

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to tony.saucerman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 12/13/2021

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Jeremy Hansen/Fire Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Assistance to Firefighter's Grant Program/Department of Homeland Security

AMOUNT OF GRANT REQUEST: \$211,297.02 **LOCAL MATCH REQUIREMENT:** 10%

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


TIMEFRAME OF GRANT: 05/01/2022 through 04/30/2024

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

PURPOSE OF GRANT (summary): The purpose of this grant is to enhance the level of training from Emergency Medical Technician (EMT) to Paramedic for six personnel.

How does the grant meet City/Department/Program goals? The grant will improve the overall safety of fire personnel and the community by increasing our level of care for all citizens and visitors to the City of Appleton.

What are the personnel requirements (include both existing and new staff) of the grant? Six existing personnel will attend the course during the academic year. Other personnel will fill their positions on overtime. The backfill costs are included in 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: _____

<i>PART</i>	<i>TO:</i>	<i>DATE:</i>	<i>TO:</i>	<i>DATE:</i>	<i>TO:</i>	<i>DATE:</i>
#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