

Grants -- Request To Apply

Please enter and submit the Request To Apply Grant Form:

Date of Request:	<input type="text" value="6/14/2023"/>
Applicant Department:	<input type="text" value="Appleton Fire Department"/>
Applicant Department Grant Contact Name:	<input type="text" value="Kelly Lynch"/>
Applicant Department Grant Contact Title:	<input type="text" value="Battalion Chief of EMS"/>
Committee of Jurisdiction:	<input type="text" value="Safety & Licensing"/>
Name of Grant:	<input type="text" value="WE Energies Foundation Grant"/>
Funding Source:	<input type="text" value="WE Energies"/>
Amount of Grant Request:	<input type="text" value="\$2,000"/> Local Match Requirement: \$ <input type="text" value="0"/>
Source of Match:	<input type="checkbox"/> General Fund <input type="checkbox"/> Non-General Fund <input checked="" type="checkbox"/> Not Applicable
Timeframe of Grant:	<input type="text" value="6/1/2023"/> through <input type="text" value="3/31/2024"/>
Type of Grant Request:	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Other (explain under 'purpose of grant')

Please keep entries below to 300 characters or less.

Purpose of Grant (summary):	<input type="text" value="To purchase a <u>Laerdal</u> Multi-Venous IV Training Arm Kit, EZ-I0 System Training Kit, Vascular Doppler, and small amount of consumables to assist the department in maintaining skill proficiency and tools necessary to accomplish critical tasks."/>
How Does the Grant Meet City/Department/Program Goals:	<input type="text" value="Increased skill levels of our EMTs improves the quality of life for our citizens and visitors to the City of Appleton."/>
What are the Personnel Requirements (include both existing and new staff) of the Grant?:	<input type="text" value="AFD personnel would instruct our staff on the use of this new equipment."/>