

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to lisa.remiker@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 06/24/2015
APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Len Vander Wyst/Fire Chief
COMMITTEE OF JURISDICTION: Safety & Licensing Committee
NAME OF GRANT/FUNDING SOURCE: Fox Valley Regional Trauma Advisory Council (RTAC)
AMOUNT OF GRANT REQUEST: \$635 **LOCAL MATCH REQUIREMENT:** \$0
SOURCE OF MATCH: General Fund Non-General Fund Not Applicable
TIMEFRAME OF GRANT: 06/05/2015 through 12/31/2015
TYPE OF GRANT REQUEST: Monetary Other (explain under 'purpose of grant')
PURPOSE OF GRANT (summary): The purpose of this grant is to fund equipment that will be used for our Rescue Task Force teams for traumatic active shooter incidents in our area.
How does the grant meet City/Department/Program goals? The equipment will help our department provide a high-level of care at these incidents.
What are the personnel requirements (include both existing and new staff) of the grant? Department personnel will need to administer the grant.
DEPARTMENT HEAD SIGNATURE: *Len Vander Wyst*

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to tony.saucerman@appleton.org)

AMOUNT OF GRANT AWARD: \$635 **FEDERAL/STATE ID #:** N/A
LOCAL MATCH REQUIREMENT: \$0
Please describe the source of match, if applicable: There is no match needed.
Please describe any major changes in proposed grant-funded activities: There are no major changes.

PART	TO:	DATE:	TO:	DATE:	TO:	DATE:
#1: Request to Apply	Finance Dept		COJ - Info/Action		FAC - Info/Action	
#2: Request to Accept	Finance Dept		COJ - Action		FAC - Action	

COJ = Committee of Jurisdiction

FAC = Finance and Administration Committee