



VILLAGE BOARD AGENDA

Monday, February 09, 2026 at 5:00pm
Rick J. Hermus Council Chambers
515 W. Kimberly Ave.
Kimberly, WI 54136

1. Call to Order
2. Roll Call
3. Moment of Silent Reflection, Pledge of Allegiance
4. President's Remarks
5. Approval of February 2, 2026 Meeting Minutes
6. Appointments
 - a. Michael Sharkey, Municipal Judge (term expiring April 30, 2027)
7. Unfinished Business for Consideration or Action
 - a. None
8. New Business for Consideration or Action
 - a. Deposit of Emergency Medical Services Funding Assistance Program (FAP) Award
 - b. CPR Manikins Funding Request- EMS Donation Trust
 - c. Rescue Task Force Operations Training Funding Request- EMS Donation Trust
9. Public Participation
10. Adjournment

Village Board Meeting- Virtual Attendance Info

February 9, 2026 at 5:00pm

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/522573917>

You can also dial in using your phone.

Access Code: 522-573-917

United States (Toll Free): 1 877 309 2073

Any person wishing to attend the meeting who because of their disability is unable to attend, is requested to contact the ADA Coordinator at 920-788-7500 at least 48 hours prior to the meeting so that reasonable accommodation may be made.

**VILLAGE OF KIMBERLY
BOARD MEETING MINUTES
02/02/2026**

A meeting of the Kimberly Village Board was called to order on Monday, February 2, 2026 at 5:00pm in the Rick J. Hermus Council Chambers, 515 W. Kimberly Ave by Pro Tem Lee Hammen.

Board Present: Trustees Tom Gaffney, Mike Hruzek, Norb Karner, Lee Hammen, and Marcia Trentlage
Board Excused: President Chuck Kuen and Trustee Dave Hietpas
Staff Present: Clerk-Treasurer Jennifer Weyenberg, Administrator/Director of Public Works Danielle Block, and Fire Chief Chad Smith
Others Present: Judy Hebbe of the Times Villager, and Engineer Brad Werner of McMahon

President's Remarks

Happy Groundhog's Day!

Approval of Minutes from the 01-26-2026 Meeting

Trustee Trentlage moved, Trustee Hruzek seconded the motion to approve. Motion carried by unanimous vote of the board.

Unfinished Business

None

New Business

Resolution No. 1, Series of 2026 Declaring Intent to Exercise Special Assessment Powers

Trustee Karner moved, Trustee Gaffney seconded the motion to approve. Motion carried by unanimous vote of the board. The public hearing is set for March 16, 2026 at 5:00pm.

Memorandum of Understanding- Fox Valley Regional Fire Departments Mobile Food Preparation Vehicle Inspection Program

Trustee Trentlage moved, Trustee Karner seconded the motion to approve. Motion carried by unanimous vote of the board.

Discuss Amendments to Section 308-4 Classes of Licenses and Section 308-19 Continual Use Requirement

A discussion took place regarding the current Class A alcohol license ordinance. There was no action taken on this matter. This item will be brought back at a later date.

Public Participation

Audience member, Dennis Williams, gave some suggestions regarding the Class A license discussion and made a request that a member of the board be respectful when speaking about him.

Adjournment

Trustee Karner moved, Trustee Trentlage seconded the motion to adjourn. Motion carried by unanimous vote of the board at 5:40pm.

Jennifer Weyenberg
Village Clerk-Treasurer

Dated 02/03/26

Drafted by: ELZ

Approved by Village Board: _____



Village of Kimberly REQUEST FOR BOARD CONSIDERATION

ITEM DESCRIPTION: Appoint Michael Sharkey to fill the Municipal Judge vacancy

REPORT PREPARED BY: Jennifer Weyenberg, Clerk-Treasurer

REPORT DATE: February 09, 2026

ADMINISTRATOR'S REVIEW / COMMENTS:

No additional comments to this report DLB

See additional comments attached _____

EXPLANATION:

Judge Jerry Schumann's retirement date is Monday, February 9, 2026. The Village Board has authority to appoint a Village of Kimberly resident to finish his term, which ends April 30, 2027.

FOR CONSIDERATION:

Michael Sharkey submitted an application for consideration and has met with staff to discuss the position. Michael is law graduate of University of Chicago and earned his MBA from Notre Dame. He is currently employed as General Counsel and Assistant Corporate Secretary for U.S. Venture and serves on the Children's Wisconsin board.

RECOMMENDED ACTION:

Appoint Michael Sharkey as Municipal Judge with term ending April 30, 2027.



Village of Kimberly REQUEST FOR BOARD CONSIDERATION

ITEM DESCRIPTION: Deposit of Emergency Medical Services Funding Assistance Program (FAP) Award

REPORT PREPARED BY: EMS Service Director – Terri Smith

REPORT DATE: 02/09/2026

ADMINISTRATOR'S REVIEW / COMMENTS:

No additional comments to this report _____ *DLB*

See additional comments attached _____

EXPLANATION:

In 2025 Kimberly EMS applied for and received funding from State of Wisconsin through the Emergency Medical Services Funding Assistance Program (FAP) Award for financial and training assistance.

Kimberly EMS was awarded \$31,382.18 for Support and Improvement and \$2,197.80 for Training and Examination aid. These funds are part of the State Fiscal Year 2026 period.

Further information regarding FAP is attached for review. Additional details can also be found here: www.dhs.wisconsin.gov/ems/fap.htm

RECOMMENDED ACTION:

Accept and approve the deposit of \$33,579.98 in SFY 2026 FAP Funds into the EMS Donation Trust Fund.



Emergency Medical Services Funding Assistance Program (FAP)

Frequently Asked Questions

What is the Funding Assistance Program (FAP)?

In 1989 Wisconsin Act 102 created the original FAP to provide supplemental funding for emergency medical services for equipment and training. FAP consists of both Support and Improvement of Emergency Services funding under [Wis. Stat. § 256.12\(4\)](#) and EMS Practitioner and Emergency Medical Responder Training and Examination Aid funding under [Wis. Stat. 256.12\(5\)](#). Funds are distributed to qualified emergency medical service providers.

What is a state fiscal year (SFY)?

A state fiscal year (SFY) is the 12-month period that the state uses to implement and report on accounting and budget activities for the year. Wisconsin's SFY runs from July 1 through the following June 30 and is named for the calendar year in which it ends. For example, SFY 2026 runs from July 1, 2025, through June 30, 2026.

What does escrow mean for the FAP?

Escrow is to hold money received in one fiscal year in trust until it can be used in a subsequent fiscal year. Funds escrowed from previous fiscal years may only be used for the purposes allowed under statute for which they were issued. Dollars not expended from the fiscal year appropriation being reported should be kept in a separate account and listed here along with the purpose of the escrow or savings and proposed expenditure date.

How will payments be issued?

FAP awards will be issued via Automated Clearing House (ACH). Services with a private, for-profit tax status must receive payment to the municipality in which they are contracted with. If your service was awarded SFY 2025 FAP funds and had any issues with receiving payment or need to update an existing account, please contact the [FAP team](#). Any services that did not apply in SFY 2025, will also need to contact the [FAP team](#) to locate or set-up an account.

What is the formula used to determine funding distribution?

The current funding formula for FAP is based on a total amount of \$25 million available for state fiscal year (SFY) 2026. This amount is divided between the Support and Improvement and EMS Practitioner and Emergency Medical Responder Training and Examination Aid funds using the following multi-part formula:

- **Support and Improvement:** All emergency medical responder departments and ambulance service providers who apply and meet the statutory requirements of the EMS FAP receive a predetermined base rate of \$10,000. All base rates are added up and deducted from the \$24 million allotted for Support & Improvement. The remaining amount is then divided by the total population reported by services to establish a per capita rate. This rate is then calculated for each individual service and added to the base rate for the total award.

- **EMS Practitioner and Emergency Medical Responder Training and Examination Aid:** The amount available for EMS Practitioner and Emergency Medical Responder Training and Examination Aid is determined by dividing \$1 million equally among all qualified services applying for EMS Practitioner and Emergency Medical Responder Training and Examination Aid.

What is the base rate?

All emergency medical responder departments and ambulance service providers who apply and meet the statutory requirements for the Support and Improvement funding component of the EMS Funding Assistance Program will receive a predetermined base rate of \$10,000.

What is a federal employer identification number (FEIN)?

The [federal tax identification number assigned by the IRS](#) and is used to identify a business entity.

What is a provider number?

The number assigned to a service on the service's license.

What is a primary service area?

Defined in [Wis. Admin. Code § DHS 110.04\(60\)](#), "Primary service area' means the geographical area in which an ambulance service provider is designated to provide first-in emergency medical services under contract with a local government. 'Primary service area' does not include areas that the provider serves through mutual aid or back-up arrangements."

Do emergency medical responder (EMR) departments need to submit documentation for their primary service area?

Emergency medical responder departments are not required to submit this information when applying for the FAP funds. However, emergency medical responder departments seeking to receive any additional per capita funds for Support and Improvement would be expected to complete the EMS Program Municipal Signature and Population Verification form for each municipality in its service area. Should the EMR department choose not to submit a Municipal Signature and Population Verification form, the population portion of the formula will default to zero and the EMR department will receive only the base rate. This means that the absolute maximum Support & Improvement award would be \$10,000.

What is a FAP financial report of expenditures?

A financial report of expenditures is a list of purchases declaring and itemizing the items purchased with FAP funds reported to the Department of Health Services.

How does the FAP application differ from the financial report of expenditures?

The application collects the data needed for the award(s) and puts your service into consideration for a disbursement of the FAP funds for the upcoming SFY.

The financial report of expenditures declares where the monies your service received were spent or escrowed from the previous SFY(s).

What is an emergency medical responder?

As defined in [Wis. Stat. § 256.01\(4p\)](#), "a person who is certified by the department as an emergency medical responder under [Wis. Stat. § 256.15\(8\)\(a\)](#) or is exempt under [Wis. Stat. § 256.15\(2\)\(b\)](#) or [\(c\)](#) and who, as a

condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to a sick, disabled or injured individual.”

What is an EMS practitioner?

As defined in [Wis. Stat. § 256.01\(5\)](#), “an emergency medical technician, an advanced emergency medical technician, emergency medical technician-intermediate or paramedic.”

What can I purchase using FAP funds?

For questions regarding the types of training or equipment that may be purchased using FAP funds, please refer to the [FAP Purchasing Guide](#). Items not expressly listed in the [FAP Purchasing Guide](#) will be referred to FAP team for final determination.

How will our service be notified if we have been awarded FAP funds?

Your service will receive an email notification if your service was approved for any FAP funds, and an award letter will be uploaded to the service’s E-Licensing account.

How will our service be notified if we have not been awarded FAP funds?

If your service is denied for any FAP funds, you will receive an email notification and a denial letter will be uploaded to the service’s E-Licensing account.

How do we know how much money our service was awarded in the last FAP cycle?

If your service received FAP funds in the previous FAP funding cycle, your service was issued an award letter indicating a breakdown of funding between Support and Improvements and EMS Practitioner and Emergency Medical Responder Training and Examination Aid. This letter was uploaded to the service’s E-Licensing account.

What fiscal year are we reporting spending for?

The service should be reporting on spending for the previous state fiscal year, SFY 2025 (July 1, 2024–June 30, 2025). Services will need to report these purchases in E-Licensing in the **“SFY 25 EMS Funding Assistance Program Expenditure Report.”**

Instructions

Instructions

In Wisconsin emergency medical services are able to apply for the Funding Assistance Program for financial and training assistance described in [Wis. Stat. § 256.12](#).

Completion of this form is required in order to receive EMS financial and training assistance described in [Wis. Stat. § 256.12](#). Failure to complete the [Funding Assistance Program Application](#) by the deadline specified by the Department of Health Services will result in denial of payment of Emergency Medical Services Funding Assistance Program. Application must be completed by 4 PM on September 29, 2025. Applications submitted after 4 PM on September 29, 2025, will not be considered.

Instructions for completion:

Please read and answer each question. You must provide the required requested documentation to support your application process. Applications that do not include required documentation are considered incomplete and will not be processed for funding. Fields marked with a red asterisk (*) are required

If you need assistance, please contact the [Funding Assistance Program](#).

In 1989, Wisconsin Act 102 created the original Emergency Medical Service (EMS) [Funding Assistance Program \(FAP\)](#) to provide supplemental funding for eligible Wisconsin ambulance services. Since its inception, the Wisconsin Department of Health Services (DHS) has distributed approximately \$75.4 million in supplemental aid to local [ambulance service providers](#) throughout Wisconsin for improvements to their EMS systems and training of EMS personnel.

Under the authority of [Wis. Stat. § 256.12\(4\)](#), DHS shall annually distribute funds for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment, nondurable or disposable medical supplies or equipment, medications, or emergency medical training for personnel to an emergency medical responder department or ambulance service provider that is a public agency, a volunteer fire department or a nonprofit corporation. The funds are disbursed under a funding formula consisting of an identical base amount for each emergency medical responder department or ambulance service provider plus a supplemental amount based on the population of the emergency medical responder department's primary service area or the population of the ambulance service provider's primary service or contract area, as established under [Wis. Stat. § 256.15\(5\)](#). If a public agency has contracted for ambulance service with a provider that operates for profit, DHS distributes the funds to the public agency. Funds distributed through the FAP shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease, or release for alternative purposes the existing, budgeted moneys of or provided to the ambulance service provider.

Under the authority of [Wis. Stat. § 256.12\(5\)\(a\)](#), DHS also distributes funds annually to emergency medical responder departments or ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to purchase the training required for licensure and renewal of licensure as an emergency medical technician under [Wis. Stat. § 256.15\(6\)](#), or for certification and renewal of certification as an emergency medical responder under [§ 256.15\(8\)](#), and to pay for administration of the examination required for licensure or renewal of licensure as an emergency medical technician under [§§ 256.15\(6\)\(a\)3 and \(b\)1](#) or for certification or renewal of certification as an emergency medical responder under [§ 256.15 \(8\)](#).

If an emergency medical responder department or ambulance service provider does not use the training funds received under [Wis. Stat. § 256.12\(5\)\(a\)](#) within a calendar year, the emergency medical responder department or ambulance service provider may escrow those funds in the year in which the funds are distributed to the emergency medical responder department or ambulance service provider, except funds distributed for nondurable or disposable medical supplies or equipment or medications. In a subsequent year, an emergency medical responder department or ambulance service provider may use escrowed funds to purchase the training required for certification or renewal of certification as an emergency medical responder or for licensure or renewal of licensure as an EMS practitioner at any level.

[Wisconsin Stat. §§ 256.12\(4\)\(c\) and \(5\)\(b\)](#) require DHS to make a financial report on the expenditure of any funds received through FAP a condition of relicensure for ambulance service providers and allow DHS to request financial expenditure reports from emergency medical responder departments. DHS also requires, as a condition of ambulance service provider relicensure under [Wis. Stat. § 256.15\(6\)\(c\)\(2\)](#), submission of a [form](#) stating the population and boundaries of an ambulance service provider's primary service or contract area, signed by a representative of the ambulance service provider and the clerk of each county, city, town or village served by the ambulance service provider.

Please see the resources below to assist you.

[EMS FAP, P-02422B \(PDF\)](#)

[EMS Services FAP Guidance, P-02422 \(PDF\)](#)

[FAP Purchasing Guide, P-02422A \(PDF\)](#)

[EMS Program Municipal Signature and Population Verification, F-47255 \(PDF\)](#)

Certification of Understanding Attestations

Instructions

Please read each statement below regarding the Funding Assistance Program. You will then be asked to attest to each statement by entering your initials. Please note that at the end of this application, you will certify that the information that you have submitted on the application is true and complete. If you need assistance, please contact the [Funding Assistance Program](#).

Certification of Understanding Attestations

I understand that [Wis. Stat. § 256.12\(4\)\(a\)](#) states “From the appropriation account under [s. 20.435 \(1\) \(r\)](#), the department shall annually distribute funds for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment, nondurable or disposable medical supplies or equipment, medications, or emergency medical training for personnel to an emergency medical responder department or ambulance service provider that is a public agency, a volunteer fire department or a nonprofit corporation, under a funding formula consisting of an identical base amount for each emergency medical responder department or ambulance service provider plus a supplemental amount based on the population of the emergency medical responder department's primary service area or the population of the ambulance service provider's primary service or contract area, as established under [s. 256.15 \(5\)](#), as applicable.”

***Please enter your initials for agreement of Wis. Stat. § 256.12(4)(a)**

I understand [Wis. Stat. § 256.12\(4\)\(b\)](#) states “If a public agency has contracted for ambulance service with an ambulance service provider that operates for profit, the department shall distribute funds under par. (a) to the public agency.”

***Please enter your initials for agreement of Wis. Stat. § 256.12(4)(b)**

I understand [Wis. Stat. § 256.12\(4\)\(c\)](#) states “Funds distributed under par. (a) or (b) shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to the ambulance service provider. A grant recipient under this subsection cannot expend more than 15 percent of a grant awarded during an annual grant cycle on nondurable or disposable medical supplies or equipment and medications. In order to ensure compliance with this paragraph, the department shall require, as a condition of relicensure, a financial report of expenditures under this subsection from an ambulance service provider and may require a financial report of expenditures under this subsection from an emergency medical responder department or an owner or operator of an ambulance service or a public agency, volunteer fire department or a nonprofit corporation with which an ambulance service provider has contracted to provide ambulance services.”

***Please enter your initials for agreement of Wis. Stat. § 256.12(4)(c)**

I understand [Wis. Stat. § 256.12\(5\)\(a\)](#) states “From the appropriation account under [s. 20.435 \(1\) \(r\)](#), the department shall annually distribute funds to emergency medical responder departments or ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to purchase the training required for licensure and renewal of licensure as an emergency medical technician under [s. 256.15 \(6\)](#) or for certification and renewal of certification as an emergency medical responder under [s. 256.15 \(8\)](#), and to pay for administration of the examination required for licensure or renewal of licensure as an emergency medical technician under [s. 256.15 \(6\) \(a\) 3.](#) and (b) 1. or certification or renewal of certification as an emergency medical responder under [s. 256.15 \(8\)](#).”

***Please enter your initials for agreement of Wis. Stat. § 256.12(5)(a)**

I understand that [Wis. Stat. §256.12\(5\)\(b\)](#) states “The department shall require that all of the following submit to the department a financial report on the expenditure of funds received under par. (a):

1. An emergency medical responder department.
2. As a condition of relicensure, an ambulance service provider.”

***Please enter your initials for agreement of Wis. Stat. §256.12(5)(b)**

TS

I understand that a Funding Assistance Program expenditure report must be completed for every State Fiscal Year (SFY) that the service receives Funding Assistance Program funds.

***Please enter your initials for agreement to complete the expenditure report for funds received.**

TS

I understand that the service must list all expenditures using the Funding Assistance Program funds on the expenditure report.

***Please enter your initials for agreement to list all expenditures on the expenditure report.**

TS

I understand that the service must maintain receipts for expenditures using the Funding Assistance Program funds for auditing the expenditure report for the previous two fiscal years.

***Please enter your initials for agreement maintain receipts for expenditures using the Funding Assistance Program funds for auditing the expenditure report.**

TS

I understand that the Department of Health Services, EMS Section will be conducting audits of the Funding Assistance Program information.

***Please enter your initials for agreement that the Department of Health Services, EMS Section will be conducting audits of the Funding Assistance Program information.**

TS

Service Demographics

Instructions

Please review the demographic information below for your EMS provider. Any service information already on file will populate the application from your existing EMS provider account.

If you need assistance to make demographic changes for the service, please contact your [EMS Regional Coordinator](#).

Service Information

Emergency Medical Service Provider License Level

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Intermediate
- Paramedic
- Paramedic with Critical Care Endorsement

Name of Emergency Medical Service Provider

Kimberly Fire Department

Service License Number

6604867

Service Director

Service Street Address

515 W. Kimberly Avenue

Service Street Address

Postal Code

54136

City

Kimberly

County

Outagamie

State

Wisconsin

***Phone**

920 - 788 - 7500 Ext:

Email

kimberlyems@vokimberly.org

Primary Type Of Service

911 Non-Transporting Service

Organizational Tax Status

Other (ex: Government)

Organization Type

Fire Department

Organization Status

Volunteer

Payee Designation

Instructions

FAP awards will be issued via Automated Clearing House (ACH) through the Wisconsin STAR Vendor System. Services with a private, for-profit tax status must receive payment to the municipality in which they are contracted with. **If your service was awarded SFY 2025 FAP funds and had any issues with receiving payment or need to update an existing account, please contact the FAP team. Any services that did not apply in SFY 2025, will also need to contact the FAP team to locate or set-up an account.**

NOTE: The process to create a new payment account may take several weeks and could affect when you receive payment.

If you need assistance contact the [Funding Assistance Program](#).

***Did your service provider receive FAP in the previous state fiscal year?**

Yes No

You must reach out to the FAP team to update or create your service provider's payment account information. Please email the [FAP team](#) regarding your service provider's payment account and proceed with the rest of the application.

Population of Municipality/Contracting Agency(ies)

Population Information

Ambulance service providers must identify all municipalities included in your [primary service area](#). If your primary service area consists of more than one municipality, you must add the information separately for each municipality. If you only serve a portion of a municipality, you will enter the information for percentage of the population you service as verified by the municipal clerk. Municipal populations should be verified at least once per licensing cycle by a completed and signed [F-47255 EMS Municipal Signature and Population Verification Page](#) for each municipality within your service's primary service area.

If your service submitted [F-47255 EMS Municipal Signature and Population Verification Pages](#) as part of the 2023-2026 service provider licensure renewal process and your primary service area has not changed, you may use the information from the [F-47255 EMS Municipal Signature and Population Verification Pages](#) submitted with your 2023-2026 service provider license renewal application. If you submitted these documents as part of the 2023-2026 service provider licensure renewal application, you may find them in the "Documents" tab of service provider's [E-Licensing](#) account. Any forms signed prior to July 1, 2020, cannot be used.

If your service did not submit [F-47255 EMS Municipal Signature and Population Verification Pages](#) as part of your 2023-2026 service provider license renewal application, you will need to provide a completed and signed copy of the [F-47255 EMS Municipal Signature and Population Verification Page](#) for each municipality in your primary service area. If you do not add a completed and signed copy of the [F-47255 EMS Municipal Signature and Population Verification Page](#) for a municipality, you will not receive funds for the municipality. Any forms signed prior to July 1, 2020 cannot be used.

To download the PDF form, click on the link to the [F-47255 EMS Municipal Signature and Population Verification Page](#). Whether you submit a new [F-47255 EMS Municipal Signature and Population Verification Page](#) or use forms on file from your 2023-2026 service provider license renewal application, please note that in you will need to include in your application:

- A population for each municipality that you serve as primary 9-1-1 patient transport response is needed. This information must match the documentation you are providing from your municipal or county clerk.
- Population Served: Provide the name and population for each municipality you serve this information should match the documentation you are providing from your municipal or county clerk.

Important information for Emergency Medical Responder (EMR) Services

Emergency medical responder services are not required to submit the [F-47255 EMS Municipal Signature and Population Verification Pages](#) if they are not seeking the additional per capita funds. If they are seeking the per capita funds, emergency medical responder services should submit [F-47255 EMS Municipal Signature and Population Verification Pages](#) form for each municipality.

If you need assistance, please contact the [Funding Assistance Program](#).

***Our service provider has elected to seek:**

- The base rate only (no population verification forms needed)
- Both base rate and per capita for the municipalities served (population verification forms needed)

***Please list the name of the municipality you serve.**

Kimberly

Please select the municipality type.

Village

***Please enter the municipality population covered.**

7675

*Please enter the municipality population percentage (%) covered.

100

F-47255 EMS FAP Municipal Signature and Population Verification File Upload

Please upload your F-47255 EMS Municipal Signature and Population Verification document(s).

Please upload your F-47255 EMS Municipal Signature and Population Verification document(s).

[Upload File](#)

Name
F-47255 EMS Municipal Signature and Population Verification

Document Type
Supporting Documents

Funding Options

Instructions

Please select one of the funding options the emergency medical service provider is applying for. Please select only one funding option. If you need assistance, please contact the [Funding Assistance Program](#). Service providers that are private-for-profit will only have the option for one type of funds.

*The emergency medical service is applying for one of the following funding options:

- Support and Improvement Funds with Training and Examination Funds
- Support and Improvement Funds Only - No Training and Examination Aid Funds

Signature and Submission

Electronic Signature and Submittal

I declare that I am the person authorized to complete this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with the Funding Assistance Program application for funding may result in processing delays or denial of the application; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued Funding Assistance Program funding, failure to comply with the statutes and/or administrative code provisions of the program authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above application information and understand the obligation I have as an applicant for Funding Assistance Program funding.

I certify that the information I have added to this application is true and correct and meets the qualifications outlined in [Wis. Stat. ch. 256](#) and [Wis. Admin. Code ch. DHS 110](#).

Application Submission

To submit your Funding Assistance Program application, you will need to enter your EMS account password. This is the same password that you use to log into your EMS account.

*Please enter today's date for your application submission date

09/16/2025 [Today](#)

*Application signature for submission

Signed on Sep 25, 2025 3:41:53 PM by Terri Smith

Tony Evers
Governor

Kirsten L. Johnson
Secretary



State of Wisconsin
Department of Health Services

Division of Public Health

201 E. Washington Ave.
PO Box 2659
Madison, WI 53701-2659

Phone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

November 20, 2025

Kimberly Fire Department (6604867)
515 W Kimberly Ave.
Kimberly, WI 54136

RE: Emergency Medical Services Funding Assistance Program Award

Dear Service Director:

The Wisconsin Department of Health Services, Division of Public Health, Office of Preparedness and Emergency Health Care, EMS Section is pleased to notify you of your Emergency Medical Services Funding Assistance Program award based on your service's application for state fiscal year 2026 (July 1, 2025–June 30, 2026). Please retain this letter for your records as it contains the breakdown of your award. Payments will be going out via automated clearing house (ACH) payment transferred electronically to the designated account. **If you receive this letter and do not see an ACH payment, please check with your municipality as the payment may have been sent directly to the designated municipal payee before being forwarded to your service.** According to Wis. Stat. §§ 256.12(4) and (5), funding is based on two separate calculations.

The first amount fulfills Wis. Stat. § 256.12(4) and includes the base amount of **\$10,000** plus **\$2.78** per capita. An additional **\$45.68** was equally distributed to services reporting population to expend funds that could not be further divided per capita. Your emergency medical responder department or ambulance service may use support and improvement funds for the purchase of ambulance service vehicles or vehicle equipment, emergency medical service supplies or equipment, nondurable or disposable medical supplies or equipment, medications, or emergency medical training for personnel. **Up to 15%** of this award can be used towards nondurable or disposable medical supplies or equipment and medications. Per Wis. Stat. § 256.12(4), support and improvement funds shall supplement existing, budgeted moneys of, or provided to, an ambulance service and may not be used to replace, decrease, or release for alternative purposes the existing, budgeted moneys of, or provided to, the ambulance service provider.

The second amount fulfills Wis. Stat. § 256.12(5) and is determined by dividing \$1,000,000 equally among all qualified services applying for emergency medical services practitioner and emergency medical responder training and examination aid. This allotment can only be used to purchase the training and/or administration of the examination required for licensure and renewal of licensure as an emergency medical technician or for certification and renewal of certification as an emergency medical responder. Services that did not request or are ineligible (i.e. private-for-profit services) for training and examination funds will not have this amount listed.

Support and improvement per § 256.12 (4)

Amount: \$31,382.18

Training and examination aid per § 256.12 (5)

Amount: \$2,197.80

Per Wis. Stat. § 256.12(4) and § 256.12(5), the department shall require that all recipients of funds submit a financial report on the expenditure of funds received to the department.

Please review the resources located on the [EMS Funding Assistance Program](#) web page and direct any questions regarding the program to DHSFAP@dhs.wisconsin.gov.

Sincerely,



Mark Mandler
EMS Section Manager
Office of Preparedness and Emergency Health Care
Wisconsin Department of Health Services



Village of Kimberly REQUEST FOR BOARD CONSIDERATION

ITEM DESCRIPTION: CPR Manikins Funding Request
REPORT PREPARED BY: EMS Service Director – Terri Smith
REPORT DATE: 02/09/2026
ADMINISTRATOR'S REVIEW / COMMENTS: No additional comments to this report _____ <i>DLB</i> See additional comments attached _____
EXPLANATION: Kimberly EMS would like to purchase the CPR manikin bundle/kit through MCR Medical for training purposes. Staff is requesting funding for this purchase through the EMS Donation Trust Fund, SFY 2026 State of Wisconsin EMS Funding Assistance Program (FAP). See the attached product listing for further detail on the purchase.
RECOMMENDED ACTION: Approve the funding of CPR Manikin Bundle/Kit through the EMS Donation Trust Fund 101-5700-923 in an amount not to exceed \$2,100.00.

Your cart

1 items



CPR MANIKIN BUNDLE/KIT

Item #: K404M

CPR Manikin 4-Pack Adult and 4-Pack Infant w. Feedback, AED UltraTrainers

Gender: Adult Male(4) + Infant(4)

Skin Tone: Medium Tone

AED Trainer: UltraTrainer, PRESTAN

\$1,985.95

\$1,985.95

– +

Order Summary

Subtotal:

\$1,985.95

Taxes calculated at checkout

FREE Shipping on all orders



Village of Kimberly REQUEST FOR BOARD CONSIDERATION

ITEM DESCRIPTION: Rescue Task Force Operations Training Funding Request

REPORT PREPARED BY: EMS Service Director – Terri Smith

REPORT DATE: 02/09/2026

ADMINISTRATOR'S REVIEW / COMMENTS:

No additional comments to this report DLB

See additional comments attached _____

EXPLANATION:

Kimberly EMS had four members attend Rescue Task Force Operations training, through ResQ Environments on 01/24/2026 at the cost of \$130.00 per member, totaling \$520.00. Rescue Task Force Operations training covers the following topics:

4-6-hour course

- Introduction to Cold Zone and Warm Zone Operations.
- Provide introduction and familiarization to equipment and triage principles.
 - Tourniquets
 - Chest Seals
 - Wound Packing
 - Pressure Dressings
 - General Evacuation Techniques
- Second step for departments following the RTF Awareness training for Active Shooter Response. RTF Awareness gives the basic understanding of how to respond to active violence events as well as set up unified command and what steps will need to be initially taken.

Staff is requesting funding for this training through the EMS Donation Trust Fund, SFY 2026 State of Wisconsin EMS Funding Assistance Program (FAP).

RECOMMENDED ACTION:

Approve the funding of Rescue Task Force Operations training through the EMS Donation Trust Fund 101-5700-923 in the amount of \$520.00.



ResQ Environments LLC
W6093 Hearthstone Dr
Appleton Wisconsin 54915
U.S.A

INVOICE

0000077

Balance Due
\$520.00

Bill To
Kimberly Fire Department

Invoice Date : 24 Jan 2026
Terms : Net 30
Due Date : 23 Feb 2026

Subject :
RTF Operations Class

#	Item & Description	Qty	Rate	Amount
1	Rescue Task Force - Operations Level	4.00	130.00	520.00
			Sub Total	520.00
			Total	\$520.00
			Balance Due	\$520.00

Notes

Thank you for being great for our community! We hope to work with you again.

Terms & Conditions

Please make checks out to "ResQ Environments" and mail them to: W6093 Hearthstone Dr Appleton, WI 54915 if you are unable to present the check in person.