

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to tony.saucerman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 05/11/21

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Sharon Brochtrup/Assistant to the Fire Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Assistance to Firefighter's Grant - COVID-19/FEMA

AMOUNT OF GRANT REQUEST: \$ 16,234 **LOCAL MATCH REQUIREMENT:** \$ 1,476

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

TIMEFRAME OF GRANT: 01/01/2020 through 05/29/2021

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

PURPOSE OF GRANT (summary):

The purpose of the grant is to provide critically needed resources that equip personnel to respond to the COVID-19 public health emergency and support community resilience.

How does the grant meet City/Department/Program goals?

The grant will provide personal protective equipment for firefighters responding to medical incidents keeping them safe from the virus and available to respond to emergency incidents for our citizens.

What are the personnel requirements (include both existing and new staff) of the grant?

There are no personnel requirements other than administering and tracking grant purchases.

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