

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to tony.saucerman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 04/13/2021

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Ryan Weyers/Deputy Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: ThedaCare Community Health Foundation Program

AMOUNT OF GRANT REQUEST: \$15,000 **LOCAL MATCH REQUIREMENT:** N/A

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

TIMEFRAME OF GRANT: 04/01/2021 through 12/31/2021

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

PURPOSE OF GRANT (summary): This grant will allow the fire department to provide community based 'hands-only CPR' training by providing materials and wages for instruction.

How does the grant meet City/Department/Program goals? The grant will improve the overall health of the community by training more individuals on 'hands-only CPR' which has proven to be as effective as CPR with breaths in the first few minutes of an out-of-hospital sudden cardiac arrest for an adult victim.

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

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