

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to lisa.remiker@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 03/27/2014

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Lee Kasten/Lieutenant

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Federal Emergency Management Agency/Fire Prevention and Safety Grant

AMOUNT OF GRANT REQUEST: \$168,150 **LOCAL MATCH REQUIREMENT:** \$8,407

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


TIMEFRAME OF GRANT: 07/01/2014 through 12/31/2014

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

PURPOSE OF GRANT (summary): The purpose of this grant is to continue the smoke detector program which targets vulnerable populations and locations and provides an opportunity to conduct home safety inspections.

How does the grant meet City/Department/Program goals? By promoting fire safety within the City of Appleton, we are improving the quality of life.

What are the personnel requirements (include both existing and new staff) of the grant? Personnel overtime costs will be included as part of the grant.

DEPARTMENT HEAD SIGNATURE: 

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to lisa.remiker@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