

GRANT TRACKING FORM



PART #1: Notification of Grant Funds
 (email to tony.saucerman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 5 / 3 / 2022

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

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: WE Energies Foundation Grant

AMOUNT OF GRANT REQUEST: \$ \$2,000 **LOCAL MATCH REQUIREMENT:** \$ 0

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


TIMEFRAME OF GRANT: 06 / 01 / 2022 through 12 / 31 / 2022

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

PURPOSE OF GRANT (summary):
 To purchase manikins for training purposes--four adult and four pediatric CPR manikins.

How does the grant meet City/Department/Program goals?
 The manikins requested are critical for realistic medical training scenarios and assists the department in protecting the lives and property of the citizens of the City of Appleton.

What are the personnel requirements (include both existing and new staff) of the grant?
 There are no personnel requirements other than ordering the manikins and putting them into service.

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