

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to jeri.ohman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department

DATE: 03/16/2023

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Doug Vrechek/Battalion Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Capital Credit Union Elevate Communities Program

AMOUNT OF GRANT REQUEST: \$13,000

LOCAL MATCH REQUIREMENT: N/A

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

TIMEFRAME OF GRANT: 03/31/2023 through 12/31/2023

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

PURPOSE OF GRANT (summary): This grant will allow the fire department to acquire a methane gas detector to quantify risk and hazard areas in emergencies.

How does the grant meet City/Department/Program goals? The grant will improve the department's ability to mitigate hazards while keeping firefighters a safe proximity from the hazard.

What are the personnel requirements (include both existing and new staff) of the grant? There are no additional requirements of personnel.

DEPARTMENT HEAD SIGNATURE: 

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to jeri.ohman@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