



APPENDIX A

NOTICE OF INTENT TO APPLY FOR/ACCEPT FUNDS

Department & Grant Administrator Review Checklist:

- X Consistent with overall program goals of the City
- X Discussed local match requirements and/or other budget impacts
- X Discussed and identified personnel to implement objectives of the grant
- X Reviewed time line for implementing grant & identified staff responsible for program & fiscal monitoring
- Date of Review with Grants Administrator: _____
- Date approved by Committee of Jurisdiction: _____ Date: _____
- Date approved by Finance Committee: _____

DEPARTMENT: POLICE DEPARTMENT DATE: February 19, 2020

FUNDING SOURCE: Octoberfest

NAME OF GRANT: Autovu 2 Camera System

AMOUNT OF GRANT REQUEST: \$22,902.92 X Monetary Other

IF OTHER, EXPLAIN: _____

LOCAL MATCH REQUIREMENTS: None

If there are match requirements, what is the source of this match.: X General Funds
Non General Funds

WILL THE CITY OF APPLETON BE THE ADMINISTRATOR/GRANTEE OF THE FUNDS IF AWARDED? X Yes _____ No

HAS THE CITY OF APPLETON RECEIVED THIS GRANT BEFORE? X Yes _____ No

PURPOSE OF GRANT: Purchase Autovu 2 Camera System. This camera system will give us the ability to read license plates in a variety of conditions.

ADDITIONAL INFORMATION CAN BE OBTAINED FROM: _____

DEPARTMENT HEAD SIGNATURE: 