



# GRANT TRACKING FORM

## PART #1: Notification of Grant Funds

(email to: [jennifer.messerschmidt@appletonwi.gov](mailto:jennifer.messerschmidt@appletonwi.gov))

**APPLICANT DEPARTMENT:** Appleton Fire Department

**DATE:** 05/20/2026

**APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE:** Ryan Weyers, Deputy Chief

**COMMITTEE OF JURISDICTION:** Safety & Licensing Committee

**NAME OF GRANT/FUNDING SOURCE:** We Energies Rewarding Responders Grant

**AMOUNT OF GRANT REQUEST:** \$2,000.00

**LOCAL MATCH REQUIREMENT:** \$284.00

**SOURCE OF MATCH:** General Fund  Non-General Fund  Not Applicable

**TIMEFRAME OF GRANT:** 05/22/2026 through 12/31/2026

**TYPE OF GRANT REQUEST:**  Monetary  Other (explain under 'purpose of grant')

**PURPOSE OF GRANT (summary):** The Appleton Fire Department (AFD) is requesting grant funding to support the purchase of a Milwaukee Tool Set due to the need for a battery upgrade from 28V to 18V. We are requesting the grant to purchase a 9" cut-off saw plus blades, angle grinder with wire brush, and 1/2" cordless drill/driver.

**How does the grant meet City/Department/Program goals?** This project relates to the City's mission of being '...dedicated to meeting the needs of the community and enhancing its quality of life.' This project will assist with Goal # 2 that states "provide technologies that meets the needs of the organization."

**What are the personnel requirements (include both existing and new staff) of the grant?** There are no personnel requirements other than training on the equipment.

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_

## PART #2: Request to Accept Grant Funds

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

**AMOUNT OF GRANT AWARD:** \$ \_\_\_\_\_

**FEDERAL/STATE ID #:** \_\_\_\_\_

**LOCAL MATCH REQUIREMENT:** \$ \_\_\_\_\_

**Please describe the source of match, if applicable:** \_\_\_\_\_

**Please describe any major changes in proposed grant-funded activities:** \_\_\_\_\_

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