Rusk County
Emergency Services Committee Agenda

Date: **Wednesday July 9, 2025**
Time: **8:00 AM**
Place: **County Board Room – LEC**

MEETING WILL BE ACCESSIBLE BY VIDEO CONFERENCE
Click the link to join video and/or audio: **Join the meeting now**

1. Meeting Called to Order
2. Elect Vice-Chair
3. Approval of Minutes – June, 11, 2025
4. Public Comment – limited to 5 minutes per person
5. Rusk County Emergency Management/Ambulance Director Presentation
    a. Monthly Report (includes discussion on meetings, events, call types, A/R)
    b. Training Requests
    c. Payment of the Bills
    d. Budget Review
6. Rusk County Medical Examiner Presentation
    a. Monthly Report (includes discussion on meetings, events, monthly cases, A/R)
    b. Training Requests
    c. Payment of the Bills
    d. Budget Review
7. Rusk County Sheriff Presentation
    a. Monthly Report (includes discussion on jail population, events, meetings, calls for service, A/R)
    b. Training Requests
    c. Payment of the Bills
    d. Budget Review
    e. Discussion and Possible Motion
        i. Tower Project Updates
        ii. FY26 NG911 PSAP Grant Application
        iii. Sheriff's Office Server Storage Space
8. Discussion/Possible Motion
    a. Update on EDA Grant for Gates Building and possible referral to County Board
9. Set Next Meeting Date and Time – August 13, 2025 at 8:00am
10. Adjournment

Agenda Posted: 07/07/2025

Virtual attendees requesting public comment may submit their public comment in writing to the committee chair prior to the meeting and it will be read aloud by the committee chair during the meeting

At any time, a quorum of another County Committee or of the County Board may be present at the meeting to observe the proceedings, but no action will be taken except by those Committee Members for the stated Committee meeting and only on noticed agenda items.

**Please Note: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals. For additional information, or to request this service, contact the Rusk County Clerk's Office; phone (715) 532-2100.

Agenda prepared by Miranda Kron under direction of Chair Wedwick

Rusk County Emergency Services Minutes June 11, 2025

Present: Schneider, Wedwick, Vohs, Gorsegner, Cudo (arriving at 8:03am)
Others Present: Tom Hall (virtual), Annette Grotzinger, Sheriff Grassmann, Miranda Kron, Mike Hraban, Ashley Heath

Call to Order – Meeting called to order by Chair Wedwick at 8:00am

Approval of the Minutes
Motion by Gorsegner, second by Vohs to approve the May 14, 2025 minutes as prepared. Motion carried.

Public Comment – None

Rusk County Emergency Management/Ambulance Director presentation

- Reviewed monthly report including ambulance needs/repairs and general department updates.
- Out-of-County Training Requests: None
- Payment of Bills: *Motion by Vohs, second by Gorsegner to approve the payment approval report. Motion carried.*
- Budget Review: *Motion by Schneider, second by Cudo to approve the budget reporting forms as presented and forward to Finance. Motion carried.*

Presentation regarding Law Enforcement usage at the Gates Building: Al Christianson Jr present for discussion with the Emergency Services committee. Discussion held.

Rusk County Medical Examiner presentation

- Reviewed monthly report including death statistics and general department updates.
- Out-of-County Training Requests: None
- Payment of Bills: *Motion by Cudo, second by Gorsegner to approve payment approval report. Motion carried.*
- Budget Review: *Motion by Cudo, second by Schneider to approve the budget reporting forms as presented and forward to Finance. Motion carried.*

Rusk County Sheriff presentation

- Reviewed monthly report including inmate housing updates, calls for service, overtime shifts, and general department updates.
- Out-of-County Training Requests: Heater [06/08-06/13 – Basic SWAT – Green Bay, WI] *Motion by Schneider, second by Gorsegner to approve all out of county training requests. Motion carried.*
- Payment of Bills: *Motion by Gorsegner, second by Vohs to approve payment approval report. Motion carried.*
- Budget Review: *Motion by Cudo, second by Gorsegner to approve the budget reporting forms as presented and forward to Finance. Motion carried.*
- Verbal updates on the Tower Project given to the committee; estimated go-live is August 2025.
- Tek 84 Maintenance Agreement: Discussion held regarding 1-year agreement vs 3-year agreement. *Motion by Gorsegner, second by Vohs to approve the 3-year agreement for $32,700.00, saving minimum $900.00 per year and forward to finance. Motion carried.*
- TK Elevator Invoice Overages: Discussion on the unexpected overages associated with repairing the Sally Port elevator after damages caused by a recent storm leaving the elevator out of service. Sheriff Grassmann received a quote and then an additional invoice for wages and travel of the technicians for an additional

DRAFT

$3,252.00 above the original work order. *Motion by Cudo, second by Gorsegner to wait until Sheriff Grassmann receives a response from TKE on overages, then submit an insurance claim if overages are accurate. Motion carried.*

Next Regular Meeting Date – July 9, 2025 at 8:00am

Adjourn – Motion to adjourn at 9:12am

DRAFT

RUSK COUNTY

EMA/AMB Monthly Report

July 2025

EMA:

Grants for Hazard Mitigation plan are on hold-plan may have to be approved without an update.

Grants for EMPG that pay a portion of the wage and benefit package for EM director are currently on hold and may be combined with 2026 funds if feds decide to reinstate them-unknown at this time.

Ambulance:

254- new step installed and waiting on new windshield. Also hit a deer but very little damage. Rear door repaired as it would not open

253-no issues

252- no issues

251- changed some lighting options so rear lights stay on longer

250- electric door lock still not working-Toycen will need it in Chippewa to fix it.

WIGENT paperwork (Medicaid reimbursement) has been completed for 2024 by Theresa Ludvigsen. If numbers are correct we should see an additional payment of just over $20,000.00

New EMT in Tony-- Wendy Cynor, and one of those taking classes in Mn has completed and now waiting for license for WI. Caden Gerber. Both will be starting orientation process.

Training

Did CPR for Public Health and have 3 dispatchers to get done now.

Meetings Attended:

HWY safety-ES via phone-EM via online-

Report Criteria:

Detail report.

Invoices with totals above $0 included.

Paid and unpaid invoices included.

Invoice Detail.GL account = "1002352301000"-"1002352301999","1002552501000"-"1002552501999","1002652507000"-"1002652507999","1002852509000"-"1002852509999","100294"-"10031","10075"-"10076","1002452303000"-"1002452303999"

[Report].Description = {<>} "1099 adjustment"

Invoice Detail.Created date = 06/04/2025-07/01/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
BOUND TREE MEDICAL LLC	66381049	WATER PROOF SHOE COVERS	21.50	100-23-52301-349 AMBULANCE-EQUI
BOUND TREE MEDICAL LLC	66381242	SHOE COVERS	186.00	100-23-52301-349 AMBULANCE-EQUI
BRIGHTSPEED	301217898-05	MAY 2025, ACCT-301217898, EM	159.88	100-23-52301-225 AMBULANCE-TELE
BRUCE TELEPHONE COMPANY	206228 050125	BRUCE INTERNET	46.65	100-23-52301-225 AMBULANCE-TELE
CHIPPEWA VALLEY TECHNICAL COLL	89241	EMT CLASS	1,921.23	100-24-52303-339 AMB GRANT-TRAINI
CITY OF LADYSMITH	1-1397-00 052	2/26/25-5/28/25 ACCT 1-1397-0 F	209.67	100-23-52301-220 AMBULANCE-UTILI
MARSHFIELD CLINIC HEALTH SYSTE	IN-10214	MED DIR	500.00	100-23-52301-513 AMB-MEDICAL DIRE
MARSHFIELD CLINIC HEALTH SYSTE	IN-10217	MED SUPPLIES	113.09	100-23-52301-349 AMBULANCE-EQUI
MED ALLIANCE GROUP INC	314690	MED CPAP	156.62	100-23-52301-349 AMBULANCE-EQUI
ONEIDA HOTEL	1401	REFUND FOIR 1 NIGHT PAID BY	98.00-	100-30-52501-339 EMERG MGMNT - T
ONEIDA HOTEL	R113DA	EM TRAVEL	294.00	100-30-52501-332 EMERG MGMNT- T
RASSBACH COMMUNICATIONS	10206	ICOM RADIO	1,700.15	100-24-52303-340 AMB GRANT-EQUIP
SHIMKO, ANTHONY M	07012025	07/25-09/25 WEST TOWER REN	400.00	100-23-52301-225 AMBULANCE-TELE
STERICYCLE INC	8010487411	BIO HAZZARD WASTE DISPOSA	198.80	100-23-52301-216 AMBULANCE-CONT
TRIZETTO PROVIDER SOLUTIONS	37TU052500	AMB SOFT	130.00	100-23-52301-216 AMBULANCE-CONT
TRIZETTO PROVIDER SOLUTIONS	37TU062500	AMB SOFT	130.00	100-23-52301-216 AMBULANCE-CONT
VERIZON WIRELESS	6112730550	04/05/25-05/04/25, ACCT 983216	269.37	100-23-52301-225 AMBULANCE-TELE
WALMART	023432	DIABETIC SUPPLIES	104.58	100-23-52301-347 AMBULANCE- MEDI
WALMART	096555	HOUSA ROUTER	69.00	100-23-52301-349 AMBULANCE-EQUI
WE ENERGIES	5471004892	04/03/25-05/04/25, ACCT 071867	77.80	100-23-52301-220 AMBULANCE-UTILI
WILLIAMS, ROBERT A	159-07012025	JULY 25 RENT EMS HOUSE	850.00	100-23-52301-530 AMBULANCE-HOUS
XCEL ENERGY	926218988	04/02/25-05/01/25, ACCT 52-0013	86.34	100-23-52301-220 AMBULANCE-UTILI
Grand Totals:			7,526.68	

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title

We, the undersigned committee, have reivewed and approve the attached list of invoices and purchasing card statement(s).

_____ _____

Terry Wedwick - Chair Date

_____

Suzanne Vohs

_____

Kurt Gorsegner

_____

Phil Schneider

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: EM

Month of Report: July

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Thomas Hall

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,245,042.29

YTD Revenues: 7068.00

Projected Expenditures: 1,991,054.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: EM

Month of Report: July

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Thomas Hall

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,245,042.29

YTD Revenues: 7068.00

Projected Expenditures: 1,991,054.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: EM

Month of Report: July

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Thomas Hall

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,245,042.29

YTD Revenues: 7068.00

Projected Expenditures: 1,991,054.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: EM

Month of Report: July

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Thomas Hall

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,245,042.29

YTD Revenues: 7068.00

Projected Expenditures: 1,991,054.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: EM

Month of Report: July

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Thomas Hall

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,245,042.29

YTD Revenues: 7068.00

Projected Expenditures: 1,991,054.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

June 2025 Death Statistics

	N	A	S	H	U	Tot	Autop	Crem	Hosp	OnCall	Donat
January	4	1	0	0	0	5	0	6	6	0	1
February	4	0	0	0	0	4	0	9	4	0	1
March	7	0	0	0	0	7	0	10	4	4	1
April	5	0	0	0	0	5	0	6	7	0	2
May	1	1	0	0	0	2	0	4	3	0	0
June	6	1	0	0	0	7	0	10	3	20	0
July						0					
August						0					
September						0					
October						0					
November						0					
December						0					
YTD	27	3	0	0	0	30	0	45 hours left	27	24 2568	5

1. Monthly death statistics
2. Request to attend training
    a. Online training
        a. approval
3. Discussion of any departmental issues
4. Review invoices
    a. approval
5. Review budget

key

N-Natural, **A**-Accident, **S**-Suicide, **H**-Homicide, **U**-Undetermined

Autop-Autopsy, **Crem**-Cremations, **Hosp**-Hospice calls,

OnCall-on call hours used, **Donat**-Donation calls taken

Report Criteria:

Detail report.

Invoices with totals above $0 included.

Paid and unpaid invoices included.

[Report].Description = {<>} "1099 adjustment"

Invoice Detail.GL account = "1000451261000"-"1000451261999"

Invoice Detail.Created date = 06/04/2025-07/01/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
Grand Totals:			.00	

We, the undersigned committee, have reivewed and approve the attached list of invoices and purchasing card statement(s).

Terry Wedwick - Chair

Date

Suzanne Vohs

Kurt Gorsegner

Phil Schneider

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: EM

Month of Report: July

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Thomas Hall

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,245,042.29

YTD Revenues: 7068.00

Projected Expenditures: 1,991,054.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

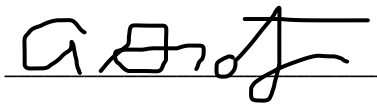
Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

Department Head's Signature:  Date: 7/9/2025

This budget report form is to be sent to the Clerk's Office/Agenda Preparer for inclusion in the packet provided to the Oversight Committee.

Oversight Committees shall approve budget report forms and forward to the Finance Committee. Departments shall email approved budget report forms and Oversight meeting minutes to the Finance Director, or in their absence the Administrative Coordinator, to compile final monthly report for the Finance Committee.

Fully approved final monthly report, which includes all departmentally submitted budget report forms, will be filed with the Finance Director, or in their absence the Administrative Coordinator.

Please refer to the Financial Procedures Manual, Chapter 6 for the full policy regarding monthly departmental budget reports.

2025
Rusk County Sheriff's Office
Monthly Report For:

JUNE

Average Daily Inmate Population **24**

Average Daily EMP Inmate Population **1**

Average Daily Inmates Housed Out of County .. **0**

Training Received:

Heater [06/08-06/13]	Basic SWAT; Green Bay, WI

Upcoming Training Requested/Scheduled:

Meetings Attended: Radio/Tower Meeting, Department Meeting, Personnel, Emergency Services, County Board, Security Meeting

Special Points of Interest:

CALLS FOR SERVICE:	2025	2024	2023
Accidents (total)	277	446	505
Burglar Alarm	22	46	14
Disorderly Conduct	112	250	213
Domestic Violence	52	85	67
Drug Offense	7	12	29
Emergency Detention	62	104	85
Sexual Assault	22	43	49
Theft	94	198	137
Warrant	98	162	147
Weapon Offense	4	11	18
TOTALS	750	1,357	1,264

Accident totals include:

- Driver Reportable
- Fatality
- Property Damage
- Personal Injury

OVERTIME POSTING (S)

Date Posted:	5/15/25	Time Posted:	9:00am	Posted By:	102

Reason:	Day:	Date:	Hours:	Duty:	Left vacant by:	Last day to post:	Deputy wanting shift	Assigned to:
V	Wednesday	6/4/25	6A-6P	Patrol	114	5/26/25	112, 104	104
V	Saturday	6/7/25	6A-3P	Patrol	114	5/26/25	105	105
S	Sunday	6/8/25	5P-5A	Patrol	109	5/26/25	114 1st, 103 2nd	114 1st 103 2nd
S	Monday	6/9/25	5P-5A	Patrol	109	5/26/25	114 1st, 103 2nd	114 1st, 103 2nd
S	Tuesday	6/10/25	5P-5A	Patrol	109	5/26/25	113	113
S	Wednesday	6/11/25	5P-5A	Patrol	109	5/26/25	104	104
V	Sunday	6/15/25	6A-3P	Patrol	114	5/26/25	116	116
V	Sunday	6/22/25	6A-3P	Patrol	114	5/26/25	105	105
V	Tuesday	6/24/25	6A-3P	Patrol	105	5/26/25	114	114
V	Saturday	6/28/25	6A-6P	Patrol	114	5/26/25	105, 104	104

V=vacation **C**=comp **S**=school **W**=court **Q**=sick leave **B**= court sec / Bailiff **S**= school / training **D**= DARE **SD**= special duty
*ALL SHIFTS SUBJECT TO CHANGE OR CANCELLATION BASED UPON THE NEEDS OF THE DEPARTMENT.

OVERTIME POSTING(S)

Date Posted:	6/11/2025	Time Posted:	10:00	Posted By:	Olynick

REASON	DAY	DATE	HOURS	DUTY	LEFT VACANT BY	LAST DAY TO POST	DEPUTY WANTING SHIFT	ASSIGNED TO
	Saturday	6/14/2025	6P-6A	Jail - Dispatcher Needed			137	137
	Sunday	6/15/2025	6P-6A	Jail - Dispatcher Needed			139	139
	Monday	6/16/2025	6P-6A	Jail - Dispatcher Needed			139	139
	Tuesday	6/17/2025	6P-6A	Jail - Dispatcher Needed			139w 127	127
	Friday	6/20/2025	6P-6A	Jail - Dispatcher Needed	127			136
	Saturday	6/21/2025	6P-6A	Jail - Dispatcher Needed	127			124
	Sunday	6/22/2025	6P-6A	Jail - Dispatcher Needed			137	137
	Monday	6/23/2025	6P-6A	Jail - Dispatcher Needed			139	139
	Tuesday	6/24/2025	6P-6A	Jail - Dispatcher Needed			139	139
	Wednesday	6/25/2025	6P-6A	Jail - Dispatcher Needed			127	127
	Friday	6/27/2025	5A-5P	Jail				132
	Monday	6/30/2025	6P-6A	Jail - Dispatcher Needed			127	127
	Thursday	06/26/25	6a-6p	Jail-Dispatcher Needed			136	136
	Friday	06/27/25	6a-6p	Jail-Dispatcher Needed			136	136
	Saturday	06/28/25	6a-6p	Jail-Dispatcher Needed				137
	Sunday	06/29/25	6a-6p	Jail-Dispatcher Needed				137

OVERTIME POSTING(S)

V=Vac Req	**C=Comp Req**	**JT=Jury Trial**	**Z=Spec Duty**	**S=School/Training**	**O=Other**			

ELLATION BASED UPON THE NEEDS OF THE DEPARTMENT*

Report Criteria:

Detail report.

Invoices with totals above $0 included.

Paid and unpaid invoices included.

[Report].Description = {<>} "1099 adjustment"

Invoice Detail.GL account = "1002152111000"-"1002152111999","1002252112000"-"1002252112999","100425"-"100426","1004652112000"-"1004652112999","211"-"212","1007752111000"-"1007752111999"

Invoice Detail.Created date = 06/04/2025-07/01/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
5.11 INC	20096108640	OLYNICK UNIFORMS - POLOS	202.56	100-22-52112-345 JAIL-UNIFORMS
5.11 INC	20096580585	121 UNIFORMS - POLOS	111.78	100-22-52112-345 JAIL-UNIFORMS
ADVANCED CORRECTIONAL	INV-002340	04/21/2025 MENTAL HEALTH TE	350.00	100-22-52112-347 JAIL-PRISONER ME
ADVANCED CORRECTIONAL	RINV-005987	JULY 25 - ONSITE MEDICAL	8,173.67	100-22-52112-347 JAIL-PRISONER ME
ADVANTAGE POLICE SUPPLY INC	25-0222	(1) ERT BALLISTIC VEST - 109 I	2,274.38	100-77-52111-340 TACTICAL TEAM-EQ
ADVANTAGE POLICE SUPPLY INC	25-0296	(60) 12GA LESS LETHAL AMMO	417.00	100-21-52111-340 SHERIFF- REPLACE
ALLIED EMERGENCY VETERINARY S	46438	K9 LEO - EMERGENCY VET VISI	3,734.83	100-21-52111-341 SHERIFF- K-9 EXPE
AMAZON.COM	112-9129728-5	JAIL - (3) BWC	370.47	100-22-52112-340 JAIL-EQUIP < $5,00
AMAZON.COM	113-1101851-3	151 UNIFORMS - DRESS SHIRT	65.97	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-2734303-8	152 UNIFORMS - (2PAIR) BOOT	243.07	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-3858065-6	(2) PRESENTATION CLICKERS -	39.98	100-21-52111-339 SHERIFF- DUES/TR
AMAZON.COM	113-4525102-8	151 UNIFORMS - PANTS	71.70	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-4525102-8	151 UNIFORMS - RETURNED PA	23.90-	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-4616849-1	OFFICE - BINDER CLIPS & PAC	24.78	100-21-52111-319 SHERIFF- OFFICE S
AMAZON.COM	113-5219498-3	JAIL BOOKING - SIGNATURE PA	18.12	100-22-52112-340 JAIL-EQUIP < $5,00
AMAZON.COM	113-5310513-6	151 UNIFORM - PANTS	28.50	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-6432206-2	FRONT OFFICE UNIFORM SHIR	11.77	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-7136676-2	(1000) NITRILE EXAM GLOVES	60.00	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	113-7914053-2	RUSO OFFICE - TABBED FILE F	15.99	100-21-52111-319 SHERIFF- OFFICE S
AMAZON.COM	113-8299596-4	FRONT OFFICE UNIFORM SHIR	28.39	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-9106371-3	JAIL MEDICAL - FRIDGE FOR M	109.99	100-22-52112-347 JAIL-PRISONER ME
AMAZON.COM	113-9521388-6	(6BX) DISPOSABLE RAZORS	106.44	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	113-9810797-1	151 UNIFORMS - RETURNED PA	23.90-	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-9810797-1	151 UNIFORM PANTS - RETURN	23.90-	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	113-9810797-1	151 UNIFORMS - PANTS RETUR	23.90-	100-21-52111-345 SHERIFF- UNIFORM
AMAZON.COM	114-2217921-8	JAIL/JAIL NURSE - FINE TIP SH	18.96	100-22-52112-347 JAIL-PRISONER ME
AMAZON.COM	114-6071684-8	NITRILE EXAM GLOVES	192.03	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	114-6071684-8	INMATE MED - FOAM WOUND D	28.89	100-22-52112-347 JAIL-PRISONER ME
AMAZON.COM	114-7130541-2	(2) SQUAD USB GPS RECEIVER	89.98	100-21-52111-250 SHERIFF- COMPUT
AMAZON.COM	114-8591998-4	INMATE MEDICAL - STERILE SA	47.80	100-22-52112-347 JAIL-PRISONER ME
ASSURANCE TRANPORT SERVICES L	20250029	25B-00311 MENTAL HEALTH TR	1,200.00	100-22-52112-338 JAIL-OUT OF COUN
ASSURANCE TRANPORT SERVICES L	20250031	23B-00607 MENTAL HEALTH TR	1,200.00	100-22-52112-338 JAIL-OUT OF COUN
BADGEANDWALLET.COM	741814	101 - NEW BADGE	176.40	100-21-52111-345 SHERIFF- UNIFORM
CENTURYLINK	407046868 040	WIRELESS 911	1,222.71	100-22-52112-225 JAIL-911 MONTHLY
CENTURYLINK	407046868 050	WIRELESS 911	1,222.71	100-22-52112-225 JAIL-911 MONTHLY
CENTURYLINK	500150169 040	E911 LINES - BARRON CO INCO	110.49	100-22-52112-225 JAIL-911 MONTHLY
CENTURYLINK	500150169 050	E911 LINES - BARRON CO INCO	110.49	100-22-52112-225 JAIL-911 MONTHLY
CHIPPEWA VALLEY ELECTRIC COOP	9021892 05052	W13522 CHIPPEWA TRAIL - SW	45.88	100-21-52111-225 SHERIFF- COMMUN
CITY OF ALTOONA	05142025	MURPHY - OPEN RECORDS TR	125.00	100-21-52111-339 SHERIFF- DUES/TR
CITY OF ALTOONA	05142025	DOUGHTY - OPEN RECORDS T	125.00	100-22-52112-339 JAIL-TRAINING
COMFORT INN & SUITES	986702482	109 LODGING FOR TRAINING	490.00	100-21-52111-339 SHERIFF- DUES/TR
COPQUEST, INC	C25765426	101 COLLAR BRASS	16.01	100-21-52111-345 SHERIFF- UNIFORM
COPQUEST, INC	C25765426	102 COLLAR BRASS	16.00	100-21-52111-345 SHERIFF- UNIFORM
EASTMART	038978	EDGE - PIZZA PARTY SUPPLIES	93.75	211-21-52170-348 EDGE-MATERIALS
ELAINE'S EMBROIDERY	1875	MM UNIFORM EMBROIDERY	35.00	100-21-52111-345 SHERIFF- UNIFORM
ELAINE'S EMBROIDERY	1875	MK UNIFORM EMBROIDERY	28.00	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031198899	129 INITIAL ISSUE UNIFORMS	212.59	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031225568	129 CLASS A - INITIAL ISSUE	79.48	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031250366	129 INITIAL ISSUE - COLLAR BR	40.55	100-22-52112-345 JAIL-UNIFORMS

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
GALLS, LLC	031361596	124 UNIFORMS - TROUSER BEL	58.73	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031385051	129 INITIAL ISSUE - BRASS NA	11.92	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031388806	116 UNIFORMS - REPLACE RIP	62.19	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031436771	102 WHITE CLASS A - INITIAL IS	65.09	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031436771	121 WHITE CLASS A - INITIAL IS	65.10	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031453590	124 UNIFORMS - PANTS & JACK	207.26	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031483506	PBT TUBES - JAIL	57.20	100-22-52112-340 JAIL-EQUIP < $5,00
GALLS, LLC	031483506	PBT TUBES - PATROL	57.19	100-21-52111-340 SHERIFF- REPLACE
GALLS, LLC	031500005	108 UNIFORMS - PANTS	154.38	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031507847	108 UNIFORMS - (2) POLOS	88.21	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031581834	106 INITIAL ISSUE - COLLAR BR	42.07	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031624399	106 INITIAL ISSUE - UNIFORMS	771.82	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031624399	106 INITIAL ISSUE - EQUIP	306.12	100-21-52111-340 SHERIFF- REPLACE
GENERAL COMMUNICATIONS	345265	JUNE 25 MONTHLY AGREEMEN	1,660.00	100-21-52111-225 SHERIFF- COMMUN
GLOCK, INC	TRP/10021513	114 TRAINING REGISTRATION	300.00	100-21-52111-339 SHERIFF- DUES/TR
GOODSOURCE SOLUTIONS	SI0573864	(3 CASES) JUICE PACKETS - IN	375.00	100-22-52112-343 JAIL-PRISONER ME
HANDCUFF WAREHOUSE	4172387	111 UNIFORMS - HANDCUFF CA	57.99	100-21-52111-345 SHERIFF- UNIFORM
HOLIDAY INN	29853649	135 LODGING FOR TRAINING	196.00	100-22-52112-339 JAIL-TRAINING
INTOXIMETERS	787363	BAC TESTING EQUIP	150.00	100-21-52111-340 SHERIFF- REPLACE
JUMP RIVER ELEC COOP INC	17827001 0505	N5861 NORWEGIAN RD TOWER	57.65	100-21-52111-225 SHERIFF- COMMUN
JUMP RIVER ELEC COOP INC	17827002 0505	N5591 HWY 73 TOWER	60.21	100-21-52111-225 SHERIFF- COMMUN
KOHL'S	026233	CD UNIFORM SHIRTS	49.26	100-21-52111-345 SHERIFF- UNIFORM
KOHL'S	6632780740	RUSO OFFICE-MM (1) UNIFORM	113.87	100-21-52111-345 SHERIFF- UNIFORM
KOHL'S	6632780740C	RUSO OFFICE - UNIFORM SHIR	92.78-	100-21-52111-345 SHERIFF- UNIFORM
KWIK TRIP	061619	HUMMER FUEL 06/16 CALL OUT	66.00	100-21-52111-334 SHERIFF- FUEL
LADYSMITH FAMILY RESTAURANT	648733	MAY 2025 JAIL MEALS	15,449.00	100-22-52112-343 JAIL-PRISONER ME
LADYSMITH POSTMASTER	020813	EVIDENCE MAILED	6.15	100-21-52111-311 SHERIFF- POSTAGE
LADYSMITH POSTMASTER	040762	CHAPLAIN STAMPS	146.00	100-22-52112-348 JAIL-CHAPLAIN EXP
LADYSMITH POSTMASTER	056711	EVIDENCE MAILED	12.30	100-21-52111-311 SHERIFF- POSTAGE
LADYSMITH POSTMASTER	088369	EVIDENCE MAILED	6.90	100-21-52111-311 SHERIFF- POSTAGE
LADYSMITH POSTMASTER	093018	DOJ TIME SYSTEM - DOCS MAI	10.65	100-21-52111-311 SHERIFF- POSTAGE
LADYSMITH POSTMASTER	097181	CID MAILINGS - JAIL	10.65	100-21-52111-311 SHERIFF- POSTAGE
LEE'S DRY CLEANERS	137774	135 HONOR GUARD UNIFORM -	18.55	100-22-52112-345 JAIL-UNIFORMS
MARSHFIELD CLINIC HEALTH SYSTE	024164	25B-00314 INMATE RX	12.00	100-22-52112-347 JAIL-PRISONER ME
MARSHFIELD CLINIC HEALTH SYSTE	3764-38435	R. OPACHAN - PRE EMPLOYME	226.50	100-22-52112-399 JAIL-EMPLOYMENT
MARSHFIELD CLINIC HEALTH SYSTE	3764-38435	K. CRANDALL - JAIL SCHOOL -	226.50	100-22-52112-399 JAIL-EMPLOYMENT
MARSHFIELD CLINIC HEALTH SYSTE	3764-39672	K. JONES - PRE-EMPLOYMENT	233.50	100-22-52112-399 JAIL-EMPLOYMENT
MARSHFIELD CLINIC HEALTH SYSTE	904262	25B-00218 INMATE MEDICAL	170.14	100-22-52112-347 JAIL-PRISONER ME
MARSHFIELD CLINIC HEALTH SYSTE	905019	25B-00169 INMATE MEDICAL	130.18	100-22-52112-347 JAIL-PRISONER ME
MARSHFIELD CLINIC HEALTH SYSTE	906109	25B-00187 INMATE MEDICAL	433.81	100-22-52112-347 JAIL-PRISONER ME
NATIONAL TACTICAL OFFICERS ASSO	089742	108 TRAINING REGISTRATION	311.00	100-21-52111-339 SHERIFF- DUES/TR
NORTHWOOD TECHNICAL COLLEGE	NRTWD--SF---	ANDERSON - MANAGEMENT C	225.00	100-21-52111-339 SHERIFF- DUES/TR
NORTHWOOD TECHNICAL COLLEGE	NRTWD--SF---	113 - MANAGEMENT CONF	225.00	100-21-52111-339 SHERIFF- DUES/TR
NORTHWOOD TECHNICAL COLLEGE	NRTWD--SF---	101 - MANAGEMENT CONF	225.00	100-21-52111-339 SHERIFF- DUES/TR
NORTHWOOD TECHNICAL COLLEGE	NRTWD--SF---	102 - MANAGEMENT CONF	225.00	100-21-52111-339 SHERIFF- DUES/TR
PACIFIC INTERPRETERS INC	SIN302570	ACCT: 101297 MAY 25 INTERPR	19.55	100-21-52111-348 SHERIFF- INVEST S
PET SUPPLIES PLUS	021502102634	K9 LEO - SUPPLIES	99.99	100-21-52111-341 SHERIFF- K-9 EXPE
RED CEDAR ELECTRIC	2795	IT OUTLET UPGRADE - PSAP G	491.03	100-21-52111-813 SHERIFF- CAPITAL
REFINING REPAIR & MAINTENANCE L	2085	25C-02664 TOW BILL	633.00	100-21-52111-348 SHERIFF- INVEST S
REPUBLIC SERVICES #930	0930-0014440	MAY 25 JAIL DUMPSTER	137.23	100-42-51610-229 JAIL MAINT- REFUS
REPUBLIC SERVICES #930	0930-0014521	JUNE 25 JAIL DUMPSTER	137.23	100-42-51610-229 JAIL MAINT- REFUS
SAFE LIFE DEFENSE	32465812	129 INITIAL ISSUE - VEST CARR	249.54	100-22-52112-345 JAIL-UNIFORMS
SHIMKO, ANTHONY M	07012025	07/25-09/25 WEST TOWER REN	800.00	100-21-52111-225 SHERIFF- COMMUN
SPORTSMAN'S GUIDE	83882576	6)1000 ROUNDS - 9MM AMMO	1,439.94	100-21-52111-340 SHERIFF- REPLACE
STERICYCLE INC	6113830	(4) 5QT SHARPS CONTAINER -	71.26	100-22-52112-349 JAIL-PRISONER MAI
SYSCO BARABOO, LLC	418833254	JAIL MEALS - MILK	59.67	100-22-52112-343 JAIL-PRISONER ME
SYSCO BARABOO, LLC	418842179	JAIL MEALS - MILK	80.00	100-22-52112-343 JAIL-PRISONER ME
SYSCO BARABOO, LLC	418850796	JAIL MEALS - MILK	73.96	100-22-52112-343 JAIL-PRISONER ME

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
SYSCO BARABOO, LLC	418859105	JAIL MEALS - MILK	55.47	100-22-52112-343 JAIL-PRISONER ME
TEK84 INC	93317	08/19/2025-12/31/2025 SERVICE	4,044.60	100-22-52112-340 JAIL-EQUIP < $5,00
TRANS UNION LLC	51361-202504-	APR 25 BACKGROUND CHECK	75.00	100-21-52111-348 SHERIFF- INVEST S
TRANS UNION LLC	51361-202505-	MAY 25 BACKGROUND CHECK	79.13	100-21-52111-348 SHERIFF- INVEST S
TURTLE TRACKS	2841	105 VEST CARRIER	310.00	100-21-52111-345 SHERIFF- UNIFORM
UNIVERSITY OF MINNESOTA	1699435	K9 LEO - MRI	3,242.44	100-21-52111-341 SHERIFF- K-9 EXPE
VERIZON WIRELESS	6111631531	MAR-APR RUSO CELL PHONES	940.77	100-21-52111-225 SHERIFF- COMMUN
VERIZON WIRELESS	6111631532	MAR-APR RUSO MDC	1,364.90	100-21-52111-226 SHERIFF-MDT AIR C
VERIZON WIRELESS	6114135737	APR-MAY RUSO CELL PHONES	658.21	100-21-52111-225 SHERIFF- COMMUN
VERIZON WIRELESS	6114135738	APR-MAY RUSO MDC	914.90	100-21-52111-226 SHERIFF-MDT AIR C
WALMART	020467	JAIL - AAA LITHIUM BATTERIES	29.52	100-22-52112-340 JAIL-EQUIP < $5,00
WALMART	052424	EDGE PIZZA PARTY SUPPLIES	87.67	211-21-52170-348 EDGE-MATERIALS
WALMART	080849	WEAPON CLEANING SUPPLIES	28.28	100-21-52111-340 SHERIFF- REPLACE
WALMART	085799	25B-00187 INMATE RX	3.20	100-22-52112-347 JAIL-PRISONER ME
WALMART	2000129-9215	(2 BOXES) RIFLE OPTIC BATTE	69.14	100-21-52111-340 SHERIFF- REPLACE
WE ENERGIES	5501872925	05/04/2025-06/03/2025 ACCT 074	9.90	100-21-52111-225 SHERIFF- COMMUN
WESTWOOD PHARMACY CLINICAL S	46005	INMATE RX - MAY 2025	1,029.97	100-22-52112-347 JAIL-PRISONER ME
WI DEPT OF JUSTICE	WINWOR0317	A. LEFFLER - PRE-EMPLOYME	7.00	100-21-52111-399 SHERIFF-EMPLOYM
WI DEPT OF JUSTICE	WINWOR0321	JAIL/DISP - NEW HIRE BACKGR	14.00	100-22-52112-399 JAIL-EMPLOYMENT
WI DEPT OF JUSTICE	WINWOR0321	PATROL - NEW HIRE BACKGRO	7.00	100-21-52111-399 SHERIFF-EMPLOYM
WI DEPT OF JUSTICE	WS2EVA01237	111 TRAINING REGISTRATION	255.00	100-21-52111-339 SHERIFF- DUES/TR
WI DEPT OF JUSTICE	WS2EVA01244	111 TRAINING REGISTRATION -	250.00-	100-21-52111-339 SHERIFF- DUES/TR
Grand Totals:			63,804.32	

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title

We, the undersigned committee, have reivewed and approve the attached list of invoices and purchasing card statement(s).

_____ _____

Terry Wedwick - Chair Date

_____

Suzanne Vohs

_____

Kurt Gorsegner

_____

Phil Schneider

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Sheriff

Budget Number: 210

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 2,424,287.25

2024 Actual Expenditures: 2,493,202.03

2023 Actual Revenues: 97,351.47

2024 Actual Revenues: 38,715.14

BUDGET INFORMATION:

Budgeted Expenditures: 2,706,008.00

Budgeted Revenues: 24,150.00

YTD Expenditures: 1,120,448.50

YTD Revenues: 23,215.04

Projected Expenditures: 2,700,828.68

Projected Revenues: 27,414.51

GL ACCOUNTS OF CONCERN: ☐ Check if no concerns.

Account Number/Name: 100-21-52111-225 SHERIFF-COMMUNICATIONS

Reason for Concern: 5yr agreement for Spillman/FLEX Software Maintenance Agreement came due in 2025

Plan of Action: Certain costs impacting the communications budget planned for in 2025 have not started to hit the budget yet (ytd) as it is determined by the progress of the radio/tower upgrades reducing the budgeted amount needed for those fees. See attached spreadsheet for cost breakdowns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

With changes in RUSO personnel, we are concerned that the patrol overtime could take a hit.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Jail

Budget Number: 211

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 2,001,527.16

2024 Actual Expenditures: 2,458,174.96

2023 Actual Revenues: 116,394.16

2024 Actual Revenues: 119,409.86

BUDGET INFORMATION:

Budgeted Expenditures: 2,301,196.00

Budgeted Revenues: 83,450.00

YTD Expenditures: 799,431.86

YTD Revenues: 33,347.33

Projected Expenditures: 2,157,582.62

Projected Revenues: 84,686.00

GL ACCOUNTS OF CONCERN: ☐ Check if no concerns.

Account Number/Name: 100-22-52112-115
JAIL-RESERVE DEPUTY (wages)

Reason for Concern: Our reserve deputies will be working several shifts to help off-set the amount of overtime this summer due to vacant shifts & open positions

Plan of Action: Having a reserve deputy work shifts ultimately costs less money than to pay a full-time employee to work those shifts at the overtime rate.

Account Number/Name: 100-22-52112-340
JAIL-EQUIP < $5,000

Reason for Concern: We only have approx. $1,800.00 remaining in this budget line and have 6 months left of 2025

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Jail Maintenance

Budget Number: 240

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 19,136.44

2024 Actual Expenditures: 16,062.77

2023 Actual Revenues: 7,620.44

2024 Actual Revenues: 0.00

BUDGET INFORMATION:

Budgeted Expenditures: 16,252.00

Budgeted Revenues: 4,500.00

YTD Expenditures: 9,327.16

YTD Revenues: 0.00

Projected Expenditures: 23,480.29

Projected Revenues: 4,500.00

GL ACCOUNTS OF CONCERN: ☐ Check if no concerns.

Account Number/Name: 100-42-51610-246 JAIL MAINT-CONTRACT MAINT

Reason for Concern: Unexpected cost for Sally Port elevator maintenance & repair after power outage

Plan of Action: RUSO administration is working on creating new/more revenue sources for the jail

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: K9

Budget Number: 214

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 15,183.73

2024 Actual Expenditures: 4,045.69

2023 Actual Revenues: 7,917.33

2024 Actual Revenues: 5,881.62

BUDGET INFORMATION:

Budgeted Expenditures: 2,500.00

Budgeted Revenues: 1,500.00

YTD Expenditures: 2,391.07

YTD Revenues: 8,700.00

Projected Expenditures: 5,000.00

Projected Revenues: 8,725.00

GL ACCOUNTS OF CONCERN: ☐ Check if no concerns.

Account Number/Name: 100-21-52111-341 SHERIFF-K9-EXPENSE

Reason for Concern: K9 Leo has had unexpected medical costs due to emergency visits and surgeries

Plan of Action: Requested financial assistance from the National Police Dog Foundation to help off-set/reimburse veterinary expenses

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

No levy impact

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Wireless 911

Budget Number: 229

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 26,212.90

2024 Actual Expenditures: 15,990.93

2023 Actual Revenues: 282.90

2024 Actual Revenues: 0.00

BUDGET INFORMATION:

Budgeted Expenditures: 0.00

Budgeted Revenues: 0.00

YTD Expenditures: 2,666.22

YTD Revenues: 0.00

Projected Expenditures: 2,666.22

Projected Revenues: 0.00

GL ACCOUNTS OF CONCERN: ☐ Check if no concerns.

Account Number/Name: 211-28-52189-225
WIRELESS 911-MONTHLY CHARGE

Reason for Concern: Monthly CenutryLink bill should be charged to the regular JAIL-911 MONTHLY CHARGE line item; it was budgeted to be charged to that line.

Plan of Action: Line item transfer within RUSO budget

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Water Patrol

Budget Number: 212

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 6,433.80

2024 Actual Expenditures: 8,226.90

2023 Actual Revenues: 3,761.59

2024 Actual Revenues: 4,644.86

BUDGET INFORMATION:

Budgeted Expenditures: 11,289.00

Budgeted Revenues: 5,500.00

YTD Expenditures: 1,446.41

YTD Revenues: 0.00

Projected Expenditures: 11,289.00

Projected Revenues: 5,500.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

DNR grant reimbursed

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Snow Patrol

Budget Number: 213

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 9,658.55

2024 Actual Expenditures: 96.91

2023 Actual Revenues: 5,177.07

2024 Actual Revenues: 0.00

BUDGET INFORMATION:

Budgeted Expenditures: 13,174.00

Budgeted Revenues: 7,693.00

YTD Expenditures: 4,257.34

YTD Revenues: 0.00

Projected Expenditures: 13,174.00

Projected Revenues: 7,693.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

DNR grant reimbursed

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: ATV Patrol

Budget Number: 233

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 13,488.35

2024 Actual Expenditures: 17,734.40

2023 Actual Revenues: 12,787.63

2024 Actual Revenues: 11,118.21

BUDGET INFORMATION:

Budgeted Expenditures: 14,939.00

Budgeted Revenues: 12,146.00

YTD Expenditures: 2,999.15

YTD Revenues: 0.00

Projected Expenditures: 14,961.39

Projected Revenues: 12,1476.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

DNR grant reimbursed

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Tactical Team

Budget Number: 240

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 31,871.00

2024 Actual Expenditures: 20,082.00

2023 Actual Revenues: 159,500.94

2024 Actual Revenues: 1,518.19

BUDGET INFORMATION:

Budgeted Expenditures: 23,374.00

Budgeted Revenues: 0.00

YTD Expenditures: 18,456.86

YTD Revenues: 0.00

Projected Expenditures: 23,321.00

Projected Revenues: 0.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: EDGE

Budget Number: 220

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 5,462.36

2024 Actual Expenditures: 5,267.28

2023 Actual Revenues: 3,227.00

2024 Actual Revenues: 5,267.28

BUDGET INFORMATION:

Budgeted Expenditures: 7,489.00

Budgeted Revenues: 7,489.00

YTD Expenditures: 5,340.70

YTD Revenues: 0.00

Projected Expenditures: 8,347.98

Projected Revenues: 7,489.00

GL ACCOUNTS OF CONCERN: ☐ Check if no concerns.

Account Number/Name: 211-21-52170-166 EDGE-OVERTIME

Reason for Concern:

Plan of Action: EDGE is now done for the year

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: BRDEU

Budget Number: 221

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 7,572.82

2024 Actual Expenditures: 310.00

2023 Actual Revenues: 3,755.00

2024 Actual Revenues: 1,087.92

BUDGET INFORMATION:

Budgeted Expenditures: 5,000.00

Budgeted Revenues: 0.00

YTD Expenditures: 0.00

YTD Revenues: 0.00

Projected Expenditures: 2,000.00

Projected Revenues: 0.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Shop with a Cop

Budget Number: 236

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 23,934.06

2024 Actual Expenditures: 18,384.91

2023 Actual Revenues: 19,571.84

2024 Actual Revenues: 14,781.95

BUDGET INFORMATION:

Budgeted Expenditures: 14,200.00

Budgeted Revenues: 14,200.00

YTD Expenditures: 0.0

YTD Revenues: 390.00

Projected Expenditures: 14,200.00

Projected Revenues: 14,200.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

No levy impact

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: VSS (Victim Services)

Budget Number: 225

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 46,496.02

2024 Actual Expenditures: 42,156.03

2023 Actual Revenues: 41,807.02

2024 Actual Revenues: 42,128.98

BUDGET INFORMATION:

Budgeted Expenditures: 37,174.00

Budgeted Revenues: 31,742.00

YTD Expenditures: 5,464.47

YTD Revenues: 0.00

Projected Expenditures: 5,464.47

Projected Revenues: 8,165.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

VSS is now full time with the DA's office due to loss of grant funding to work out of RUSO.

BUDGET REPORT

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: June 2025

Budget Name: Project Lifesaver

Budget Number: 237

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 0.00

2024 Actual Expenditures: 0.00

2023 Actual Revenues: 500.00

2024 Actual Revenues: 600.00

BUDGET INFORMATION:

Budgeted Expenditures: 500.00

Budgeted Revenues: 500.00

YTD Expenditures: 0.00

YTD Revenues: 0.00

Projected Expenditures: 150.00

Projected Revenues: 500.00

GL ACCOUNTS OF CONCERN: ☑ Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

Department Head's Signature: Phil Grassmann Date: June 26, 2025

This budget report form is to be sent to the Clerk's Office/Agenda Preparer for inclusion in the packet provided to the Oversight Committee.

Oversight Committees shall approve budget report forms and forward to the Finance Committee. Departments shall email approved budget report forms and Oversight meeting minutes to the Finance Director, or in their absence the Administrative Coordinator, to compile final monthly report for the Finance Committee.

Fully approved final monthly report, which includes all departmentally submitted budget report forms, will be filed with the Finance Director, or in their absence the Administrative Coordinator.

Please refer to the Financial Procedures Manual, Chapter 6 for the full policy regarding monthly departmental budget reports.

Wisconsin Department of Military Affairs

OEC Grant Announcement

PSAP Grant Program
Fiscal Year 2026

Funding is contingent upon the State Biennial Budget

Application Submission Deadline:

11:59 PM CT August 31, 2025

Contents

1. Funding Information 4
   1.1. Allowable Expenses: 4
   1.2. Unallowable Expenses: 4
   1.3. Anticipated Funding Amount 4
   1.4. Match/Cost Sharing Requirement 5
   1.5. Consolidation Projects 5
2. Applicant Eligibility 6
   2.1. Designated PSAP 6
   2.2. Basic Training Standards 7
   2.3. New Hire Training Policy 7
   2.4. Emergency Medical Dispatch Training 8
   2.5. Service Standards 9
   2.6. Eligibility Determination 9
   2.7. Periodic Compliance Auditing 10
3. Anticipated Application Requirements 10
   3.1. Grant Timeline 10
   3.2. Grant Application Form 10
   3.3. Additional Application Documents 11
4. Evaluation and Award 11
   4.1. Evaluation Process 11
   4.2. Award Process 12
   4.3. Reporting Requirements 12
   4.4. Reimbursement 12
   4.5. Reconsideration Process 12
   4.6. Recordkeeping Requirements 12

Grant Announcement:

FY2026 PSAP Grant Program

All questions for the PSAP Grant Program should be directed to: grant.grywalsky@widma.gov. If you experience difficulties with the email address above, please call [608] 888-5501.

Application Submission: Applications must be emailed as attachments to interop@widma.gov by the **application deadline of 11:59PM August 31, 2025**. All application documents other than the excel budget spreadsheet must be submitted in PDF format as separate attachments. Emailed applications should be labeled with the subject "FY26 PSAP Grant Application".

Description: The Wisconsin Department of Military Affairs/Office of Emergency Communications (DMA/OEC) is pleased to announce the Fiscal Year (FY) 2026 PSAP Grant Program funding opportunity. The PSAP Grant Program is intended to provide additional funding for the equipment upgrades and advanced training necessary for Next Generation 9-1-1 (NG9-1-1) implementation. **Funding is contingent upon the State Biennial Budget.**

Applicant Eligibility: Designated public safety answering points (PSAPs) that also meet the eligibility criteria outlined in Wis. Admin. Code DMA § 2.05 Eligibility may apply for grants under this program. The Designated PSAP process is outlined in Wis. Admin. Code DMA § 2.03 or Section 2.1 of this Grant Announcement.

For more information about the PSAP Grant Program eligibility requirements, including the basic training and service standards required for each applicant, please see Section 2 of this Grant Announcement.

Allowable/Unallowable Expenses: For a general list of allowable and unallowable expenses see Section 1. For an extensive list of *examples*, please see: FY26 PSAP Examples Allowable Unallowable Expenses

OEC Grant Guide: For more information about the PSAP Grant Program, including budget and application tips, grant conditions, and supplanting, please see the OEC Grant Guide: OEC Grant Guidance

Opportunity Category: Competitive

1. Funding Information

1.1. Allowable Expenses

- Advanced telecommunicator training, including emergency medical dispatch (EMD) protocol certification training from an EMD protocol training organization as approved by the 9-1-1 Subcommittee. **Attendees must be telecommunicators as defined by Wis. Admin. Code DMA § 2.02(12).** See Section 2.4. Emergency Medical Dispatch Training of this Grant Announcement for a listing of standards that EMD training organizations must satisfy to be considered approved. For more information on training, please see the training guidance one-pager: Advanced Telecommunicator Training Guidance
- PSAP equipment hardware and software expenses for enabling NG9-1-1 services, including hosted equipment and software services.
- Activities to consolidate some or all functions of 2 or more PSAPs. See Section 1.5. Consolidation Projects of this Grant Announcement for more information.
- Enhanced continuity of operations planning and equipment.
- Any other expenses for enabling NG9-1-1 services that are not explicitly restricted under Unallowable Costs.

For a list of funding priorities, please see Section 4.1. Evaluation Process.

PSAP Approved Allowable Examples
For an extensive list of allowable and unallowable expenses, please see: FY26 PSAP Examples Allowable Unallowable Expenses

Equipment purchased through this grant program must follow local procurement rules. In addition, the equipment must comply with current NG9-1-1 standards such as the NENA i3 standard and follow best practices listed in Appendix B of the newest version of the Department of Homeland Security's SAFECOM guidance: https://www.sdao.com/files/5adc037fa/fy23_safecom_guidance.pdf

1.2. Unallowable Expenses:

- General PSAP overhead and staffing, including staff time to attend advanced training.
- Costs for providing emergency services or emergency services equipment.
- Costs for facility construction.
- Costs incurred outside of the grant performance period.

1.3. Anticipated Funding Amount

Funding is contingent upon the State Biennial Budget, however, OEC anticipates $18 million will be available again in FY2026 for grants under the PSAP Grant Program. **Any reduction in the amount of state appropriated funds will impact individual program funding**. The State reserves the right to cancel this Grant Announcement in whole or in part if the Legislature does not appropriate state grant funds necessary to award grants under this Grant Announcement.

Your proposed project budget total must reflect a maximum of 90% state share and a minimum of 10% local match. **There is no maximum request amount unless requested funds exceed the $18 million funding level amount, in which case applicants may be awarded a maximum of $750,000** (total including state share and local match).

Grant funds will be received in the form of reimbursement following project closeout. You should use your required vendor quote(s) to determine your estimated project budget and consider the maximum amount that you are able to match from local sources and the ability to pay for the full project upfront.

DMA reserves the right to limit the amount that will be funded for individual grants based on project priorities and available state funds. The maximum award amount and the match requirement may be adjusted based on the amount allocated in the biennial budget. If these changes occur, notification will be sent to all applicants.

Source of Funds: This state grant was authorized by Wis. Stats. § 256.35 (3s) (bm), with anticipated funds allocated to DMA from the Wisconsin 911 Fund.

1.4. Match/Cost Sharing Requirement

Under the FY2026 PSAP Grant Program, there is a **10%** cost share/match requirement. Cash match only. Cash (hard) match includes non-state or federal cash spent for project related costs, according to the program guidance. Allowable cash match must only include those costs that are eligible expenses under the grant program.

As noted above, you must provide proof of the source of your match amount in your application. Examples of allowable funding sources that can be used for your match amount include:

- Local government budget (e.g., tax levy, bond, shared revenue, general operating budget, capital improvement plan)
- Donated funds

Unallowable funding sources that CANNOT be used for your match amount include:

- Other federal grants such as the Homeland Security Grant Program
- Local funds already allocated as match on another grant
- Any state or federal funds

For more information on cash match, how to calculate your local share, and supplanting, please see the OEC Grant Guide, Section 2: OEC Grant Guidance

1.5. Consolidation Projects

Consolidation is the process of combining some or all functions of two or more PSAPs to provide improved service, increased efficiency, and cost savings. For consolidation projects, grant funds must be used in the direct support of the Designated PSAP's consolidation of some

or all functions of another PSAP. Grant funds may also be used by the Designated PSAP to perform consolidation studies or assessments to determine the feasibility of consolidating some or all functions of another PSAP.

As an example, costs related to co-location of a PSAP with the Designated PSAP without the consolidation of any PSAP functions are not eligible costs. If awarded a grant, the Designated PSAP is responsible for the purchase, ownership, maintenance, and replacement of any equipment purchased with grant funds.

When applying for consolidation type projects, the Designated PSAP for the county must be the agency to submit the grant application. Additional requirements are outlined in Section 3.3 Additional Documents.

DMA may reduce or waive the required local match and maximum award amount if an application is for activities to consolidate some or all functions of two or more PSAPs. NOTE: if a consolidation project is unsuccessful and a reduction or waiver was approved, the reduction or waiver will no longer be applicable.

2. Applicant Eligibility

2.1. Designated PSAP

Wisconsin statute restricts grants awarded under the PSAP Grant Program to one PSAP per county. Wis. Admin. Code DMA § 2.03 Designated Public Safety Answering Point requires a single PSAP to be designated in each county for the purposes of applying for grants under the PSAP Grant Program.

The Designated PSAP is identified in one of two ways:

1. By resolution of the county board.
2. For counties with first class cities, a majority vote of an intergovernmental cooperation council.

Documentation for the Designated PSAP will be due with the grant application. All applicants must submit the Designated PSAP documentation, even if there is only one PSAP located in the county, or an applicant submitted documentation under a previous funding opportunity. A template with suggested language has been provided below.

A few important things to note about the Designated PSAP process:

- The Designated PSAP is also required to meet the basic training and service standards detailed in Sections 2.2-2.5 of this Grant Announcement.
- Once a PSAP has been identified as a Designated PSAP for a county, no other PSAP in that county may receive a grant under the PSAP Grant Program.
- The same Designated PSAP documentation may be used each time a PSAP applies.

Use of this template is optional. This document shall not be construed as legal advice and the appropriate legal counsel should be consulted before being adopted by the county board or intergovernmental cooperation council.

- Link to Designated PSAP Template attachment: https://oec.wi.gov/wp-content/library/2022/TEMPLATE_Designated_PSAP_Resolution_No.docx

2.2. Basic Training Standards

Wis. Admin. Code DMA § 2.04 Minimum Training and Service Standards requires each Designated PSAP to maintain basic training requirements to remain eligible for grants under the PSAP Grant Program. The basic training program that meets the requirements outlined below may be administered by a commercially available program such as the Association of Public-Safety Communications Officials (APCO) Public Safety Telecommunicator training, or through an in-house program.

The basic training program must be at least 40 hours total of training to a telecommunicator in all of the following areas:

- General knowledge and awareness of geography, population and demographics served, including emergency services agencies and their jurisdictions.
- The Incident Command System (ICS), National Incident Management System (NIMS), interoperable communications plans, and emergency operations plans.
- Established procedures for:
    - Accurately processing and relaying caller information.
    - Obtaining complete caller information.
    - Properly classifying and prioritizing requests for emergency services.
    - Processing available caller information to identify conditions that may affect safety.
    - Operating and responding to emergency alerts.
    - Processing and documenting records and operating records systems.
- Appropriate use of emergency services terminology and the ability to communicate clearly in written and oral form, especially when relaying emergency information or communicating with the public.
- Agency continuity of operations plans – **all telecommunicators must be trained annually in any continuity plans.**

2.3. New Hire Training Policy

Each Designated PSAP must establish and implement a policy that prohibits a telecommunicator from handling 9-1-1 calls without direct supervision until the telecommunicator has completed the basic training program.

For any telecommunicators hired prior to submitting a grant application, the policy must specify that the newly hired telecommunicator(s) will begin the basic training program before the date

of the grant application deadline and be scheduled to complete the program within 12 months of beginning the basic training.

Lastly, the policy must specify that any telecommunicator(s) hired after the date of the grant application deadline must complete the basic training program within 12 months of their hiring date.

2.4. Emergency Medical Dispatch Training

In order to remain eligible to apply for grants, Designated PSAPs must implement Emergency Medical Dispatch (EMD) protocols **within three years** following the first grant award if EMD has not already been implemented in the PSAP's operations. For more information on training, please see the training guidance one-pager: Advanced Telecommunicator Training Guidance

EMD may be implemented by a PSAP in one of two ways:

1. Establishing EMD protocols that provide pre-arrival instruction through a recognized training provider that includes certified emergency medical telecommunicators and meets the standards set by the 9-1-1 Subcommittee. See below.
2. Establishing an agreement with another PSAP or 3rd party provider that can be conferenced in or transferred to in order to provide the caller with assistance.

If a PSAP chooses to transfer the caller to another PSAP or 3rd party provider, the PSAP that is transferring the call must use an evidence-based protocol and provide training/continuing education for telecommunicators on determining if a person needs emergency medical assistance before a call is transferred.

In addition, the PSAP that is transferring the call must ensure that the other PSAP or 3rd party provider under the established agreement meets the requirements in Option 1 above.

PSAPs may use grant funds to implement EMD protocol training or establish transferring agreements if the project is detailed in their grant application, approved in their grant budget, and the EMD organization providing the training meets the minimum standard below.

9-1-1 Subcommittee EMD Training Organization Minimum Standard:

1. Provider-specific training
2. Pre-Arrival Instruction (PAI) for:
    a. Bleeding control
    b. Airway control
    c. Airway obstruction
    d. Baby delivery
    e. CPR
    f. Patient maintain and monitor
3. Recertification
4. Quality Assurance
5. Continuing education requirement

6. Emergency rule procedure (requires no PAI during high volume times where it is not practical)

2.5. Service Standards

Wis. Admin. Code DMA § 2.04 Minimum Training and Service Standards requires each Designated PSAP to meet the following minimum service standards to remain eligible for grants under the PSAP Grant Program:

- The PSAP receives both wireline and wireless 9-1-1 calls directly.
- The PSAP operates 24 hours per day, seven days per week.
- A minimum of two telecommunicators are on duty and available to receive and process calls while the PSAP is in operation.
- 90% of all 9-1-1 calls are answered within 10 seconds, and 95% within 20 seconds.

In addition to the service standards outlined above, the Designated PSAP must have an established continuity of operations plan (COOP) that addresses all of the following topics:

- The PSAP's operational processes that identify key communications and IT components.
- Any processes required to recover PSAP operations.
- Roles and responsibilities of a communications response team that may be deployed to restore PSAP operations.
- Employee training exercises necessary to implement and maintain COOP.
- Interoperable communications planning and operations.
- A list of essential contacts, include PSAP and emergency services staff within the agency.
- A list of priority services available during disruptions to the designated PSAP operations.
- Identification of any alternate operations site. (NOTE: This may also include any alternative routing agreements and procedures with outside jurisdictions capable of handling 9-1-1 calls from the PSAP in the event of system failure or facility abandonment)

2.6. Eligibility Determination

In each grant application, the PSAP designated to apply for grants in each county will submit a Standards Compliance Certification which will be used to certify that the PSAP has met the eligibility requirements outlined below and established by Chapter DMA 2 of the Wisconsin Administrative Code. The Standards Compliance Certification is contained within the Grant Application Form provided below.

In addition, the applicant will be required to submit additional backup documentation as outlined in Section 3.3. Additional Application Documents, that demonstrate the eligibility requirements have been met. DMA may request additional documentation as needed to verify compliance with the requirements.

2.7. Periodic Compliance Auditing

In each grant period, DMA will provide the 9-1-1 Subcommittee with a list of grantees and their Standards Compliance Certification, including any additional backup documentation. The 9-1-1 Subcommittee will review the list and advise DMA on any required compliance audits to verify the eligibility requirements have been met by a grantee.

Following the compliance audit by DMA staff, the 9-1-1 Subcommittee will review the findings and make recommendations to DMA on appropriate actions if any grantees are found to be not in compliance with the eligibility requirements.

3. Anticipated Application Requirements

3.1. Grant Timeline

These timelines may change at any point during the grant process. Changes will be communicated to all applicable parties. Individual periods of performance may differ, but no project period shall exceed 18 months.

Application Period:	June 30, 2025 – August 31, 2025
Award Notice:	No later than November 2025
Project Start Date:	December 1, 2025
Progress Report:	Due Quarterly
Project End Date:	June 1, 2027

Application Submission: Applications must be emailed as attachments to interop@widma.gov by the **application deadline of 11:59PM August 31, 2025**. Emailed applications should be labeled with the subject "FY26 PSAP Grant Application". **All application documents other than the excel budget spreadsheet must be submitted as separate documents and in PDF format.**

3.2. Grant Application Form

Link to application: FY26 PSAP Grant Application

Link to budget spreadsheet: FY26 PSAP Budget Spreadsheet

The Grant Application Form has five required components:

1. General applicant information, including primary and secondary contact information.
2. A project narrative describing the allowable grant activities and timelines.
3. A sustainability plan for maintaining grant-funded project(s) after the grant period has ended.
4. Standards Compliance Certification.
5. Additional applicant data.

3.3. Additional Application Documents

Additional Documentation for all Grant Projects:

- **Designated PSAP documentation** (e.g., county board resolution, meeting minutes with motion from Intergovernmental Cooperation Council)
- **Basic training plan**, including topics covered during the training
- **Continuity of operations plans**, including any alternate routing agreements, information on secondary sites and when they will be used, etc.
- **Joint Letter from PSAP and Land Information Office** that demonstrates support for coordination in NG9-1-1 implementation and maintenance of GIS data for 9-1-1 call routing
- **Vendor quote(s) and other procurement documentation** to verify proposed project costs
- **Budget Spreadsheet** detailing all projects broken down by line items based on accompanying quotes

Application Documents Required for Consolidation Projects (not required for consolidation studies or assessments):

- **Written Agreement(s)** from all agencies involved
- **Binding Resolution** from County Board/City Council
- **Consolidation Plan**, detailing the technical and operational plans for consolidating two or more PSAPs and final operational organization following consolidation
- **Technology Migration Plan** that considers both 9-1-1 call routing and dispatch interoperability

4. Evaluation and Award

4.1. Evaluation Process

Grant applications under this program are reviewed for completeness, applicant eligibility, and whether the proposed expenses are allowable and reasonable.

If requests for funding exceed the amount available in the fiscal year, grant applications will be scored competitively in the following areas:

- Are the proposed projects one of the **following funding priorities**?
    1. Costs required for the ESInet implementation, including required CPE upgrades
    2. Radio console upgrades; CAD upgrades (including integration costs)
    3. Advanced telecommunicator training and other related activities (including QA, resiliency, mental health training)
    4. Costs Associated with enhancing the COOP; Cybersecurity

- Is the proposed project related to the consolidation of some or all functions of two or more PSAPs?
- Is the grant implementation timeline detailed and achievable within 18 months?
- Grant budget information, including whether the source of local match is identified and allowable.
- Joint PSAP/Land Information Office letter indicating full support and coordination between the entities.

4.2. Award Process

Applicants will be notified once an award decision has been made. The award documents will specify the awarded grant amount, including the local match amount required, the grant period of performance, and any special conditions that have been placed on the grant award.

Awardees must return award documents to interop@widma.gov prior to starting the grant project. All FY26 grant projects may begin no sooner than December 1st.

4.3. Reporting Requirements

If awarded a grant, your agency will be responsible for completing a progress report on a quarterly basis which will be due by the deadlines listed in the award package. A progress report form will be provided.

4.4. Reimbursement

One-time reimbursement will occur when you submit your closeout materials. Reimbursements will be paid in a paper check unless electronic means are requested specifically by the agency prior to the payment. Additional forms to enable ACH electronic payment will need to be completed. Exceptions may be made in the event of extreme financial hardship.

4.5. Reconsideration Process

Wis. Admin. Code DMA § 2.08 Reconsideration outlines the process for applicants to challenge any denial of funding under the PSAP Grant Program. Applicants may submit a request to DMA to reconsider awarding grant funds to the applicant. The request must be in writing and detail reason for overturning the original denial of grant funds.

The written request must be received by DMA within 30 days following the receipt of DMA's original grant award decision. DMA will provide notice of a final determination within 14 days.

4.6. Recordkeeping Requirements

Grant financial and administrative records shall be maintained by grantees for a period of no less than four (4) years following the date of the closure/audit of the grant award. Equipment

records shall be maintained for a period of four (4) years following the final disposition, replacement, or transfer of the equipment. Grantees shall record all match earned by its agency, including all supporting documentation.

Grantees shall keep records of different state fiscal periods separately, identified, and maintained so that backup documentation may be readily located. Grantees are also obligated to protect records adequately against fire or other damage. When records are stored away from the grantee's principal office, a written index of the location of records stored should be on hand and available.

CONTACT INFORMATION

For general questions related to the PSAP Grant Program, please send an email to grant.grywalsky@widma.gov. If you experience difficulties with the email address above, please call [608] 888-5501.