



GRANT TRACKING FORM

PART #1: Notification of Grant Funds

(email to: jennifer.messerschmidt@appletonwi.gov)

APPLICANT DEPARTMENT: Appleton Fire Department

DATE: 05/19/2026

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Jeremy Hansen, Fire Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Assistance to Firefighters Grant

AMOUNT OF GRANT REQUEST: \$770,900.00

LOCAL MATCH REQUIREMENT: \$70,081.82

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

TIMEFRAME OF GRANT: 06/22/2026 through 10/31/2026

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 self-contained breathing apparatus (SCBA). Current SCBAs were purchased in 2013 and manufactured under the National Fire Protection Association (NFPA) 1981, 2007 ed. These SCBAs are obsolete and noncompliant as they are two NFPA cycles and greater than 10-years of age from the date they were manufactured. We are unable to find replacement parts for our current SCBAs and all our SCBA bottles will expire in 2027.

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 and responsive support 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)

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