services.

Options in how a Municipality can provide Fire Protection services includes:

1. Establish a fire department that is owned and operated by the Municipality.
2. Join with another town, village, or city to establish a joint fire district.
3. Contract with any person.
4. Utilize a fire company organized under Wis. Stat. § 213. (The Municipality could contract with a private or nonprofit entity for Fire Services.)
5. Create a combined protective services department under Wis. Stat. § 60.553. (Providing for both Fire and Police duties within the same Department.)

Key Points for municipalities Providing an Ambulance Service includes:

1. They can contract for an ambulance service.
2. They can contract with one or more providers.
3. They can or operate and maintain an ambulance service.
4. They may determine and charge a reasonable fee for ambulance service.
5. They may purchase equipment for medical and other emergency calls.

Over the past number of years many studies related to Fire and EMS have been completed across the United States. Those studies present the public with a great amount of information to include the history of the Fire Service, and implementation of EMS, the national and statewide staffing shortage issues, and why things have transpired to such a crisis mode. One such study titled, "The Reliability of Wisconsin's Fire Service" was recently released by the Office of Rural Health in June 2025.

The full report can be found here:

https://worh.org/wp-content/uploads/2025/06/Fire-Survey-Report-2025_v3.pdf

The Key Findings of that Study include the following:



- Over 80% of Wisconsin firefighters receive little or zero monetary compensation for their work as firefighters. Since most volunteers respond from home or work, their availability during emergencies can be inconsistent, potentially affecting response times.



- Fire Departments in rural areas are disproportionately affected as 85% of them rely completely on volunteers vs. only 7% of urban Fire Departments.



- Many Fire Departments lack adequate numbers of firefighters to staff their trucks and water tenders, increasing the risk of being unable to respond safely and in a timely manner to 9-1-1 calls.



- 14% of Fire Departments reported that they had periods in their schedule where they did not have adequate staffing to respond to a request in the past 12 months.



- Many Fire Chiefs commented that they wouldn't be able to respond to calls without staffing help from neighboring Departments.



- 42% had responded to another Department's request for mutual aid due to a lack of staffing at the first Fire Departments.



- 62% are worried they will be unable to adequately staff their first due apparatuses in the next year.



- 49% reported responding to building alarm calls with fewer than the required four firefighters (not including the Fire Chief) one or more times in the past 12 months due to lack of available staff.



- Many Fire Departments lack financial resources to meet their operational needs.



- 34% lack sufficient funding to pay their projected expenses in 2024.



- 19% anticipate seeking additional funding in the next year such as with a referendum.

Another key study released by the Office of Rural Health in March 2023 was titled, “The Reliability of Wisconsin’s 9-1-1 Ambulance Response”. **Some of the highlights include the following:**



41% of EMS services in Wisconsin are staffed by 6 or fewer people, with 21% of services being run by 2-3 staff members.



29% of the EMS services do not have adequate funding to operate.



41% of ambulance services reported that they had open periods in their schedules where they were unavailable to respond to a single 9-1-1 call.



78% reported running a call for a neighboring service due to low staffing, which places their ambulance(s) out of reach for their own communities.



33% of services that staff multiple ambulances report that they placed some of their ambulances out of service due to lack of staffing.



In the worst-case scenario, Wisconsin citizens in at least 10 communities placed a 9-1-1 call in which an ambulance never arrived — because there was not a staffed ambulance to send.

The full Report can be found here:

https://worh.org/wp-content/uploads/2023/03/EMS-Reliability-Report_March2023.pdf

This Project and Study Report was enacted to answer a number of questions that falls into the categories of the following two questions:

1. Are the participating Municipalities eligible for applying for the Innovation Grant (which has a pool of \$300 million for funding)?
2. Regardless of eligibility, what would be the Recommended items to combine / merge / consolidate the existing Fire Departments and Ambulance Service into ‘shared services’ such as a Fire District and/or an EMS District?

Fire Departments and Ambulance Services are currently experiencing issues with the current model of providing Public Safety. A conclusion can easily be made that in order to maintain a viable and sustainable Service, an adjustment is needed in the mindset regarding the delivery of Fire Protection and Emergency Medical Services (EMS).

Some of the challenges that have become commonplace to the Departments, that need to be resolved include:

- + A precipitous drop in volunteerism
- + Escalation of costs to provide services
- + Lack of increase in funding
- + Increased call volume
- + Workforce staffing shortages
- + Staff burnout

Those are exactly the issues that are affecting many other Services across the State of Wisconsin (and even across the Nation). Thus, the resulting pages of information are presented in order to guide the Municipalities and the Departments in the best direction in which to proceed—in order to maintain a viable and sustainable Emergency Services system in the community for many years to come.

The Wisconsin State Legislature is aware of some of the issues facing Public Safety, and they created legislation in which to provide grants to fund entities that need assistance, who are also willing to work together. The Wisconsin State Department of Revenue (DOR) is the administrator of both the Innovation Planning Grant (which is funding this Study/Project) and the Innovation Grant—to which the Report will address the eligibility and parameters of those that want to apply for the additional Grant funding.

As the review and analysis for this Report was taking place, ideas were developed that should be thought of as a roadmap or a guidebook. Several recommendations are being provided—based on a variety of items, including the data that was collected as part of this Study; State and Federal Rules & Regulations; and individual interviews with some of the stakeholders.

There are many outside influences that are negatively affecting the provision of Fire Protection and Emergency Medical Services (EMS). This Project represents an opportune time to take action and create workable solutions. Some actions may be immediate, while others will take more discussion and consideration to implement over a longer period of time. The recommendations from Strategic Management & Consulting are presented to address the very serious nature and extent of the changes

proposed. The key to creating success will be the participating municipalities and agencies working together to achieve measurable results in which they can grow stronger so that they will be able to respond quickly to the citizen or visitor that calls 9-1-1 for help.

To further support the initial point of Fire & EMS being a function of Government, the parameters of the Innovation Grant application require that the Municipalities make the decision to participate and sign the Agreement to 'share services' regarding Fire Protection and Emergency Medical Services (EMS). The existing entities will then need to collaborate to operationally bring to fruition whatever decisions are made by the Municipalities.

This Report is divided into several sections:

Section I

Innovation Grant information, Agreement for Sharing Services data points, DOR staff contacts, Grant award examples, Determining Fair Market Compensation, Other information related to the Innovation Grant

Section II

Plan for Shared Services / Guide of items needed to implement a Consolidation, Additional Goals and Recommendations

Section III

Grants and other funding sources

Section IV

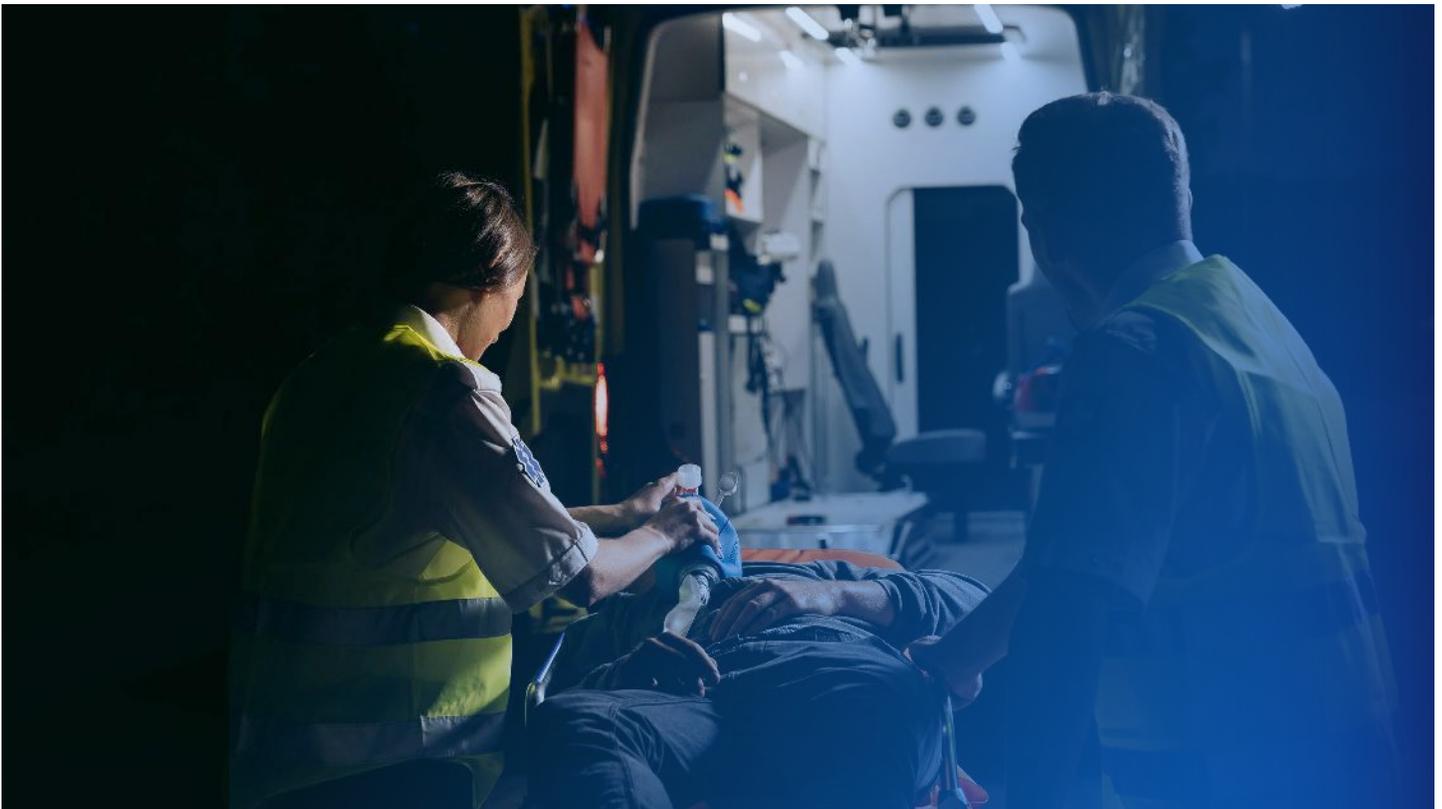
Required forms & information to submit with the Innovation Grant application, Concluding Statements

Innovation Grant

The Innovation Grant program was created under 2023 WI Act 12 as Wis. Stat. § 79.038. Two pages of amendments were subsequently added under 2025 WI Act 15. Many Municipalities have been waiting a long time for the \$300 million in funding to come to fruition. The Innovation Planning Grant was also established in the same Statute, which is funding this particular Project.

Any Municipality (including Towns, Cities, and Villages) in Wisconsin—along with any County or Tribe can submit an application for an “Innovation Plan”, in which they intend to transfer or share services with another municipality, county, tribe, nonprofit organization, or private entity.

A priority has been established for those entities that wish to apply for the Grant—specifically to fund initiatives associated with Public Safety—including Law Enforcement, Fire, and EMS. This section will present a number of components associated with the Innovation Grant. Links to a number of the required Documents that will be needed for the submission of the Innovation Grant can be found in Section 4 of this Report.



When the concept of the Innovation Grant was created, it was anticipated that the funds would be able to be used specifically for projects such as new buildings or stations, new fire apparatus, and/or wages for staffing, including adding part-time and full-time employees. After researching the rules of the Grant—including the amendment changes made in July 2025, we discovered that the parameters for the funds to be awarded were not like that of other grants, such as the Assistance to Firefighter's Grant (AFG). Unfortunately, the reality of what the Innovation Grant will provide is different from the original expectation. From the Legislative perspective, the Grant is encouraging local Municipalities to join forces (share services) and the funds from the Grant award will be given directly to the participating Municipality(ies).

The following general requirements must be met:

1. A copy of an agreement between the participating Municipalities must be submitted to the Department of Revenue (DOR) signed by the participating entities, stating the Shared Service that is to be transferred.
2. The Municipalities transferring services (Transferor) must have provided the service being transferred for the calendar year prior to the transfer.

The Agreement for the transfer of services must include:

1. List of the service to transfer.
2. Signature date on or after November 13, 2024, which was the Administrative Rule notice date for Innovation Grants.
3. The transfer effective date.
4. The length of the agreement for the transfer of services (must be for a minimum of three years).
5. For the transferor – the total cost (actual expenses) of providing the service/duty to the municipality transferring the service/duty in the calendar year prior to the transfer. The total cost includes, but is not limited to, the cost of wages, fringe benefits, training, and equipment of providing the service.
6. For the transferee – if the transferee is a county, municipality, or tribe, the total cost of providing the service/duty in the calendar year prior to the transfer of the service/duty. The total cost includes, but is not limited to, the cost of wages, fringe benefits, training, and equipment of providing the service/duty.
7. Amount the transferor will pay to the transferee for the length of the agreement.
8. Details regarding how the grant award will be allocated to the participating Municipalities listed in the agreement.
9. For public safety, fire protection, and emergency services - a stipulation that the service or duty being transferred will maintain the appropriate level of such service.

The link to a sample Agreement that details the above listed points has been included in Section 4 of this Report, as a downloadable form. When filling out the Innovation Grant application, the data points within the Agreement can be cut and pasted into the Grant application.

There were some changes to the parameters of the Innovation Grant that occurred in July, 2025 based on a number of amendments that were added to the Law. Several of those changes are summarized on the next page.

Innovation Grant amendment changes and clarifications are summarized here:

- The Grant program has been extended by two years – for a total of five (5) possible annual grant payments.
 - The initial requirement to achieve a 10% cost savings with the Shared Service has been removed. Also, the requirement for a grant recipient to certify their actual cost savings to DOR has been removed. In its place, however, a cap of 115% has been placed on the subsequent Budgets for the shared service entity over the 5-year time period of the entire Grant.
- 
- + The 115% increase is based on the actual expense of the participating Municipalities from the calendar year 2025 prior to the implementation of the sharing of services. If the shared services are to start on June 1, 2026, then the actual expenses would be from 2025.
 - + The budget increase could be accounted for as a 3% increase each year, for a total of 5 years. Or it could be an increase of 15% in the first year of shared services, with no increases in the remaining four years, in order to remain eligible.
 - + If, for a year during the grant award period, the above requirement is not met, the Department of Revenue must inform the Department of Administration of those Municipalities that are part of the agreement, and DOA may not make a grant payment in the following year. (With that said, there does not appear to be a provision in which a penalty would have to be paid, or funds would have to be returned, if any Municipality exceeded the 115% increase in the final year of the grant program.)
 - + The 115% cap is related to the actual expenses of each of the participating Municipalities...not the overall Budget of the Department or District. For example, if a Municipality paid \$100,000 for fire protection and/or EMS in the year prior to the transfer of services, the amount of actual expenses contributed by the Municipality could not exceed \$115,000 in any given year of the Grant program, in order to remain eligible for the annual payment.
 - + Recognizing that the 2026 Budgets have already been developed to account for the Municipal contributions, the financials will need to be reviewed to assure that the individual Municipalities do not exceed a 115% increase from 2025 to 2026.
 - + The new entity could receive additional funding from other sources such as a savings account; other Grants; CD's, fundraising; donations, etc. The new entity could spend those additional funds (separate from the Municipal contribution) and it would not count towards the 115% cap placed on the actual expenses of the participating Municipalities.
- The initial requirement for an agreement of the transfer of services was to be for at least six years. That has been reduced to only needing an agreement for a minimum of three years. (Though to gain the maximum amount of payments from the Grant, the transfer of services agreement would need to be for five years.)
 - The Grant payment calculation is streamlined for all of the eligible applicants, in which the annual grant payment will equal 25% of the total actual expenses to the transferors of providing the service in the year prior to the transfer.

The parameters for determining the Grant award - as well as the 115% Budget cap - is based on the 'actual expenses' to the Municipality in the year prior to the transfer of services. There is no provision to address the high and low call volumes of the Fire Department or Ambulance Service each year (which would potentially affect the staff response/wages/stipends paid out in a specific year). The DOR will only be using the actual expenses contributed by the participating transferor Municipalities in the year prior to the transfer of services to determine the Grant award.

After staff conferred with the Division Administrator, the DOR has determined that joint Fire and EMS Districts that are organized through intergovernmental cooperation agreements under statute 66.0301(2) will be classified as a non-profit for the purposes of applying for the Innovation Grant. As a result, the total costs for a joint Fire or EMS District will not be considered as part of the 25% Grant calculation, nor will it be considered as part of the 115% cost limitation.

In cases where a joint Fire or EMS District is the transferee (or recipient) of a Municipality's contracted or member services, the 115% cost limitation would be based on the payments made from the Municipality to the joint Fire or EMS District to provide the service to the Municipality. It is not based on the joint Fire or EMS District's costs to perform the service, as a joint Fire or EMS District is not a County, Municipality, or Tribe.

Likewise, if pre-transfer Municipalities are contracted with a joint Fire or EMS District and seek to terminate their current contract or membership to pursue a new and distinct contract or membership with an entirely separate joint Fire or EMS District, the 25% Grant calculation would be based on the Municipality's pre-transfer payments to the joint Fire or EMS District before the termination of their agreement.

Overall, the decision has been made (by the DOR) that joint Fire and EMS Districts will be treated the same way a non-profit organization would be treated for purposes of the Innovation Grant.



If additional information is needed regarding any aspect of the Innovation Grant, the contact information for the DOR staff administering the Grant is being provided below, in which any of the listed staff from the Department of Revenue may be contacted via phone or email.

Valeah Foy, Administrator

State and Local Finance Division
valeah.foy@wisconsin.gov
(608) 266-9759

Nick Foerster, Supervisor

Local Government Services
State and Local Finance Division
nicholas.foerster@wisconsin.gov
(608) 266-2294

James Fahley

Revenue Auditor 3
Local Government Services
james.fahley@wisconsin.gov
(608) 266-1932

Rama Devi Lingampally

Local Government Services
ramadevi.lingampally@wisconsin.gov
(608) 266-5815

Generic email:

lgs@wisconsin.gov

The Department of Revenue (DOR) will allocate the grant funds to be distributed as provided by the Innovation Plan agreement. They will also certify the amounts of grants awarded to the Wisconsin Department of Administration (DOA), and the DOA will pay the amount of the grants awarded on an annual basis to the Municipality(ies) identified in the submitted application.

The total cost of providing the service will at a minimum include the cost of wages, fringe benefits, training, and equipment associated with providing the service. The DOR has published several documents that can be used to determine fair market compensation for the services provided by volunteers. Those numbers can then be utilized in determining the total costs associated with providing the service, with the understanding that it will increase the actual cost numbers--as a positive affect in calculating the Grant award.



The DOR will allow any of three tests, to determine which numbers can be calculated in the 'total costs' formula for wages and benefits. (The tests do not apply to the Equipment & Training portion of the formula.)

1

The actual wages of the volunteer.

2

The incurred wages of non-volunteer equivalents.

3

The U.S. Bureau of Labor statistics hourly rates.

These tests will allow the higher amount to be used, as determined by any of the following:

A question was asked of the DOR with regards to allowing all 'on-call hours' that volunteers are available to respond to a 9-1-1 call to be considered in the formula for determining the Innovation grant award. Their response did allow for the following:

- + Only municipality-based volunteer services would be able to count the 'on-call' hours in the formula to determine the Grant award.
- + The hours would have to be documented to include the dates and times, as well as the names of the volunteers that were on-call.
- + An electronic or hand-written schedule would suffice for the documentation.
- + The DOR also indicated that there is a provision in place in which the equivalent of an existing paid person's wages could be used as a basis for the volunteer wages.

The annual payments will be distributed to the Municipality(ies) as described in the Agreement, and the Grant application. The award could go to just one Municipality, or it could be divided evenly between any and all of the participating Municipalities, or it could be divided based on their percentage of contribution in 2025. The payments are considered unrestricted or unencumbered, meaning that when the participating Municipality(ies) deposit the check, they are free to use it as they wish. Since the issue at hand is the sustainability of Fire Protection and Emergency Medical Services (EMS), the recommendation is to place the awarded grant funds into a segregated account for the length of the Grant program. After the time frame is completed, the funds can then be used in future years to offset the expenses of the new entity as needed.

In order to determine the amount that the DOR Innovation Grant award will be, each of the participating Municipalities will need to submit the actual expenses that were contributed by the participating Municipalities to their Fire Department or Ambulance Service in 2025. This implies that the submission of the Innovation Grant application cannot be made until sometime after January 1, 2026—in order to document the actual expenses in 2025. The deadline for the Grant submission is March 31, 2026, so there will be enough time to be able to calculate the final numbers that are to be included in the Grant application.

To get an idea of what the Grant award could be, we are using the numbers from the 2025 Budgeted income (contributions) from the participating Municipalities including the Town of McMillan and the City of Marshfield. As a reminder, the DOR has indicated that the amount to be reported must be the actual expenses for the year...not the Budgeted amounts for the year. For the purpose of illustration, the numbers listed below will be used for the examples on the following pages.

For Fire Protection:

Town of McMillan.....	\$137,533.27
City of Marshfield.....	\$3,832,841.00

For Emergency Medical Services (EMS):

Town of McMillan.....	\$83,221.14
City of Marshfield.....	\$2,058,965.00

There are a number of options that the Municipalities can consider, with regards to 'shared services' in which the Fire Departments and EMS could merge or consolidate into a Fire District, or an EMS District. The Municipalities should continue to communicate with each other, in order to begin working together on real solutions to create a viable and sustainable model for the provision of Fire Protection and Emergency Medical Services (EMS) in which the correct equipment, vehicles, and staff are able to respond to an emergency 9-1-1 call in their area.

If either of the current participating Municipalities do not wish to proceed forward with the concept of merging together into a new entity, they are not obligated to do so. However, if any other Municipality(ies) want to be included in the 'shared services' Project, this process would allow for them to join, and their information can easily be added to the Grant application and supporting Documents. For clarification, any two or more Municipalities can decide to create a new entity that is separate from what is referenced in this Report.

The following point needs to be made clear, specific to the parameters of participation in the Innovation Grant: The decision to participate in any 'shared services' rests solely with the Municipalities. Of course, it makes sense to collaborate with the staff of the existing Fire Departments and EMS--as they will be the backbone of the new entity, and it is important to gain buy-in from the firefighters and EMS personnel in moving forward with this Project. However, the Intermunicipal Agreements for the Grant submission will be determined, approved, and signed by the Municipalities that wish to participate in the 'shared services' Project.

The information on the following pages will be used to illustrate the amount of funds that the Innovation Grant award could generate. Several examples are being listed, in which the Municipalities can determine if they do/do not wish to consider submitting an application for the Innovation Grant.

Regardless of the final decision by each of the Municipalities to participate in the Innovation Grant, Section 2 of this Report will detail the items needed to consider merging / consolidating their Public Safety into a Fire District and/or an EMS District.

The parameters of the Grant allow for a current entity to ‘share services’ or combine with another existing entity. There are some benefits to not having to create a new entity, however, because of the way in which the law was written, there will be significantly less grant funds that will be awarded if one Service rolls into another Service—without creating an entirely new entity. However, in order to maximize the benefits of the Innovation Grant it is recommended that a new entity be created. The following examples are listed for the Municipalities to consider.

Example #1a: The Town of McMillan and the City of Marshfield ‘share services’ as a Fire District. Since a new entity would be formed, the total cost for the participating Municipalities can be included, and the total combined amount for the Grant award formula would be:

Town of McMillan	\$137,533.27
City of Marshfield	\$3,832,841.00
..... Total =	\$3,970,374.27

The Grant award would be 25% of \$3,970,374.27, which equals \$992,593.56 for each year of participation. If the Municipalities received funding for all five years, then the total amount of the Grant would be **\$992,593.56 x 5 years = \$4,962,967.80.**

Example #1b: The Town of McMillan and the City of Marshfield ‘share services’ as an EMS District. Since a new entity would be formed, the total cost for the participating Municipalities can be included, and the total combined amount for the Grant award formula would be:

Town of McMillan	\$83,221.14
City of Marshfield	\$2,058,965.00
..... Total =	\$2,142,186.14

The Grant award would be 25% of \$2,142,186.14, which equals \$535,546.53 for each year of participation. If the Municipalities received funding for all five years, then the total amount of the Grant would be **\$535,546.53 x 5 years = \$2,677,732.65.**

Example #2: The Town of McMillan and the City of Marshfield ‘share services’ as a Fire / EMS District. Since a new entity would be formed, the total cost for the participating Municipalities can be included, and the total combined amount for the Grant award formula would be:

Town of McMillan	\$220,754.41
City of Marshfield	\$5,891,806.00
..... Total =	\$6,112,560.43

The Grant award would be 25% of \$6,112,560.43, which equals \$1,528,140.10 for each year of participation. If the Municipalities received funding for all five years, then the total amount of the Grant would be **\$1,528,140.10 x 5 years = \$7,640,700.50.**

A question was asked about purchasing capital equipment in the year prior to the transfer of services taking place, and if that expense would be able to be counted towards the initial expenses on which the Grant formula is based. The DOR responded that if the Municipality purchased a vehicle in the year prior to transfer with CASH, and they were using the cash accounting method, then it would be acceptable to count those costs as actual expenses. That said, they would have to use the cash accounting method—not the accrual method. Additionally, if the Municipality were to take out a loan or use the accrual method of accounting, only the interest expense and the depreciation expense could be counted.

The law does allow an exception for a higher than actual amount to be allocated regarding wages and benefits for volunteer staff. This would allow for an increase in the amounts of the total costs / actual expenses that are to be documented in the Grant application—which in turn would increase the Grant award for each year. An example is being provided below, to show how the Grant award could be increased above the amounts listed on the previous page.

The recognized fair market compensation from the U.S. Bureau of Labor for volunteer firefighters in Marathon County is \$20.82. The hourly rate for Firstline supervisors of firefighters is \$41.29/hour; EMT's are \$18.87/hour, and Paramedic's are at \$27.78/hour. This example does not include any calculations for "Training & Equipment", nor does it include the non-volunteer equivalent option. Accounting for those items does add complexity to the formulas, but it could also increase the amount of actual expenses in which the Grant award is calculated.

If the following volunteer hours were documented for McMillan Fire Department:

- 2,000 hours of volunteer firefighter hours @ \$20.82 = \$41,640.00.
- 500 hours of Firstline supervisors @ \$41.29 = \$20,645.00.
- The combined total from those categories = \$62,285.00.

- The parameters of the Grant also allow volunteer agencies to add an additional 44% of fringe benefits on top of volunteer wages.
- \$62,285.00 plus 44% (\$27,405.40) = \$89,690.40.
- The amount of \$89,690.40 can then be used as the amount to replace the actual volunteer wages for the McMillan Fire Department.

The increase in the fair market compensation (as indicated above) can be included in the Grant award formula, in which those amounts would be multiplied by 25%. Using the example above, the allowable increases and subsequent Grant Award amounts would then be:

McMillan Fire Department: \$89,690.40 X 25% \$22,422.60

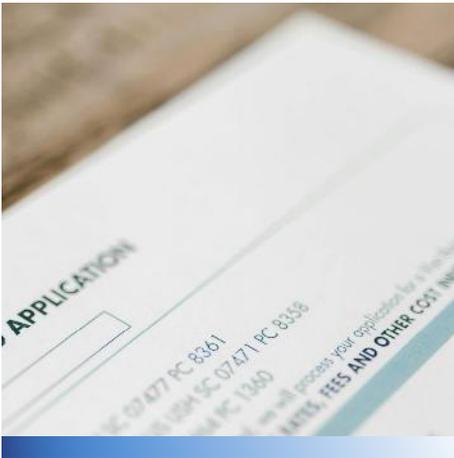
Any volunteer hours used in this calculation of the Innovation Grant submission do need to be documented.

All aspects of the transfer of services do not necessarily have to be in place by June 1, 2026. That said, there does need to be movement of the transition occurring. If the participating entities are concerned that the timeline for the consolidation is occurring too quickly, they can indicate in the Grant application that it will take them to 12/31/26 to get all the administrative tasks associated with the transfer of services completed. The result would most likely be the Municipality(ies) would not receive the first year of the grant award, but they would be eligible for the remaining four years.

The merger / consolidation / transfer of services during the five year grant process could be agreed upon just for the Operations and staffing components of the new entity. It does not necessarily need to include any of the buildings, grounds, and/or vehicles that are owned by the current entities or Municipalities. Instead, the Municipalities could lease the buildings and vehicles to the new entity for a set price each year, during the 5-year Grant period. At the end of the Grant period, discussions could then occur in which the new entity would begin to purchase the various items from the Municipalities, as the entity builds up funds to make those purchases. For clarification, if an asset owned by a Municipality were to be sold off during the Grant period, since the Municipality still owns that item, the Municipality would receive the revenue from the sale.

Prior to the changes in the Grant parameters, there was a thought to sell off excess equipment and vehicles that would most likely not be needed in the Shared Services transition. However, with the inception of the 115% cap in the Budget over the 5-year time period, we are revising our recommendation. Vehicles and equipment should be prioritized such that any item that is needed for Operations on the first day of transition should be placed in service. Any equipment, vehicles, bunker gear, uniforms, etc. that are not initially needed in the first year of the consolidation should be placed in a safe, climate controlled storage area. As equipment, vehicles, and other items need repair or replacement over the 5 years of the Grant Program, the items can be taken from the stock of reserve that is in storage, and can then be placed into service. This practice should help to hold down some of the costs of the equipment and vehicle line items, which in turn should assist in keeping the subsequent Budgets below the 115% limit.





The Grant application is required to be submitted by a Clerk from one of the participating Municipalities, via MyDORgov. There are 3 different options, in which the Clerk can allow others to access the Grant application, in order to assist with uploading the requested information into the application portal.

The Clerk can provide permission for another person to:

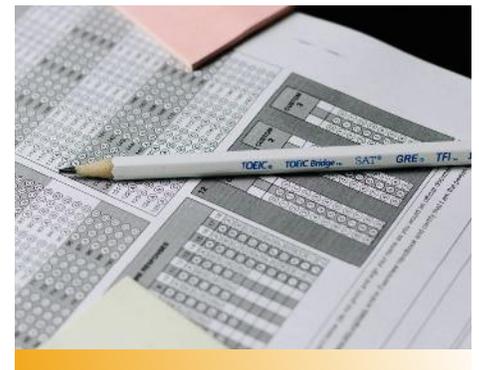
- A. View the application only.
- B. Edit the application, but not submit the application.
- C. Allow all access: a person can view, edit, save and submit the application.

The DOR staff has indicated that prior to the Clerk submitting the Grant application, that they would be willing to meet virtually with the Clerk, to walk through a Template Grant application with them—in order to work through the specifics of the application, as well as to determine what the anticipated Grant award would be.

The DOR plans to evaluate the submitted applications using a scoring method that allocates points for the following:

- Service categories – public safety, fire protection, or emergency services
- Service transfer between local governments (counties, Municipalities, and tribes)
- Improved quality of service and/or accessibility
- Long-term duration of service transfer
- Process improvements that enhance the service method or delivery
- Increased collaboration with multiple local government participants
- Use of Innovation Planning Grant funds

The more points that are acquired, the more chance there is of an award being granted to the applicant. If an award is granted by the DOR, the annual payment will go to the identified Municipality(ies). Any nonprofit/private entity transferees will not receive a direct distribution of grant funds from the DOR. The Municipalities could use the annual payments to assist with funding the new entity, or they could place it into a segregated account, to use after the 5-year grant program has ended.



Notification of the Grant award is expected to be given at some point after March 31, 2026. The first annual payment is expected to be paid to the eligible entities prior to June 30, 2026. The Innovation Grant program would then end on June 30, 2030.

Plan for Shared Services / Consolidation / Merging

The information that is provided within this next section of the Report has changed several times, in concert with being able to provide the best information needed to (1) determine eligibility for the Innovation Grant, and (2) follow the guidelines and items listed to combine / merge / consolidate current Fire Departments and EMS into 'shared services', such as Fire Districts, and/or EMS Districts.

The majority of those reading this document know that Fire & EMS across the region and State has been struggling for years. Due to the ever-changing post COVID-19 landscape, many in Public Safety are still struggling with the impact that this has had on the operational aspects of their Department. As a result, it has been even more difficult to maintain awareness for the various elected officials. It is imperative that an effort be made to educate the populous as to the issues that Fire & EMS faces—as well as the potential solutions that can be implemented. This section of the Report was developed with the idea that all parties are looking for a guide to implement specific actions and needed changes today and into the future.



The following pages list a number of items that need to be considered and implemented when establishing a Fire District, or an EMS District. Some are points or reminders of things that need to be accomplished at any given point in time, and some are steps that should be taken chronologically.

If/when the various Municipalities decide that they wish to merge / consolidate their Fire Protection and/or Emergency Medical Services (EMS) then each of the items that are listed in this Section should be considered when implementing a Fire District, or an EMS District This will be a step-by-step process, that will ebb and flow timewise, depending on which item is being worked on. Our recommendation is to continue moving forward in the process, and not get stalled out by one specific Item.

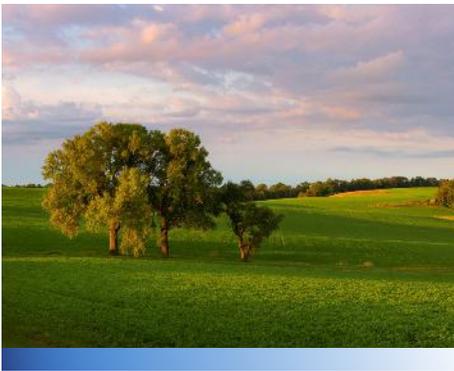
Item 1

When it is determined and approved by the participating Municipalities to merge into a Fire District or an EMS District, a new Federal Employer Identification Number (FEIN) for the District needs to be acquired as soon as possible—in order to be eligible to apply for the Innovation Grant. The FEIN can be obtained from the IRS website.

The link is here:

<https://www.irs.gov/businesses/small-businesses-self-employed/get-an-employer-identification-number>

A 147C letter is an IRS-issued document that verifies an already-existing EIN, which is why it's also called an "EIN verification letter." This letter serves as a replacement for the CP 575 notice. The District can request one, if the CP 575 is ever lost or misplaced.



Item 2

A name will need to be determined for the new entity. It could be a combination of the names of the existing Services, or it could be a brand-new name that describes the area being served. Be sure to use the same version of that name on all Government forms that are filled out. Do not use abbreviations, unless it is part of the actual name. Determine the mailing address (only one location) that is not a P.O. Box.

Item 3

A date to begin the transition to the new entity should be chosen. Based on the parameters of the Innovation Grant, it should be no later than June 1, 2026, in order to be eligible for all five years of the Grant awards. The 9-1-1 Dispatch Center should also be notified of the transition / start date of the new entity.



Item 4

A Board of Commissioners will need to be established that represents the participating Municipalities, that has responsibility to oversee the new District. This group will be defined as the District Board of Commissioners in the Intermunicipal Agreement / Bylaws. An example of an Intermunicipal Agreement / Bylaws for the new District is provided in Section 4 of this Report, which includes a number of the following points:

- Creation of the Board of Commissioners, identifying the Municipal members of the District
- The Composition of the voting (and any non-voting) Members of the Board
- The Appointment of Commissioners
- The Term of the Commissioners
- The Officers of the Board, and their Duties
- The Powers and Duties of the Board
- Determining Regular and Special Meetings of the Board
- Determining Assets and Liabilities
- Determining Procedures for:
 - Admitting new members into the District
 - Terminating current members from the District
- The Responsibilities of the Board, including:
 - Budget
 - Approving Fee Structure
 - Records
 - Vehicles & Equipment
 - Setting Salaries Obtaining
 - Approving Legal Contracts
 - Maintaining Insurance
 - Legal Counsel
 - Hiring / Terminating the Fire Chief and/or Service Director



Item 5

A Fire Chief / EMS Service Director needs to be appointed/hired to lead the new Fire District / EMS District and to be the point person to complete the remaining items listed in this Report. The remaining items will require quite a bit of time from this person and their staff, that is dedicated to implementing the Steps, and following up as needed with each item that is listed. The person hired into this position will be a liaison with many different entities including the Municipalities; the County Emergency Management Office, the County Sheriff's Office, and the Fire Chiefs / EMS Service Directors from the surrounding Public Safety agencies.

Item 6

A new bank account for the entity will need to be established. Identify early on who the check-signers will be, and what the spending limits will be based on the Board approval.

Item 7

Other positions should be considered and either promoted or appointed to assist the Fire Chief / EMS Service Director in their duties. There are so many administrative duties and items that will need to be dealt with in the first year of Sharing Services, that some of the duties and responsibilities should be delegated to others. Additional staff would allow for the continuity of Operations when the Chief / Service Director is busy at other meetings, as well as potentially allow for additional personnel to be available to respond to emergency calls. Some positions to consider immediately include:

Deputy Chief / Deputy Service Director

This person will be the number two ranked Administrative Officer in the organization, and can assist with many of the administrative tasks and duties. In the absence of the Chief / Service Director, this person will make the necessary decisions.

Fire Department Health & Safety Officer (For Fire District only)

SPS 330.03. states that (1) each fire department shall have a health and safety officer, (2) they shall assist the fire chief in their responsibility for the safety and health of the fire fighter, and (3) they shall report directly to the fire chief.

An Occupational safety & health committee should be created (For Fire District only)

SPS 330.05 states that every fire department shall establish an occupational safety and health committee, which shall advise the fire chief on issues related to the program.

The Fire Chief / EMS Service Director will need to build the Leadership team that will help to implement the changes associated with transitioning to the new entity. This would be a good time to implement an application process to promote individuals into the various Officer positions that will be needed in the organization.



Item 8 - (For those providing Fire Protection)

Marathon County is located in District 2 of the Fire Prevention Coordinator map, under the Wisconsin Department of Safety and Professional Services (DSPS). The Fire Chief should contact the staff at the Fire Department Safety and Health Program, to introduce themselves and explain the development of the proposed Fire District model.

The contact information for some of the staff is:

District 2 Coordinator – Aaron Andre.....(608) 261-0118aaron.andre@wisconsin.gov

Fire Dues and NFIRS – Sarah Brown(715) 634-4013Sarah2.brown@wisconsin.gov

Section Chief – April Hammond.....(608) 225-6593April.hammond@wisconsin.gov

Item 9 - (For those providing EMS)

For EMS related items, the Wisconsin Office of Rural Health can assist with questions on implementation of the recommendations that are given in this Report. (They are the entity that performed the Fire Service study, and the EMS study referenced in the Executive Summary.)

The contact with expertise in this area is:

Rural EMS Outreach Program Manager- James Small (608) 265-8221Small5@wisc.edu

The EMS Office staff member that will be key to work with in updating the EMS Operational Plan is:

EMS Coordinator for Regions 4 & 5

Jason Witte..... 608-261-8360..... Jason.Witte@dhs.wisconsin.gov



Item 10

Vision and Mission Statements should be developed as a Team approach with the Board of Commissioners, the Fire Chief / EMS Service Director, and the staff. This will help to guide the direction of the Organization, as they continue to move along in the Shared Services process.

Item 11 (For EMS District)

The State EMS Coordinator can guide the Service Director on several of the initial items that may need to be performed—regarding transferring the current Ambulance license, or establishing a new License for the District. In lieu of performing a Feasibility Study, this entire Report can be uploaded for review and approval. The Service Director will then need to fill out the EMS Demographics F02570 Form, and submit it to the EMS Office. Once the Online application is available in eLicensing, the Service Director can begin to fill out the Operational Plan. Numerous documents will need to be uploaded to the Operational Plan including the nine policies required by DHS 110, proof of insurance, ambulance inspection documentation, mutual aid agreements, and coverage agreements, to name a few.

The specific information for the components of the Operational Plan can be found at the link to the State EMS website, which is here: <https://www.dhs.wisconsin.gov/ems/licensing/operational.htm>

The Operational Plan can be submitted through the Wisconsin e-Licensing portal that is associated with the Service Director's account. When all components of the Application are complete, it can be submitted to the EMS Office for review and approval.

Item 12

Discussion will need to take place regarding general Operations of the new entity. These can sometimes be difficult to navigate through, as each Municipality and current agency has their point of view. Several of the items to discuss, and make a decision on include:

- Use of the current stations, including meeting rooms and specific vehicle placement
- Which building will be designated as the 'Main Station'?
- Where will the offices of the Fire Chief, Service Director, Officers, and crews be located?
- Where to place rooms for crews to stay overnight?
- Setting up a website for the new entity
- Setting up new emails for the staff
- Creating a new logo to be used for uniforms, vehicles, letterhead, signs, etc.

Item 13

The entity will need to set up a new [Sam.gov](https://sam.gov) registration. After accessing the webpage, the Chief / Service Director can determine which documents will need to be acquired in conjunction with the submission of the application request. Once in the application portal, the Chief / Service Director can also obtain the Unique Entity ID number.

Item 14 (For those providing EMS)

Any EMS agency performing blood glucose checks will need to obtain a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver (CW) since they will be performing blood glucose measurements and/or performing lab skills in the field.

General information, as well as applications for obtaining the waiver can be found at this link:

<https://www.cms.gov/regulations-and-guidance/legislation/clia?redirect=/clia/>

The link to the form to get started in the State of Wisconsin is below. The agency will need to complete form CMS-116 and pay a fee. When completing the application, include the Service name, as well as the wording 'And Area EMS', so that surrounding EMR agencies can also legally use a glucometer...unless they already happen to have a CLIA waiver.

The website to start the CLIA Waiver process in Wisconsin is here:

<https://www.dhs.wisconsin.gov/regulations/labs/forms.htm>

Item 15 (For those providing EMS)

A decision will need to be made on whether to retain the current Medical Director or look into transitioning to a new Medical Director. The Service Director should meet with the Medical Director to discuss the concept of the new entity—and the expected role of the Medical Director. If there is an agreement that the current Medical Director remains in place, then they can proceed with points a., b., and c., that are listed below. If there is an agreement that a transition should occur to a new Medical Director, then the Service Director should prioritize the advertising, interviewing of applicants, and appointment of a new Medical Director position (which will add additional time to this particular item.) Once the Medical Director has been chosen and a contract has been signed, the Service Director and Medical Director should plan to meet on a regular basis to work on the following items:

- A. Update or create a set of Patient Care Guidelines / Protocols.
- B. Create Procedural Guidelines.
- C. Create a Quality Assurance plan.

An annual Training Program for crew Continuing Education should be developed, based on the parameters of the Quality Assurance plan. During this time period, the Service Director should also contact the receiving Hospitals Emergency Department staff, in order to build relationships with the stakeholders, inform them of the changes that are going to be occurring, and update any existing contracts / agreements. As well, key Hospital staff can be identified that would be willing to assist with teaching some of the Continuing Education components in the annual Training Program.

Item 16 (For those providing EMS)

The Medical Director will need to apply for the Drug Enforcement Administration (DEA) registration, on behalf of the new entity. For clarification, the Medical Director needs their own personal DEA number, and they also need to acquire a separate DEA number for each ALS Ambulance service in which they are the Medical Director.

Information to apply for the DEA number can be found at:

<https://apps.deadiversion.usdoj.gov/webforms2/spring/main?execution=e2s1>

The cost is currently \$888 per license, which is good for three (3) years. The time frame to obtain the DEA number is usually 30 – 60 days. The doctor then needs to apply for the 222 forms, which takes another couple of weeks. When dealing with Vendors, a license authorization form will need to be filled out, signed by the Medical Director, and then submitted to the vendor(s).



Item 17

There are a number of Administrative tasks that the Leadership Team can be working on, in addition to assuring the daily operations of the District. Listed below is a checklist of items, in which the Chief / Service Director or their designee should contact the various entities to explain the new model, and begin transferring the services provided under the umbrella of the entity. Those items include, but are not limited to the following:

- Insurance
- Vehicle titles
- Workers Comp
- Tax Exempt Number
- Update MABAS Cards
- Retirement funding (LOSA)
- Networking with neighboring Fire Departments and Ambulance Services
- Radios, pagers, and frequencies to be paged on
- Assure FCC license is up-to-date and approved
- "Friends of" organization(s) that are a non-profit / not-for-profit partner to the Fire District that raises funds for the entity
- Dispatch
 - + Use of current paging tones or new tones?
 - + What units should be dispatched to which type of emergency?

Item 18 (For those providing EMS)

A third-party Billing service should be utilized for the Ambulance runs / claims performed by EMS. A significant benefit to maintaining a professional Billing agency is the value-added services that are provided beyond just the billing component. The Billing service can assist the Service in a number of areas including preparing data / paperwork for:

- A. Assisting with registering with various Payors
- B. Registering and updating the Medicare Revalidation / Form 855 (through PECOS—reference the website portal in Item 20.)
- C. Performing the HIPAA Security Risk Assessment

Item 19 (For those providing EMS)

The Service Director can also work with the Billing Service to apply for a National Provider Identifier (NPI) for the new entity. As stated on the Centers for Medicare & Medicaid Services (CMS) website, “the National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.”



The Portal can be found at the following link: <http://nppes.cms.hhs.gov/>



Item 20 (For those providing EMS)

The Service Director should then access the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) website, to become the Registered User. They will need to create an account in that portal. The CMS Form 855 will need to be completed, and the Billing Service should also be able to assist with that task.

The Portal can be found at: <https://pecos.cms.hhs.gov/>

Item 21

After being notified of the Innovation Grant award, and prior to the next Budgeting cycle, the Chief / EMS Director will need to work with the Board to develop and adopt a Budget related to the anticipated income and expenses of the entity for subsequent years. The challenge for the remaining four years will be to maintain a Budget that does not exceed 115% of the actual expenses that were contributed by each of the participating Municipalities in 2025. If the 2026 Budget related to the individual Municipal contributions has exceeded the 115% cap from 2025, the group will need to adjust the contribution amounts to reflect an increase of less than 115%--in order to remain eligible for the Innovation Grant award.



Item 22 (For those providing EMS)

Associated with the Budget (specifically related to determining what amounts should be budgeted for Ambulance Billing income) the Commission will need to determine the charges / amounts to be billed by the Ambulance Service for the Base Rates and Mileage of the ambulance runs. There are two common methods of determining the Base Rates / mileage.

1. Multiply the current Medicare Reimbursement rates and mileage by a number ranging from 150% - 200%, as determined by the Commission. I.e.: the BLS Emergency Rural Medicare reimbursement rate for 2025 is: \$445.92. Multiplying that amount by 150% = \$668.88 (round up to \$675.00). Multiplying that amount by 200% = \$891.84 (round up to \$900.00).
2. Determine an amount that the Commission is comfortable charging for Ambulance Services that will typically be paid in full by an Insurance Company (with about half of the Private Pay citizens that do not have Health Insurance paying in full, and the other half not paying anything) with the understanding that Medicare and Medicaid will require the Ambulance Service to "Accept Assignment", and write-off the difference between what is being billed, and what Medicare / Medicaid will actually pay.

I.e: If the Commission set a rate for BLS Emergency trips at \$900.00, they should have the expectation that Insurance companies and half of the Private Pay patients will pay that full amount, and half of the Private Pay patients won't pay anything. Medicare will only pay the 2025 reimbursement rate of \$445.92, and Medicaid will only pay the 2025 reimbursement rate of \$371.51.

The remaining amount of \$454.08 would be required to be written off for patients that are Medicare recipients—and the remaining amount of \$528.49 would be required to be written off for patients that are Medicaid recipients. The full amount would initially need to be written off for about half of the Private Pay patients (due to none payments), however, if they are a resident of the State of Wisconsin, and the District is enrolled in the State of Wisconsin Department of Revenue Tax Refund Intercept Program (TRIP) a good amount of the Private Pay money that was written off can be recovered.

The initial webpage to start at, to enroll in TRIP is here:
<https://www.revenue.wi.gov/Pages/ISE/trip-home.aspx>

Item 23

The Fire District or EMS District may wish to consider securing an Accounting firm, that can assist with Budgeting and Financial reports.

Item 24

Based on approval of staff positions within the Budget, the Chief / Service Director should create an Organizational Chart that represents the staffing configuration of the District. Concurrently, the Chief / Service Director can also implement the process to advertise for, and hire new staff as is needed.

It may be helpful to consider contracting with a temporary Human Resources (HR) agency, to assist with hiring. They can be used as a resource when HR-related items need to be addressed. The contracted HR staff can be used as often or as little as needed, and many of their tasks can be completed remotely.

Item 25

Over time, a number of documents will need to be reviewed, and combined to reflect the current aspects of the new agency. The Leadership Team can be utilized to review, update, create, combine, and/or adopt the following documents, with approval from Legal Counsel:

- A. An Employee Handbook
- B. A Policies & Procedures Manual
- C. Standard Operating Guidelines (SOG's)
- D. Job Descriptions for each of the positions within the Service

Item 26

Minimum qualifications will need to be established, and an Orientation / On Boarding process should be created to assure that required components are met with both current staff, as well as all new hires.

The points listed below are some items to consider for this process. In order to assure compliance, all current staff members should adhere to the same standard. If someone does not have a certain qualification / certification / documentation of a standard that is expected to be met, then the person should be made aware of that item(s) and then given a reasonable amount of time to complete the task that is needed to be compliant. All new hires should complete the required minimum qualifications prior to becoming an active member.

Perform Background Checks

https://exclusions.oig.hhs.gov/	(Free)
https://www.wicourts.gov/casesearch.htm	(Free)
https://wisconsin.gov/Documents/formdocs/mv2896.pdf	\$5.50
https://recordcheck.doj.wi.gov/	General.....\$7.00
.....	Caregiver.....\$3.00
.....	Total = \$15.50

Documentation / Admin items

- + Any required Fire credentials (SPS 330.08 lists minimum training / education requirements)
- + Any required EMS credentials & CPR Card
- + ICS – NIMS 100, 200, 700, 800
- + W-4 form
- + I-9 Eligibility Verification form (Passport / Driver's License / Social Security)
- + State Tax withholding form (if applicable)

Initial Physical exam / TB testing / N95 fit testing Vehicle and skills

- + Vehicle and equipment orientation & familiarization
- + Skills verification
- + Driver training (EVOC / CEVO)
- + Meet with Medical Director (at a Training meeting)

Other Training

- + NFIRS / WARDS and any other needed software access and reporting
- + Bloodborne Pathogen & other required Compliance items
- + Review of Employee Handbook / Policies & Procedures
- + Review of Standard Operating Guidelines (SOG's)

Item 27

Included with the Benefits section of the Budget the entity that has full-time employees will need to determine if they wish to participate in the State Employee Trust Fund (ETF) Wisconsin Retirement System. To enroll, the entity will need to contact the Wisconsin Retirement System (WRS) to participate in the pension portion of the program. The contact information is:

Department of Employee Trust FundsP.O. Box 7931 Madison, WI 53713

Employer Communications Center 1-877-533-5020etf.wi.gov

A total of four Resolutions / forms needs to be filled out by the due date of 11/15 of any given year—in order to begin participation on 1/1 of the following year. If the deadline is missed, then you will not be able to participate until the following year.

Direct links and step-by-step instructions for completing each form begin on page 10 in the “How to Join the WRS” (ET-1129) brochure:

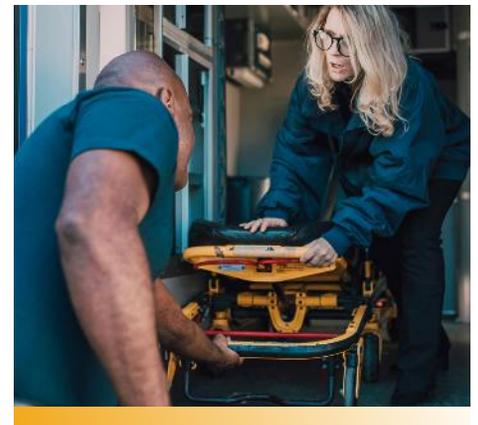
- Resolution of Inclusion Under the Wisconsin Retirement System (ET-1319)
- Designation of Agent (ET-1313)
- Online Access Security Agreement (ET-8928)
- Automated Clearing House (ACH) Direct Withdrawal Authorization (ET-1734)

Several resolutions will also need to be filled out for the Insurance aspect of the program, depending on what Benefit are approved for the employees. Those benefits include:

- Income Continuation Insurance (ICI) which is currently on Premium Holiday. (Form ET1326)
- Life Insurance (Form ET1303)
- Health Insurance (Form ET1324)

Item 29 (For those providing EMS)

This Item and the following item should be considered an “on-going” process. The Service Director should develop Business Associate Agreements with any ‘covered entities’ (a person or business) that the District receives services from, that might come in contact with protected health information (PHI). The agreement allows the entities to view patient care reports and protected healthcare records for proper business activities, thus protecting each agency from potential HIPAA violations. The Agreements should be reviewed on a regular basis.



Additional information on Business Associate Agreements, as well as sample contracts can be found at the following website:<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html>

Item 30 (For those providing EMS)

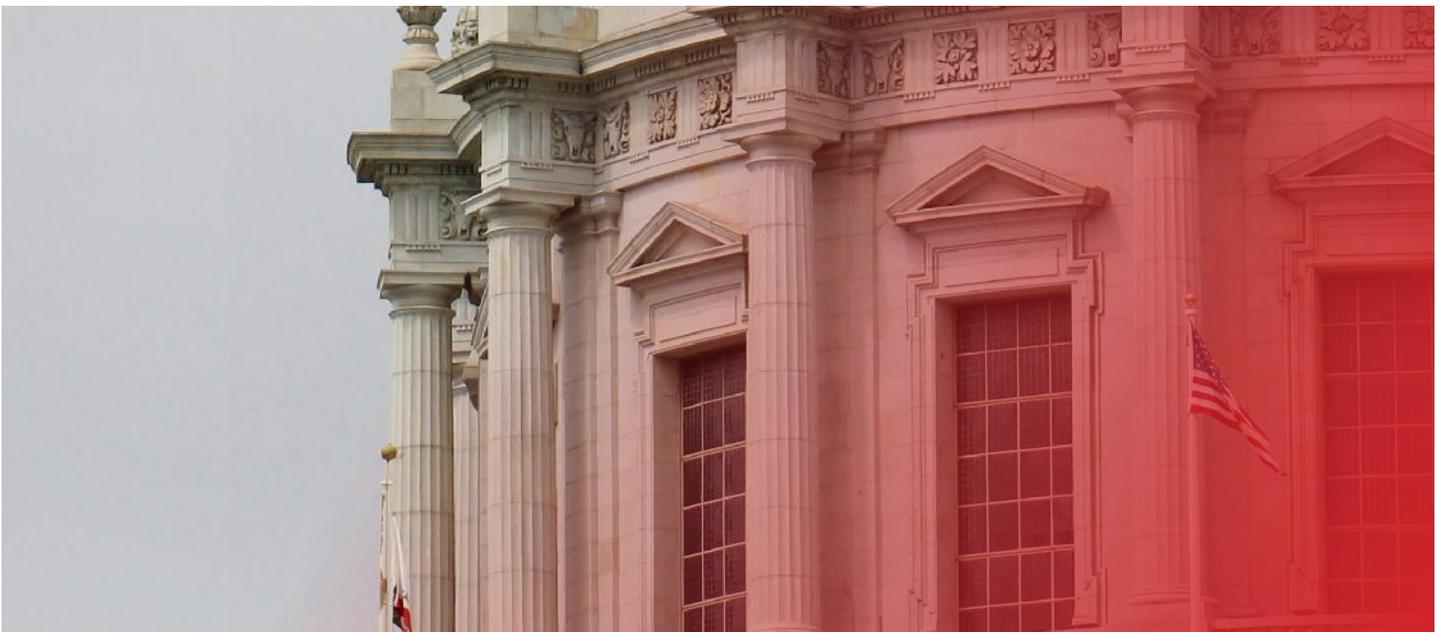
The Health Insurance Portability and Accountability Act (HIPAA) Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information. The Security Rule is located at 45 CFR Part 160 and Subparts A and C of Part 164.



Since EMS agencies are considered 'Covered Entities' they are required to perform a HIPAA Security Risk Assessment. The risk assessment also helps reveal areas where the organization's protected health information (PHI) could be at risk. Thus, the Ambulance Service is required to complete the Assessment—in which the EMS Coordinator could assist with the process.

The Office of the National Coordinator for Health Information Technology (ONC) and the HHS Office for Civil Rights (OCR) have jointly launched a HIPAA Security Risk Assessment (SRA) Tool. The tool's features make it useful in assisting covered entities in complying with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule.

The SRA Tool can be found here: <https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

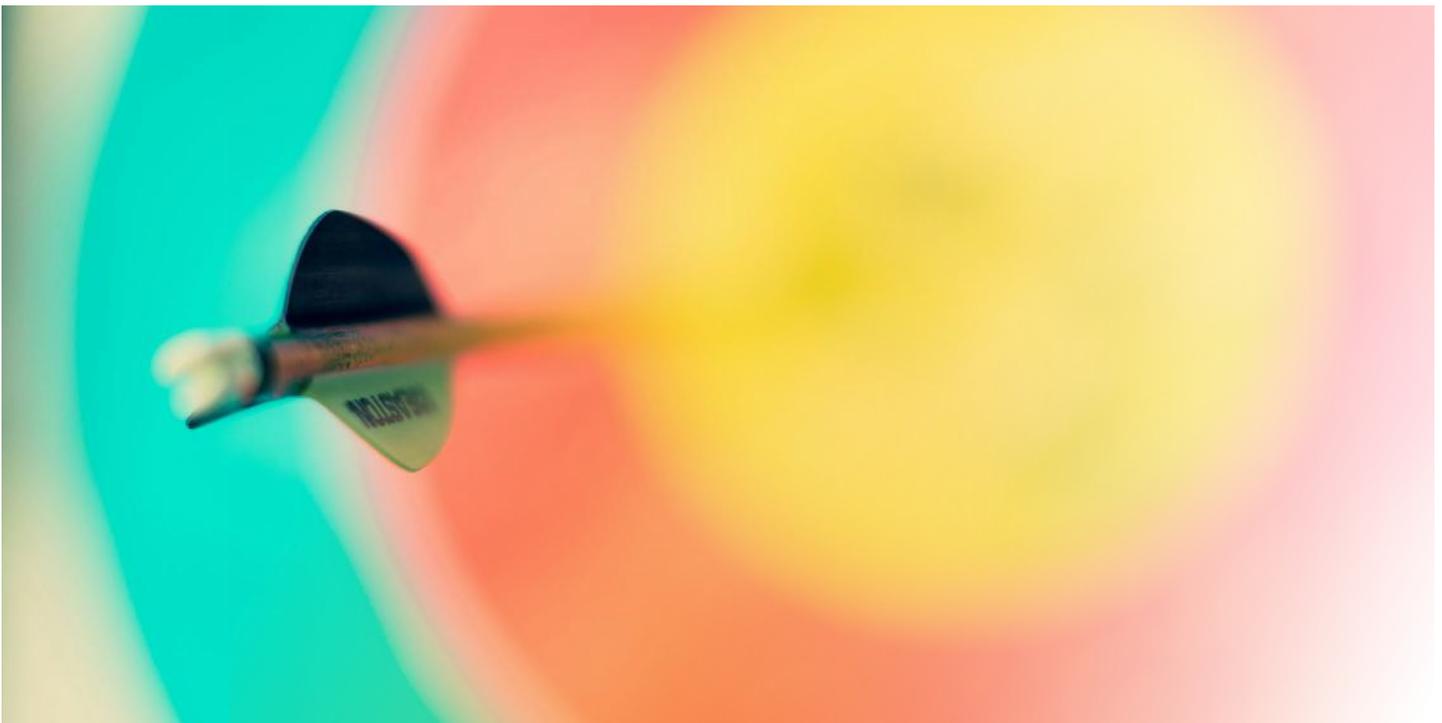


Additional Goals and Recommendations

It will take some time to accomplish all the items related to the Shared Services / merging / consolidation concept, including the list of items that are discussed in the previous section. Some of the items will be completed very quickly, and other items will seem to drag on and never end. At some point, there will come a time in which the Board, the Chief / Service Director, and the staff can begin to look at addressing some Intermediate- and Long-term goals and recommendations, in order to continue to build and solidify the new entity. Several topics are presented in this section for consideration.

Transitioning from the existing individual Fire Departments and EMS to that of a combined Fire District, or an EMS District, will be a unique experience. Some of the current firefighters, and/or EMS personnel will be very excited to move forward in participating in this project. Others will be cautious, moving forward slowly and deliberately, observing the effects of the changes that are being implemented. There will also be a group that is resistant to any change, as they may fear that they are losing their identity. The Chief / Service Director and the Leadership team will be instrumental in garnering 'buy-in' from the existing staff in order to allow as smooth of a transition as possible.

During the transition of Shared Services, it would benefit the Municipalities and any new entities to host regular informational meetings with the staff, and the public, to continue to establish and build support for the new model of providing Fire Protection and Emergency Medical Services (EMS).



Recommendation #1 – Evaluate the new District(s) on a regular basis.

The Chief / Service Director should meet with the key stakeholders on a regular basis to evaluate each of the items that have been implemented to build the Fire District, and/or EMS District. Discussions should take place regarding any adjustments that might be needed in the implementation process. The Chief / Service Director should also maintain open communications with the surrounding area Public Safety agencies. In the future, discussions can occur regarding the controlled growth of the new entity, as additional Municipalities may request to be included.

Recruitment

Municipalities and elected officials do not always seem to fully understand the issues that Public Safety is facing, with regards to Recruitment. To put things into perspective, the average lifetime of an employee in a Fortune 500 company is 2.8 years. In the Fire and EMS arena the average lifespan is 3 years. Yes, there are those individuals that have been with a Public Safety service for 10, 15, and 20 + years...however, on the other end of the spectrum there are many others that barely make it one year, much less two or three years, before moving on to another agency or other career.

The question that needs to be asked is, “Are there benefits that Fire/EMS can offer that can compete with that of corporate America--that would incentivize a person to stay with the Fire Department or Ambulance Service beyond three years?” The reality is that an average Firefighter/EMS provider will likely not stay for longer than three years. Thus, the Municipalities and elected officials need to work with and support their Chief / Service Director, and should plan to constantly recruit people to replace the volunteer staff that will begin to wane in their hours worked, or leave the Agency entirely, as they draw near to the end of the 3-year cycle.

There are several options in which the Fire District / EMS District can actively recruit new staff on an annual basis.

Recommendation #2 - Recruit Municipal Employees

Each of the Municipalities has employees that are assigned to positions that support the services of that Municipality. They might work at the office at the Town/City/Village Hall, or in the Public Works Department, etc. Each of the Municipalities can offer to cover the training expenses for any of their current employees that are interested in becoming a Firefighter, EMR, EMT, and/or Paramedic.

After the person receives the appropriate training, when an emergency call occurs while the person is performing their regular job duties, they could check with their supervisor--and then switch roles to respond to a 9-1-1 call. Once the emergency call is over, they would transition back to their original job duties / tasks. If the emergency call occurs outside their normal work hours, then they would have the option to respond as any other volunteer of the Service.

Recommendation #3 - Recruit High School Students

The current minimum age that a person may be a Firefighter or a licensed EMS provider in Wisconsin is 18. However, a person younger than 18 can certainly take the initial training course to become a Firefighter, or an EMS provider. High School students can be actively recruited to join the Fire District. In fact, the Wisconsin Department of Workforce Development created a funding source that will pay a High School student a stipend for successfully completing the Firefighter I Course and/or the EMT Course while in High school--and a stipend is paid to the Training Center that is providing the class(es).



There are two ways that the High School student can take the Fire/EMS course(s).

1. As a High School student, the person can dual-enroll in the local Tech College that provides the training and would attend the class (either on the College campus, or at a Fire/EMS Station) on the dates and times set by the Training Center. The link below offers additional information on this topic.

Start College Now - <https://dpi.wi.gov/dual-enrollment/start-college-now>

2. The Tech College or Training Center can offer the class at the local High School, during school hours. The Training Center would need to coordinate with the High School to determine eligible students to take the class, the building/classroom in which the class would take place, and how the class schedule would fit into the High School schedule, with regards to days/times of the week.



Additional Local Resources

Not everyone that would like to volunteer at the Fire District and/or EMS District must be trained, licensed or certified in firefighting or EMS. There are opportunities for the Service to reach out to residents in the community who are creative, or have mechanical experience, or want to be involved in a unique way—other than responding to a call for a 9-1-1 emergency. Listed on the following pages are some areas that can be considered in which the Agency can recruit additional help in areas that would support the organization as a whole.

Recommendation #4 - Use other Professionals for Ancillary Tasks

There are numerous individuals who are looking for ways to give back to the community. The Fire District / EMS District should consider where they can plug these community members into helping. Each person listed below would have expertise in a certain area that could be beneficial to supporting the Service in an area other than responding to an emergency call.



Grant writers
to help with writing grants



Attorneys / Lawyers
to help with legal issues



Mechanics
to help with vehicle maintenance
& repairs



Maintenance personnel
to help with building upkeep &
repairs



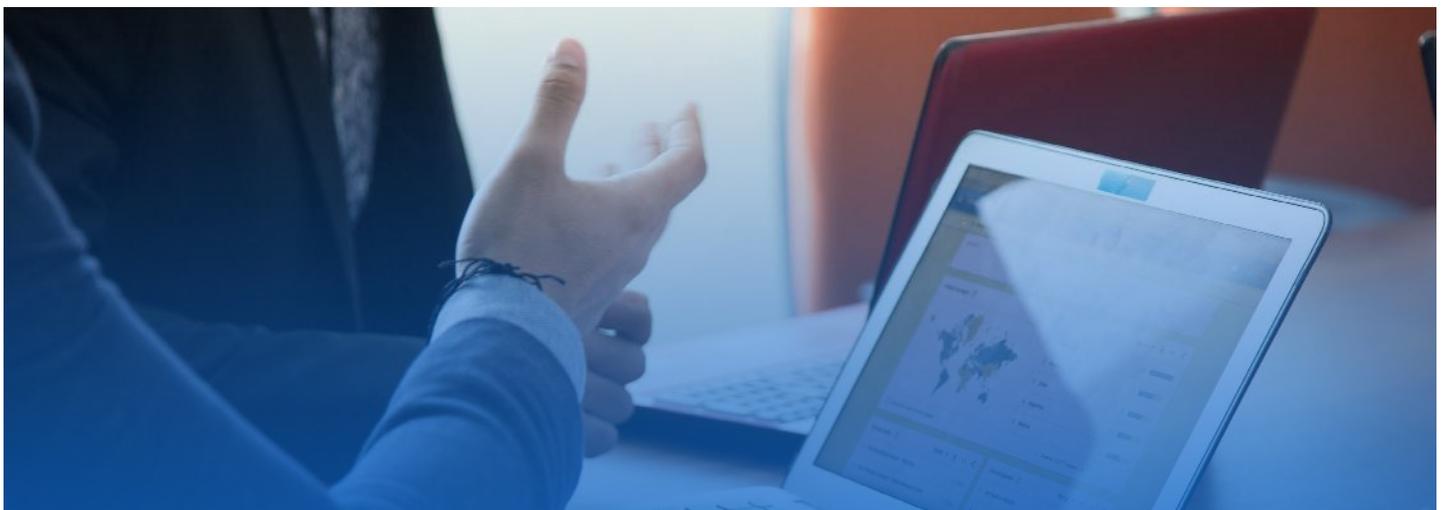
Personnel / HR managers
to help with Human Resources
(HR) issues



Purchasing managers
to help negotiate and purchase
equipment & supplies



Bankers, finance managers, accountants, or bookkeepers
to help with finances, budgeting, & accounting



Recommendation #5 – Legislative Initiatives

The Chief / Service Director and staff should keep up to date on legislative issues affecting the Agency. They should be a member of the trade Associations in which they can liaison with lobbyists and elected officials at the Municipal, County, State, and Federal levels – to continue to remind the government representatives of the challenges facing the Fire and EMS industry and to ask them to advocate for changes and funding that will improve the plight of public safety.

It would be helpful to align with Associations that focus on Fire & EMS legislative agendas—as like-minded entities advocating for the same issues related to Fire & EMS have a much stronger voice than a single entity.

At the State level, there are several Associations, and their websites can be found at:

Wisconsin State Fire Chiefs Association <https://wsfca.com/>

Wisconsin State Firefighters Association <https://www.wistateff.org/>

Wisconsin EMS Association <https://www.wisconsinems.com/>

Professional Ambulance Association of Wisconsin <https://www.paaw.us/>

At the Federal level, several Associations are also quite active and successful in representing Fire & EMS to the legislators in Congress. Their websites can be found at:

International Association of Fire Chiefs <https://www.iafc.org/>

National Association of Emergency and Fire Officials..... <https://www.naefo.org/>

National Association of EMT's..... <https://www.naemt.org/>

American Ambulance Association <https://ambulance.org/>

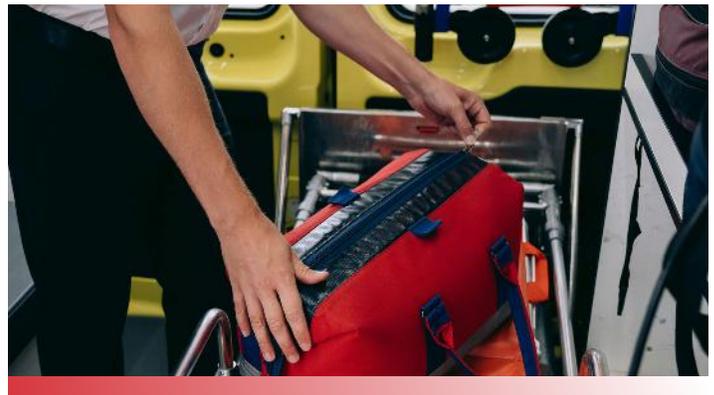
Recommendation #6 – Implement a Community EMS (CEMS) / Community Paramedic (CP) Program

Passage of Legislation (Wis. Stat. § 256.205; Wis. Stat. § 256.21; and Wis. Stat. § 256.215) allows for an Ambulance Service to provide Community EMS / Community Paramedic programs in their communities. In many areas, the County Health Department is short-staffed, and the Community EMS Practitioner / Community Paramedic could be utilized to assist and/or supplement daily tasks in conjunction with the goals of that Department.

The program could be implemented in such a way that the Community EMS Practitioner / Community Paramedic could perform a number of tasks in which they can go to a resident's house for safety/wellness checks. During these visits, they could perform medication reconciliation or post-operative assessments/exams, along with any other medical follow-up that might be requested by the patient's physician. The CEMS provider can also identify trip hazards and install smoke detectors and CO detectors—and assure that the batteries are changed every six (6) months in those devices.

Community EMS Practitioner's can also provide the following in-home treatment and assessments:

- Monitoring of oxygen levels and saturation, blood pressure, blood sugar, heart rate, etc.
- Monitoring of weight
- Blood collection for home-bound patients
- Education of medications and assistance with setting up medication packs
- Electrocardiograms (ECGs)
- Wound assessments and cares
- Immunizations for home-bound patients
- In-home safety assessments



In addition to in-home assessments, they can:

- Provide personalized in-home care
- Act as a care bridge after hospitalization
- Answer questions about acute or chronic medical conditions
- Have secure access to health records
- Have the necessary equipment to assist the patient in early illness detection
- Provide appropriate care for developing emergencies

If a 9-1-1 emergency call came in while the EMS Practitioner / Community Paramedic was performing in-home services, if no other ambulances were available, they could respond to the scene of the emergency call and treat the patient who called 9-1-1. Once the emergency call was completed, EMS Practitioner / Community Paramedic would then go back to completing Community EMS tasks that had been assigned for the day.

Implementing a Community EMS / Community Paramedic program could generate additional income by contracting for services from Hospitals, Clinics, and independent physicians. As well, they could assist the County Human Services / Health Department in areas in which they are short-staffed, but where the Scope of Practice of the EMT or Paramedic could be utilized to assist and/or supplement daily tasks in conjunction with the goals of that Department. The Service Director can meet with the County Human Services / Health Department to determine what areas could benefit from collaborating together.

Each County Human Services / Health Department offers different programs / initiatives that they are responsible for, and with the proper training, a Community Paramedic / Community EMS provider can assist as needed with these services. **The services to consider partnering with may include some of the following:**

- Immunizations
- Lead Screening
- Family Services
- Well Water Testing
- Economic Support Services
- Tuberculosis Skin Testing
- Family & Community Health
- Prenatal Care Coordination
- Aging and Disability Services
- Wellness on Wheels (WOW)
- Environmental Health Services
- Fluoride Supplement Program
- Alcohol and other Drug Abuse Resources
- Nutritional Supplement Program
- Behavioral Health and Community Programs
- Postpartum / Newborn Home Visits

The Community EMS / Community Paramedic program would need to be reviewed and approved by the Service Medical Director, and an Operational Plan amendment would need to be completed, reviewed, and approved by the State EMS Office, if this program were not part of the initial Operational Plan submission. **For additional information from the State of Wisconsin perspective, the Community EMS Coordinator can be contacted at the following:**

Corey Straubhaar(608) 267-9858Corey.Straubhaar@dhs.wisconsin.gov

Grants & Other Funding Sources

The following pages list a number of Grants and other funding sources that can be explored each year, to assist with obtaining funds to support Fire and EMS.

FEMA

There are several Fire safety grants that can fund critically needed resources to equip and train emergency personnel, enhance efficiencies, and support community resilience. These include:

- + Fire Prevention & Safety Grants
- + Assistance to Firefighter's Grant (AFG)
- + Staffing for Adequate Fire and Emergency Response (SAFER)

The specific information for these grants can be found at:
<https://www.fema.gov/grants/preparedness/firefighters>

U.S. Department of Agriculture (USDA) Rural Development programs

There are several programs that offer flexible, inexpensive funding, in order to improve rural communities. They provide loans and grants for many projects including health care, public safety, and public services.

Programs for Community
Facilities can be found here:
<https://www.rd.usda.gov/programs-services/community-facilities>

Additional initiatives can be found here:
<https://www.rd.usda.gov/about-rd/initiatives>

CPR Savers

CPR Savers provides grants to cover all or parts of the costs of purchasing an AED. **No Deadline.**

The specific information for their award and donations programs can be found at:
https://cpr-savers.com/AED-Grant-Programs_ep_51-1.html

National Volunteer Fire Council (NVFC): The NVFC administers a wide array of programs to assist fire departments, firefighters, EMS personnel, and emergency responders. These programs address issues ranging from health and safety, recruitment and retention, fire department capacity, fire prevention, and more.

The programs and grants are divided into different categories, which can be found at these links:

<https://www.nvfc.org/>

<https://www.nvfc.org/programs/>

<https://www.nvfc.org/ems/funding/>

<https://www.nvfc.org/firefighters/funding/>

<https://www.nvfc.org/special-opportunities-for-volunteer-fire-ems-and-rescue-personnel/>

Education Center for Agricultural Safety (NECAS): Awards rural Emergency First Responders Grain Rescue tubes and Hands-on Rescue Training. **No deadline.**

The specific information for this grant can be found at:

<https://www.necasag.org/>

Compeer Financial: Compeer Financial Emergency Response Equipment Grant Program has up to \$4,000 grants to support response equipment for Rural volunteer fire, rescue, or ambulance departments located in, or providing direct services to, the 144-county territory served by Compeer Financial.

Application Period: August 1st - August 31st of each year.

The specific information for this grant can be found at:

<https://www.compeer.com/investing-in-rural-communities/giving-back/grants/emergency-response-equipment>

Kwik Trip / Kwik Star: Kwik Trip / Kwik Star has several programs that you can apply for or coordinate with the local store. They prefer to work with local entities, so in addition to filling out the donation request form online, be sure to contact your local Kwik Trip store for specific needs of your Department. Individual awards and donations may be given throughout the year by individual stores, but large requests are due by **August 1st** of each year.

The specific information for their award and donations programs can be found at:
<https://www.kwiktrip.com/community/donations/kwik-trip-kares>

Alliant Energy: Alliant Energy has a Giving for Good program that funds a variety of projects in the communities that they serve. Priorities include Lifesaving/protective equipment for first responders, thermal imaging cameras, gas monitors, fire protective gear, and AEDs. **No deadline.**

The specific information for their award and donations programs can be found at:
<https://www.alliantenergy.com/communitysupportandsafety/grantssponsorships/givingforgood>
<https://www.alliantenergy.com/communitysupportandsafety/grantssponsorships/focusareas>

Target: Target has a number of grants available. The start page for the various grants can be found here:

The specific information for this grant can be found at:
<https://corporate.target.com/sustainability-governance/communities/grants-corporate-giving>

Wal-Mart: Walmart U.S. stores, Sam's Clubs Distribution Centers award local cash grants ranging from \$250 to \$5000. Applications are accepted and reviewed on a quarterly basis.

The specific information for this grant can be found at:
<https://www.walmart.org/how-we-give/program-guidelines/spark-good-local-grants-guidelines>

Foundations and Trusts

Foundation for Rural Service Community Grant:

This program provides funding for projects in rural communities served by the National Telecommunications Cooperative Association (NTCA) members. Grants up to \$5,000 support a variety of local efforts to build and sustain a high quality of life in rural America. Projects eligible for funding include equipment for firefighters and first responders, park improvements to encourage physical activity, mobile telemedicine carts, and telehealth programs.

The specific information for this grant can be found at:

<https://www.frs.org/programs/grant-program/community-grant>

BNSF Railway Foundation:

Offers grants to organizations that operate near a BNSF railway (in WI, their line generally runs along the Mississippi River). Priority giving areas include chemical dependency treatment and prevention, hospitals, and parks and recreation, among others.

No deadline.

The specific information for this grant can be found at:

<http://www.bnsffoundation.org/>

Union Pacific Foundation:

The Union Pacific Foundation will provide funding to independent non-profit EMS agencies to effectively respond to emergencies. The funding must aid a community served by Union Pacific Railway.

No deadline.

The specific information for this grant can be found at:

<https://www.up.com/aboutup/community/foundation/local-grants/index.htm>

Firehouse Subs Public Safety Foundation:

Grants up to \$50,000 in various areas including lifesaving equipment (vehicle extrication tools, AEDs, automated chest compression systems, all-terrain vehicles, etc.); prevention education (education materials, DUI education, carbon monoxide poisoning, CPR training and accessibility, etc.); and training scholarships. There are quarterly deadlines, and a maximum of 600 grant applications are accepted per quarter.

The specific information for this grant can be found at:

<https://firehousesubsfoundation.org/>

Other Foundations

Leona M. and Harry B. Helmsley Charitable Trust

<https://helmsleytrust.org/about/#hero-section>

The Leona Cloud Foundation (LSS Foundation)

<https://lssfoundation.org/>

The Brotz Family Foundation

<https://fconline.foundationcenter.org/fdo-grantmaker-profile?key=BROT002#contact>

The Kohler Company Foundation

<https://www.kohlerfoundation.org/grants/>

The Campbell's Foundation

www.campbellsoupcompany.com/our-impact/community/campbell-soup-foundation/

Other Potential Grants

The following links are websites where you can search for Grants related to EMS & Fire. Opportunities are constantly being added to each website, so be sure to check back on a regular basis for new Grants that may be posted.

- ▶ www.nih.gov
- ▶ www.ahwendumment.org
- ▶ www.rwjf.org
- ▶ www.medicafoundation.org
- ▶ www.ahrq.gov
- ▶ www.dma.wi.gov/DMA/wem/grants/available-grants
- ▶ www.grants.gov
- ▶ <https://www.acuity.com/about/media-center/in-the-news/2024/acuity-employees-distribute-usd680000-to-charitable-organizations>
- ▶ <https://wpp.med.wisc.edu>

Required Forms for the Innovation Grant Submission

The links on this page will download Documents in Word formatting. The Clerk of the Municipality that will be submitting the Innovation Grant application can 'cut & paste' the entire document--or portions thereof--to be used in the application portal. Once a Final decision has been made by the participating Municipalities, regarding creating a Fire District and/or an EMS District, the information within the Forms can be adjusted accordingly.

Grant Application Responses to Questions

[Download Form](#)

Agreement to Provide Shared Services

[Download Form](#)

Template for Intermunicipal Agreement

[Download Form](#)

2026 Municipality Contribution - First Year of Shared Services

Concluding Statements



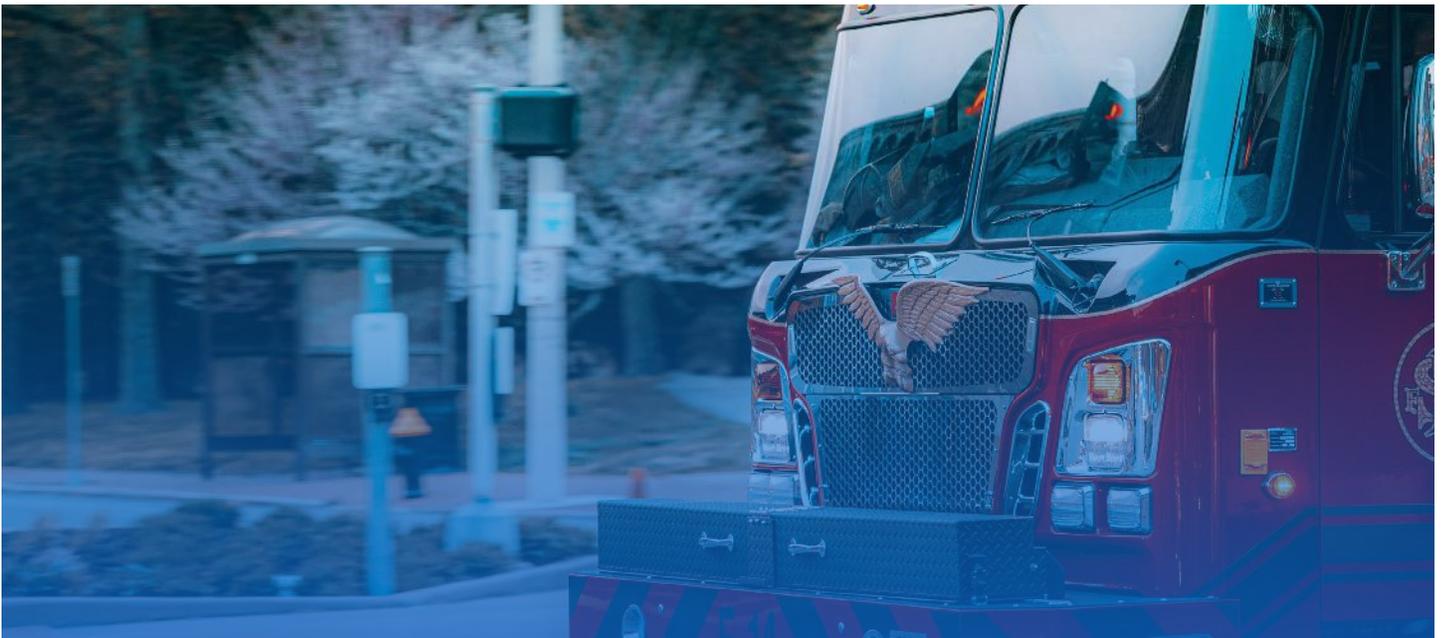
This Report addresses a number of topics that stemmed from the Innovation Planning Grant project. There will continue to be other topics that will require additional attention. Some of those items will be rectified as the Municipalities consider the recommendations and decide to implement those ideas that will address their needs—and that will move them into a positive direction, structure, and model for sustainable Fire and EMS in the future.

We recognize that decisions regarding the Innovation Grant, the merging or sharing of services, and implementing the Recommendations being presented are not going to be made by just one entity. Rather, the process for improvements will involve the coordination of the participating Municipalities and the existing Fire Departments and Ambulance Service. We further recognize that one entity making positive changes can be difficult, thus when adding in additional political entities, the road to positive change is anticipated to have some bumps in it. Monthly meetings should be set up between representatives from the Municipalities and current agencies to have systematic discussions on each of the topics affecting the various groups, in order to reach consensus on the implementation of each item. A running checklist can be used to track the discussion and implementation of each topic / item. As needed, documents and agreements can be created that reflect the decisions of the participants.



In as much as a review of this type is not intended to please everyone within a governmental organization, the intent is to provide information regarding the implementation of “Best Practices” found within the Fire and EMS industry. The Municipalities, Fire and EMS agencies may decide that they wish to use a ‘Phased approach’ to implement some of the recommendations. That may be helpful as related to the planning and implementation process of the Recommendation(s). As each recommendation is implemented, the process should be evaluated, and adjustments can be made, in order to maintain a forward motion with the overall goal of assuring a timely response to 9-1-1 calls, by the emergency crews.

As with any Study from an outside agency, the information can be overwhelming and seem as though the tasks necessary for change are unattainable. The goal of Strategic Management & Consulting, LLC is to provide you with realistic recommendations. The Recommendations and list of Items given in the Report are reasonable goals that are attainable over time. With due diligence, they can be implemented to assure viable and sustainable Fire Protection and Emergency Medical Services (EMS) system within the communities represented.



We wish the Municipalities, Fire Departments, and EMS that have participated in this Project the best as they commit to working on a new model of providing high quality Fire Protection and Emergency Medical Services (EMS) to the residents and visitors of their communities.