

# GRANT TRACKING FORM



## **PART #1: Notification of Grant Funds**

(email to [tony.saucerman@appleton.org](mailto:tony.saucerman@appleton.org))

**APPLICANT DEPARTMENT:** Appleton Fire Department **DATE:** 12/13/2023

**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:** \$395,000 **LOCAL MATCH REQUIREMENT:** \$39,500

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

**TIMEFRAME OF GRANT:** 01/09/2024 through 10/12/2024

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

**PURPOSE OF GRANT (summary):** The Appleton Fire Department (AFD) is requesting grant funding to support the purchase of advanced life support (ALS) cardiac monitors. The AFD has a strong desire to provide the community an exceptional pre-hospital experience by upgrading our medical response capabilities from Emergency Medical Technician (EMT) to Paramedic.

**How does the grant meet City/Department/Program goals?** This project relates to the City's mission of being '...dedicated to meeting the needs of the community and enhancing its quality of life.' This project will assist with Goal # 1 that states 'Improve response times,' and Goal # 2 that states 'provide the community with exceptional pre-hospital experience.'

**What are the personnel requirements (include both existing and new staff) of the grant?** There are no personnel requirements other than training on the equipment.

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_

## **PART #2: Request to Accept Grant Funds**

(complete after notification of grant award; email to [tony.saucerman@appleton.org](mailto: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