

2024 Maintenance of Effort Report

Co-muni Code 65004	County	WASHBURN	Account No. 1762	Report Type ORIGINAL
	District Type	TOWN		
	District	BASHAW		

Section A - Law Enforcement

Your municipality is not required to complete section A of this report

Section B - Fire Protective and Emergency Medical Services

If your municipality has separate fire and EMS, do you want to complete separate certifications for fire and EMS?

☒ Yes ☐ No**Fire Protective Services**1. Did your municipality consolidate its fire protective services with another county or municipality in 2023 ? ☐ Yes ☒ No2. Did your municipality enter into a contract with a private entity to provide fire protective services in 2023 ? ☒ Yes ☐ No

a. Provide the name of the private entity who you contracted with

SPOONER FIRE DEPARTMENT

SHELL LAKE FIRE DEPARTMENT

Emergency Medical Services1. Did your municipality consolidate its emergency medical services with another county or municipality in 2023 ? ☐ Yes ☒ No2. Did your municipality enter into a contract with a private entity to provide emergency medical services in 2023 ? ☒ Yes ☐ No

a. Provide the name of the private entity who you contracted with

NORTH MEMORIAL AMBULANCE

Section C - Attachments

Fire Protective Services

Fire protective services certification

- spnr.pdf
- sl.pdf

Emergency Medical Services

Emergency medical services certification

- 2024-04-30 SL-309 Maintenance of Effort Certification Emergency Medical Services (EMS) Fill-in.pdf

2024 Maintenance of Effort Report

Preparer Information

Name LESA DAHLSTROM

Title CLERK/TREASURER

Email twnofbashaw@gmail.com

Phone (715) 520-0385

Comments

Signature Statement

Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.

Do you agree with the statement above?

☒ YES ☐ NO

Submission Information

You successfully submitted your report. Save and/or print a copy for your records.

Co-muni code: 65004

Submission date: 05-30-2024 07:05 AM

Confirmation: SL30520241762O1715873083382

Submission type: ORIGINAL

Filing Instructions

- Person in charge of providing, or under contract to provide, emergency medical services for a political subdivision must complete this certification form (sec. 66.0608(2m), Wis. Stats.)
- Due date** – June 15, 2024. Provide this completed form to your municipal or county clerk on or before the due date.
Do not submit this form to the Wisconsin Department of Revenue.

Failure to file – if you do not provide this completed form to your municipal or county clerk by June 15, 2024, they may not be able to timely file the Maintenance of Effort Report and be charged a penalty under state law.

Questions? Contact us at lgs@wisconsin.gov.

Section 1: Municipality or County Information

Co-muni code 65 - 004	Taxation district (check one) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County	Municipality or county BASHAW	County WASHBURN
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Section 2: Certifying Person's Information

Name Timothy McConnell		Title Service Manager	
Address 26543 Muskey Ave N			
City Webster		State WI	Zip 54893
Email Timothy.McConnell@NorthMemorial.com		Phone (715) 349 - 7699	

Section 3: Certification Questionnaire

Answer each question below by checking "Yes" or "No." If you select yes for either question, do not complete Section 4.

Did the municipality or county listed in Section 1:

- Consolidate its emergency medical services with another political subdivision or enter into a contract with a private entity to provide emergency medical services in 2023? Yes ☐ No ☒
- Newly establish or join a newly established emergency medical service agency in 2023? Yes ☐ No ☒

Section 4: Certification Details

I certify the following has been maintained at a level equivalent to that provided in the previous year, 2023.
Check all boxes that apply:

- ☒ Political subdivision's expenditures, not including capital expenditures or expenditures of grant moneys received from the state or federal government, for emergency medical services.
- ☐ Number of full-time equivalent emergency medical services personnel employed by or assigned to the political subdivision, not including emergency medical services personnel whose positions are funded by grants received from the state or federal government. For volunteer emergency medical services, those volunteer emergency medical services personnel who responded to at least 40% of calls to which volunteer emergency medical services personnel responded may be counted as full-time equivalent emergency medical services personnel under sec. 66.0608(2m)(b)2.b., Wis. Stats.
- ☒ Level of training of and maintenance of licensure for emergency medical services personnel providing emergency medical services within the political subdivision.
- ☐ Response times for emergency medical services throughout the political subdivision, adjusted for the location of calls for service.

Section 5: Signature

Certifying person's signature <i>Tim McConnell</i>	Date 04/30/2024
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Filing Instructions

- Person in charge of providing, or under contract to provide, fire services for a political subdivision must complete this certification form (sec. 66.0608(2m), Wis. Stats.)
- **Due date** – June 15, 2024. Provide this completed form to your municipal or county clerk on or before the due date. **Do not** submit this form to the Wisconsin Department of Revenue.

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Section 1: Municipality or County Information

Co-muni code	Taxation district (check one)	Municipality or county	County
65-004	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County	BASHAW	WASHBURN

Section 2: Certifying Person's Information

Name		Title	
Keith Dahlstrom		Fire Chief	
Address			
P.O.Box 520			
City		State	Zip
Shell Lake		WI	54871
Email		Phone	
shelllakefire@gmail.com		(715) 520 - 0384	

Section 3: Certification Questionnaire

Answer each question below by checking "Yes" or "No." If you select yes for either question, do not complete Section 4.

Did the municipality or county listed in Section 1:

- Consolidate its fire protective services with another political subdivision or enter into a contract with a private entity to provide fire protective services in 2023? Yes ☐ No ☒
- Newly establish or join a newly established fire protection service agency in 2023? Yes ☐ No ☒

Section 4: Certification Details

I certify the following has been maintained at a level equivalent to that provided in the previous year, 2023.
Check all boxes that apply:

- ☒ Political subdivision's expenditures, not including capital expenditures or expenditures of grant moneys received from the state or federal government, for fire protection.
- ☒ Number of full-time equivalent fire fighters employed by or assigned to the political subdivision, not including fire fighters whose positions are funded by grants received from the state or federal government. For volunteer fire services, those volunteer fire fighters who responded to at least 40% of calls to which volunteer fire protective services responded may be counted as full-time equivalent volunteer fire fighters under sec. 66.0608(2m)(b)2.b., Wis. Stats.
- ☒ Level of training of and maintenance of licensure for fire fighters providing fire protective services within the political subdivision.
- ☒ Response times for fire protective services throughout the political subdivision, adjusted for the location of calls for service.

Section 5: Signature

Certifying person's signature	Date
	5-28-24

Filing Instructions

- Person in charge of providing, or under contract to provide, fire services for a political subdivision must complete this certification form (sec. [66.0608\(2m\)](#), Wis. Stats.)
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Section 1: Municipality or County Information

Co-muni code	Taxation district (check one)	Municipality or county	County
65-004	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County	Bashaw	Washburn

Section 2: Certifying Person's Information

Name	Title		
Darren Vik	Fire Chief		
Address			
1400 N. River St.			
City	State	Zip	
Spooner	WI	54801	
Email	Phone		
sponnerfiredist@gmail.com	() - 715-635-9115		

Section 3: Certification Questionnaire

Answer each question below by checking "Yes" or "No." If you select yes for either question, do not complete Section 4.

Did the municipality or county listed in Section 1:

- Consolidate its fire protective services with another political subdivision or enter into a contract with a private entity to provide fire protective services in 2023? Yes ☐ No ☒
- Newly establish or join a newly established fire protection service agency in 2023? Yes ☐ No ☒

Section 4: Certification Details

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- ☒ Level of training of and maintenance of licensure for fire fighters providing fire protective services within the political subdivision.
- ☒ Response times for fire protective services throughout the political subdivision, adjusted for the location of calls for service.

Section 5: Signature

Certifying person's signature	Date
	4-29-2024