

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to lisa.remiker@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 12/4/2014

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Len Vander Wyst/Fire Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Assistance to Firefighters Grant/Federal Emergency Management Agency

AMOUNT OF GRANT REQUEST: \$20,000 **LOCAL MATCH REQUIREMENT:** \$2,000

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

TIMEFRAME OF GRANT: 01/01/2015 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 rehabilitation equipment that will be used for firefighter safety and recovery after an incident.

How does the grant meet City/Department/Program goals? The equipment will help our department maintain firefighter health and safety standards.

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: \$ _____ **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