

# Innovation Grant Application (Form SL-405) Instructions

## General Information

The Innovation Grant program (sec. [79.038\(1\)](#), Wis. Stats.), created under 2023 WI Act 12 and updated under 2025 WI Act 15, is designed to provide funds to counties, municipalities, and tribes (transferor) that implement an innovation plan to completely transfer one or more of the allowable services/duties to another county, municipality, tribe, nonprofit organization, or private entity (transferee).

County and municipal clerks, tribe representatives, or their designee, can e-file this form by March 31, 2026, through [MyDORGov](#).

## Form Information

### Section A – Innovation Plan Contract and Service Type

- **Line 1 – Does your innovation plan include a contract/agreement signed by all parties to the contract?**
  - You must select "Yes" to continue filing. All parties involved in the contract or agreement must sign it on or after November 13, 2024.
  - If you chose No, an error appears
- **Line 2 – Attach documentation**
  - Attach a copy of signed contract/agreement
  - Documentation outlining innovation plan
  - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
  - File names – cannot include special characters (ex: \$@&)
- **Line 3 – Enter the project name**
  - Project name must be unique for each project submitted
  - If your district already entered a name in a previous grant application, you will be prompted to enter a new project name
- **Line 4 – Select the service type you plan to transfer** (sec. [79.038\(1\)\(b\)](#), Wis. Stats.)

<ul style="list-style-type: none"><li>○ Administration – including staffing, payroll and human resources</li><li>○ Communications</li><li>○ Courts</li><li>○ Economic development and tourism</li><li>○ Emergency services</li><li>○ Fire protection</li><li>○ Housing, planning and zoning</li></ul>	<ul style="list-style-type: none"><li>○ Information technology</li><li>○ Jails</li><li>○ Parks and recreation</li><li>○ Public health</li><li>○ Public safety – including law enforcement, but not including jails</li><li>○ Public works</li><li>○ Training</li></ul>
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- **Line 5 – Are you transferring all or part of the selected service type?**
  - Select "All" or "Part"
  - If you select Part, enter the duty type you plan to transfer
- **Line 6 – Does your signed contract/agreement transfer all services or duties for the period of at least three years?**
  - You must select "Yes" to continue filing. The contract/agreement must be for a minimum of three years (sec. [79.038\(1\)\(a\)1.b](#), Wis. Stats.).
  - If you chose No, an error appears

### Lines 7-9 – Enter the requested dates:

- **Line 7 – Signature date of your signed contract/agreement**
  - Signed contract/agreement signature date must be on or after November 13, 2024 (sec. [79.038\(1\)\(a\)1.am](#), Wis. Stats.)
  - Use *mm/dd/yyyy* format

- **Line 8 – Date the service/duty will be transferred per the signed contract/agreement**
  - Use *mm/dd/yyyy* format
  - **Calendar year immediately preceding the transfer date outlined in your signed contract/agreement** – this is auto-filled with the year previous to what you entered in the prior field
- **Line 9 – Date the contract/agreement will expire**
  - **Calculated duration of signed contract/agreement (years)** – this is auto-filled with the total number of years of the signed contract/agreement (rounded down to whole years)
  - **Maximum number of potential annual payments** – this is auto-filled and is the maximum number of potential annual payments you can receive. The total number of annual payments will be based on the date of your first grant payment, the duration of your contract (in years), and whether you meet the 115% cost limitation requirement. (secs. 79.038(1)(d)1., and 79.038(1)(d)3m., Wis. Stats.).

## Section B – Parties to the Contract

- **Transferors**
  - **Entity type** – select County, Municipality, or Tribe from the dropdown list
  - **Entity** – enter the name of your entity or select it from the dropdown list
  - Click (+) or (-) to add or remove existing transferors
- **Transferees**
  - **Entity type** – select County, Municipality, Tribe, Nonprofit Organization, or Private Entity from the dropdown
  - **Entity** – enter the name of your entity or select your entity from the dropdown, which only appears for county, municipality, tribe entity types
  - **Transferee's FEIN** – this appears if you select Nonprofit Organization or Private Entity as transferee's entity. Enter the nine-digit (##-#####) FEIN number. Do not enter a Social Security Number.
  - Click (+) or (-) to add or remove existing transferees

## Section C1 – Transferor Contract Requirements

**Note:** If there is more than one transferor, additional Section C pages will appear (ex: C2, C3, etc.).

- **Line 1 – For the portion of the service/duty being transferred by this transferor, did the transferor provide all the services/duties in calendar year immediately preceding the transfer?**
  - Select "Yes" or "No." The transferor must have provided all services/duties in the year immediately preceding the year the services/duties are transferred under the contract/agreement (sec. 79.038(1)(a)2., Wis. Stats.).
  - If you select No, a warning appears. DOR will still review and consider your application with all other grant applications.
- **Line 2 – Enter this transferor's total cost to provide the service/duty during calendar year immediately preceding the transfer**
  - **2a. Attach documentation supporting this amount (ex: actual cost summary)**
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)

**If you selected "Fire protection" or "Emergency Services" in Section A, additional lines appear.**

  - **2b. Did this transferor enlist or employ volunteer firefighters or EMS practitioners in the calendar year preceding the transfer?**
    - Select "Yes" or "No." If you select Yes, (2c.) and (2d.) appear.
  - **2c. Enter the total fair market compensation amount attributed to all volunteer firefighters or EMS practitioners**
  - **2d. Attach your fair market compensation calculation worksheet**
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)
- **Line 3 – Enter the amount this transferor will pay the transferee(s) to perform the service/duty for:**
  - **3a. First year after the transfer**
  - **3b. Entire term of the contract/agreement** – provide total amount the transferor will pay the transferee(s) for the service/duty for the entire length of the contract/agreement (sec. 79.038(1)(a)1.d, Wis. Stats.)

## Section D1 – Transferee Contract Requirements

**Note:** If there is more than one transferee, additional Section D pages will appear (ex: D2, D3, etc.).

- **Line 1 – Enter this transferee's total cost to provide the service/duty during calendar year immediately preceding the transfer** – enter your incurred costs for this service/duty in the calendar year prior to the transfer of the service/duty
  - Attach supporting documentation (ex: actual cost summary)
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)

**If you selected "Fire protection" or "Emergency Services" in Section A, additional lines appear.**

- **Line 2 – Did this transferee enlist or employ volunteer firefighters or EMS practitioners in the calendar year preceding the transfer?**
  - Select "Yes" or "No." If you select Yes, (2a.) and (2b.) appear.
  - **2a. Enter the total fair market compensation amount attributed to all volunteer firefighters or EMS practitioners**
  - **2b. Attach your fair market compensation calculation worksheet**
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)

## Section E – Total Cost

### Sections B-D Summary

- Confirm the information in the table is accurate. If it's incorrect, edit the information entered in Sections B–D.
- **Line 1 – The total transferor cost is the sum of the costs incurred by all participating transferors (county, municipality, or tribe) to provide the service/duty in the calendar year immediately preceding the transfer. This amount will be used to calculate the annual grant payment. Is the total transferor cost correct?**
  - Select "Yes" or "No"
  - If you selected No, return to Sections B-D to correct your entries
  - If the total cost amount is incorrect for the transferor – review and correct your entries in Section C. This amount is the sum of the total costs for the transferor entered in Section C.
- **Line 2 – The total cost is the sum of the costs incurred by all participating transferors and transferees (county, municipality, or tribe) to provide the service/duty in the calendar year immediately preceding the transfer. This amount will be used to calculate the 115% cost limit requirement. Is the total cost amount correct?**
  - Select "Yes" or "No"
  - If you select No, return to Sections B-D to correct your entries
  - If the total cost amount is incorrect, review and correct your entries in Sections C-D. This amount is the sum of the total costs for the transferor and transferee entered in Sections C-D.

## Section F — Innovation Plan Objectives

### Cost Limitation

- **Total cost (from Sec. E)** – this amount is pre-filled from Section E
- **115% cost limitation** – this amount is the total cost multiplied by 115%
- **Line 1 – Do you certify that you understand the 115% cost limitation requirement?**
  - In a grant award year, if the total cost of the transferors and transferees (county, municipality, or tribe) exceeds 115% of the costs in the calendar year immediately preceding the transfer, DOR will not make a grant payment in the following year
  - You must select "Yes" to certify you understand this requirement
  - If you chose No, an error appears
- **Line 2 – After the transfer occurs, will the transferee(s) employ or enlist volunteer firefighters?**
  - Select "Yes" or "No"

## Objectives

- **Line 1 – Does the innovation plan improve the quality of the service/duty and/or accessibility?**
  - Select "Yes" or "No." If you select Yes, (1a.) and (1b.) appear.
  - **1a. Enter a detailed description of the improvement**
  - **1b. Attach additional supporting documentation (optional)**
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)
- **Line 2 – Does the innovation plan incorporate new process improvements to enhance the method or delivery of the service/duty?**
  - Select "Yes" or "No." If you select Yes, (2a.) and (2b.) appear.
  - **2a. Enter a detailed description of the improvement**
  - **2b. Attach additional supporting documentation (optional)**
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)
- **Line 3 – Did you use Innovation Planning Grant (IPG) funds to develop the innovation plan?**
  - Select "Yes" or "No." If you select Yes, (3a.) and (3b.) appear.
  - **3a. Enter the IPG project name**
  - **3b. Attach a copy of the IPG approval notice you received from DOR**
    - Acceptable file types – PDF, TIF, JPG, BMP, DOCX, XLSX, DOC, XLS
    - File names – cannot include special characters (ex: \$@&)

## DOR Evaluation

DOR will evaluate applications using a scoring method that allocates points for:

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

## Section G — Grant Allocation

### Grant Amount

- Table summarizes costs and calculates the annual grant payment:
  - **1. Total transferor cost** – of the counties, municipalities, and tribes transferring a service/duty. This matches Section E. If it's incorrect, return to section C to correct your entries.
  - **2. Annual grant payment** – the total transferor cost multiplied by 25%

### Grant Allocation

- **Would you prefer to report your annual grant allocation by dollar amount or percentage?**
  - Select "Amount" or "Percentage"
  - The table will show amount or percentage depending on your selection
- **Enter grant allocation amount or percentage in the table**
  - Review the contract/agreement for the specified allocation of grant moneys among the counties, municipalities, or tribes that are parties to the agreement or contract (sec. 79.038(1)(a)1.e, Wis. Stats.)
  - Allocation amounts must equal the annual grant payment amount listed in the grant amount table
  - Percentages entered must total 100%
  - Note: Nonprofit/private entity transferees will not receive a direct distribution of grant funds from the Wisconsin Department of Revenue. Include their distribution amount in the appropriate transferor or transferee's allocation.

## Section H — Preparer/Signature Statement

- Enter the required Preparer information
- You must correct all errors before submitting the form
- After you submit the application, print and/or save a copy for your records with the confirmation number
- To submit your form – select "Yes" and click "Submit" on the top left of the page

## Questions?

- View the Innovation Grant [common questions](#)
- Review sec. [79.038](#), Wis. Stats.
- Contact us at [lgs@wisconsin.gov](mailto:lgs@wisconsin.gov), (608) 266-1932 or (608) 266-5815