



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, February 12, 2020

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[20-0182](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 2-5-2020.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[20-0181](#) Reserve "Class B" Liquor and Class "B" Beer License application for The 513 Appleton LLC d/b/a The 513, Kolby Knuth, Agent, located at 513 W College Ave, contingent upon approval from all departments.

Attachments: [The 513.pdf](#)

[20-0183](#) Operator's Licenses

Attachments: [2-12-2020.pdf](#)

[20-0185](#) Temporary Class "B" License applications filed after the agenda was published.

6. **Information Items**

[20-0177](#) Special Events:
St Pattys Pub Crawl, Downtown Appleton, March 14, 2020
OSI-MIRON April Fools' 5k Fundraiser, Appleton North High School, April 3, 2020
Bernatello's Foods, Pizza with Police, Pierce Park, May 15, 2020
Appleton Parks & Recreation Fun Runs, Memorial Park, June 7, June 21 & July 19, 2020
Appleton Parks & Recreation Yoga in the Park, City Park, Wednesdays June 10-August 19 (Erb on July 22)

[20-0186](#)

Request to Apply for the Wisconsin Hazardous Materials Response System Grant

Attachments: [Request to Apply for the WI Hazardous Materials Response System Grant.pdf](#)

[20-0190](#)

Director's Report
City Clerk
-Electronic Pollbook Update
Police Chief
Fire Chief

[20-0157](#)

Police Department information on liquor law violation convictions.

7. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, February 5, 2020

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order

The meeting was called to order by Chair Lobner at 6:45 p.m.

2. Roll call of membership

Present: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

3. Approval of minutes from previous meeting

[20-0155](#)

Approval of minutes from previous meeting

Attachments: [S&L Minutes 1-15-2020.pdf](#)

**Meltzer moved, seconded by Williams, that the Minutes be approved. Roll Call.
Motion carried by the following vote:**

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

4. Public Hearings/Appealances

5. Action Items

[20-0097](#)

Reserve "Class B" Liquor and Class "B" Beer License Application for Fox River Boat Holding Co. d/b/a River Tyme Bistro, Christine Williams, Agent, located at 425 W Water St Ste 100, contingent upon approval from all departments.

Attachments: [River Tyme Bistro.pdf](#)

Lobner moved, seconded by Meltzer, that the Liquor License be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 3 - Lobner, Meltzer and Van Zeeland

Excused: 1 - Thao

Abstained: 1 - Williams

Balance of the action items on the agenda.

Meltzer moved, Van Zeeland seconded, to approve the balance of the agenda.

The motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

[20-0141](#)

"Class B" Liquor and Class "B" Beer New Agent application for Apollon II LLC d/b/a Apollon, New Agent Kelly-Jo M Kramarczyk, located at 207 N Appleton St.

Attachments: [Kelly-Jo M Kramarczyk S&L 2-5-20.pdf](#)

This Report Action Item was recommended for approval.

[20-0142](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Skogen's Foodliner Inc d/b/a Festival Foods, New Agent, Jonathan J Arlt, located at 1200 W Northland Ave.

Attachments: [Jonathan J Arlt S&L 2-5-20.pdf](#)

This Report Action Item was recommended for approval.

[20-0163](#)

2019-2020 Cigarette License application for Dolgencorp, LLC d/b/a Dollar General Store #21851, located at 1010 W College Ave, contingent upon approval from all departments.

Attachments: [Dollar General Store #21851 S&L 2-5-20.pdf](#)

This Report Action Item was recommended for approval.

[20-0159](#)

License Application for Taxicab Company, Budget Medical Transportation, LLC, 2401 W Jonathon Dr, Appleton, 54914, contingent upon approval from all departments

Attachments: [Budget Medical Transportation, LLC.pdf](#)

This Report Action Item was recommended for approval.

[20-0156](#)

Temporary Class "B" License applications filed after the agenda was published.

No applications were filed.

6. Information Items

[20-0158](#)

Director's Report

City Clerk

-Spring Primary Election Reminders

Fire Chief

-Hiring/Promotional Update

-Local 257 Contract

Police Chief

-2019 Use of Force Report

[20-0157](#)

Police Department information on liquor law violation convictions.

7. Adjournment

Meltzer moved, seconded by Van Zeeland, that the meeting be adjourned at 6:53 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Appleton

County of Outagamie Aldermanic Dist. No. 11
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●	
FEIN Number ●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

The 513 Appleton, LLC ~~XXXXXXXXXXXXXXXXXXXX~~

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Knuth</u>	(First) <u>Kolby</u>	(Middle Name) <u>Ladwig</u>	Home Address (Street, City or Post Office, & Zip Code) <u>805 S State St, Appleton 54911</u>
Vice President / Member Last Name <u>Schmidt</u>	(First) <u>Samuel</u>	(Middle Name) <u>John</u>	Home Address (Street, City or Post Office, & Zip Code) <u>34 Bellair Ct, Appleton 54911</u>
Secretary / Member Last Name <u>Lindg</u>	(First) <u>Teresa</u>	(Middle Name) <u>Anne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>805 S State St, Appleton 54911</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Knuth</u>	(First) <u>Kolby</u>	(Middle Name) <u>Ladwig</u>	Home Address (Street, City or Post Office, & Zip Code) <u>805 S. State St, Appleton, WI 54911</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The 513 Business Phone Number 920 209 6626
2. Address of Premises 513 W College Ave Post Office & Zip Code Appleton 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

First Floor of 4,592 SF, Second floor of 3,485 SF and lower level of 4,592 SF for the sales and storage of alcohol beverages.
The first floor includes a bar area, warming kitchen, restrooms and assembly area. The second floor consists of assembly area, one private room and a restroom.

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☒ Yes ☐ No
Reserve Class B Required → See completion page attached
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
 If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 11/14/2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Knuth, Kolby L</u>	Title/Member <u>Owner/Member/Agent</u>	Date <u>01/30/20</u>
Signature <u>Kolby Knuth</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Kolby Knuth
2. Name of Business: The 513 Appleton LLC
3. Address of Business: 513 W College Ave, Appleton 54911
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
- AND/OR been convicted of a felony? Yes _____ No X
- If yes to either question, please explain in detail: _____

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Kolby</u>	<u>L</u>	<u>Knuth</u>	<u> </u>
First name	Initial	Last name	Date of Birth
<u>Samuel</u>	<u>J</u>	<u>Schmidt</u>	<u> </u>
First name	Initial	Last name	Date of Birth
<u>Teresa</u>	<u>A</u>	<u>Lingg</u>	<u> </u>
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are buying the premises and equipment from?

Name: _____

First name Initial Last name

Address: _____

City, State, Zip: _____

7. What was the previous name and nature of the business operating at this location?

Riverside Gardens. Used for teaching.

Storage, community events.

N/A

8. Are alcohol sales an existing use in this building? Yes _____ No X
If no, When did the operation cease? NA months ago.

9. Are alcohol sales a new use in this building? Yes X No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes _____ No X

11. Seating capacity: Inside 553 Outside 0

12. Operating hours: 10 am - 1 am

13. Number of floor personnel 6 Number of door checkers 2

14. In general, state the size, design and type of the proposed establishment and the operational details.

The operating space is about 9,000 sq
over the first and second floors. It will
be used for events and contain a bar
and warming kitchen.

1/30/20
Date

[Signature]
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Operator's Licenses

1. Ramesh Adhikari	1191 High Ave Apt 106 Oshkosh
2. Kelly Arndt	1624 E Harding Dr Apt 7 Appleton
3. Jared Ball	2122 Olde Country Cir Kaukauna
4. Brian Beyer	1014 S Lawe St Appleton
5. John Bosk	1138 Lakeshore Dr Menasha
6. Curtis Biese	1005 S Outagamie St Appleton
7. John De Deker	2511 Wilson Ct Apt 4 Appleton
8. Annaliese Duerr	1117 E Rustic Rd Appleton
9. Paige Dupee	2716 E Plank Rd #3 Appleton
10. Katie Esposito	950 Sherry St Neenah
11. Dianne Fett	N1636 Rabes Hilltop Rd New Holstein
12. William Flynn	1608 N Division St Appleton
13. Roman Garcia	2905 W 4 th St Apt 2 Appleton
14. Michelle Gebauer	1022 Hawk St Oshkosh
15. Zachary Hamby	106 S Platten St Green Bay
16. Valery Huntington	311 ½ Edna Ave Neenah
17. Garrette Kersten	641 Grove St Neenah
18. Joseph Kirsch	326 S Summit St Appleton
19. Lesley Lange	2000 Russet Ct Appleton
20. Bradley Leatherberry	3639 Cherryvale Cir #5 Appleton
21. Lillian Lewandoski	726 S Mason St Appleton
22. Chad Mabe	1707 N Superior St Appleton
23. Clarisa Miller	4404 N Orion Ln Appleton
24. Jennifer Nissen	1024 W Franklin St Appleton
25. Kevin Ott	N6677 County Rd P Black Creek
26. Pavan Patel	200 N Perkins St Appleton
27. Christina Pfeffer	1225 E Frances St Appleton
28. Jacqueline Prasher	641 Kitzerow Ln Neenah
29. Michelle Roberts	131 South Rail Rd St Kimberly
30. Ethan Shepherd	185 E First Ave Appleton
31. Thomas Speth	100 N Main St #212 Oshkosh
32. Juliana Tirado	1303 Sunset Ln Menasha
33. Travis Towns	1641 S Nicolet Rd Apt 5 Appleton
34. Wendy Williams	W3042 Cara Way Appleton

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to tony.saucerman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 1 / 27 / 20

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

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: WI Hazardous Materials Response System/WI Emergency Mgmt.

AMOUNT OF GRANT REQUEST: \$ 63,095 **LOCAL MATCH REQUIREMENT:** \$ 0

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

TIMEFRAME OF GRANT: 02 / 01 / 2020 through 06 / 30 / 2020

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

PURPOSE OF GRANT (summary):

The purpose of the grant is to fund the replacement of equipment used in emergency responses to releases of hazardous substances.

How does the grant meet City/Department/Program goals?

The grant will be used to purchase a meter which will be utilized during haz-mat responses.

What are the personnel requirements (include both existing and new staff) of the grant?

There are no personnel requirements associated with this grant request.

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

Sharon Brochtrup

From: Ryan Weyers
Sent: Friday, January 24, 2020 10:25 AM
To: Sharon Brochtrup
Subject: RE: Request to complete Haz Mat Equipment Grant

Due date is March 2.

FUNDING ANNOUNCEMENT SUMMARY

Funding Annc. Title: Wisconsin Hazardous Materials Response System Equipment Grant	Program Staff Person: <u>Timothy M Haas</u>
Year: 2020	Fiscal Contact Person: <u>DeAnn McDermott</u>
Program Area: Hazmat Regional Emergency Response	
Funding Stream: HRER	
Funding Area: Aids to Locals	
Release Date: 1/22/2020	
Due Date: 3/2/2020	
Concept Papers Required? No	
Competitive/Non-Competitive: Non-Competitive	
Amount Announced: 502,126.00	
Status: Open	
Summary: The Wisconsin Hazardous Materials Response System (WHMRS) Equipment Grant program was created by Wis. Stat. §323.70 (6m) which authorizes the division to award grants to local agencies with which the division contracts with for Hazardous Materials Response System Services. The purpose of the grants is to fund the replacement of equipment used in emergency responses to releases of hazardous substances pursuant to the Contract for Wisconsin Hazardous Materials Response System Services. The Wisconsin Hazardous Materials Response System (WHMRS) is a tiered system separated into three capability levels and typing designations of teams within the state. Each type of team has different capabilities (personnel, equipment, and training) and response assignments based on hazard risk. Each tier/type of team has representation on the equipment committee that advises Wisconsin Emergency Management (WEM) on resource needs to manage the hazardous materials risk in the state. The WHMRS Equipment Committee conducted an inventory of the assets of each team and developed the list of meters and detection equipment which have life cycles of 4 to 7 years that have exceeded their life cycle and need replacement.	

From: Ryan Weyers
Sent: Friday, January 24, 2020 10:24 AM
To: Sharon Brochtrup <Sharon.Brochtrup@Appleton.org>
Subject: Request to complete Haz Mat Equipment Grant

Please see the attached document. AFD Haz Mat would be applying for a \$63,095.00 grant for a meter purchase.

Let me know if you need anything else. Sooner the better. Need to close this out before March 28. Prices will change then.

Thanks.

Ryan Weyers
Battalion Chief of Resource Development and Special Operations
Appleton Fire Department
Main: 920-832-2282
Cell: 920-213-1129
Email: Ryan.Weyers @Appleton.org

Notice of Funding Opportunity

***Wisconsin Hazardous Materials Response System (WHMRS)
Equipment Grant
2019-2021***

**Applications must be submitted through
Egrants on or before March 2, 2020**

Contact Information for this Notice of Funding Opportunity

Program Manager:	Tim Haas (608) 220-6049 Timothy.Haas@Wisconsin.gov
------------------	---

Grants Specialist:	DeAnn McDermott (608) 242-3228 DeAnn.McDermott@wisconsin.gov
--------------------	---

Submit Applications Using Egrants

Applications must be submitted through the Egrants online grants management system. If you have never used Egrants before, you will need to register for access to the system. To register online, go to <http://register.wisconsin.gov/accountmanagement/default.aspx> and complete the 'self-registration' process.

Authorization to access Egrants can take several days depending on registration activity. Please note: If you register outside the hours of Monday-Friday 7:30am-4pm, access may not be approved until the next business day. Once your Egrants access has been approved, you may begin your online grant application.

Egrants Help Desk: 608-242-3231 or WEMEgrants@egrants.us
The help desk is staffed on non-holiday weekdays between 7:30AM and 4:00PM.

The Egrants system user guide has step-by-step instructions for accessing and using the Egrants online system. The guide is posted on the grants page of the WEM website:
<https://wem.egrants.us/egmis/documents/EgrantsExternalUserGuideUpdated9-9-19-Final.pdf>

Online Help is available throughout the Egrants application process. Once you have started an application, look for the HELP button in the top right corner of the screen. Page-specific instructions can be found there.

WEM Egrants website: <https://wem.egrants.us>

Notice of Funding Opportunity: *Wisconsin Hazardous Materials Response System (WHMRS) Equipment Grant 2019-2021*

Description: The Wisconsin Hazardous Materials Response System (WHMRS) Equipment Grant program was created by Wis. Stat. §323.70 (6m) which authorizes the division to award grants to local agencies with which the division contracts with for Hazardous Materials Response System Services. The purpose of the grants is to fund the replacement of equipment used in emergency responses to releases of hazardous substances pursuant to the Contract for Wisconsin Hazardous Materials Response System Services.

The Wisconsin Hazardous Materials Response System (WHMRS) is a tiered system separated into three capability levels and typing designations of teams within the state. Each type of team has different capabilities (personnel, equipment, and training) and response assignments, based on hazard risk. Each tier/type of team has representation on the equipment committee that advises Wisconsin Emergency Management (WEM) on resource needs to manage the hazardous materials risk in the state. The WHMRS Equipment Committee conducted an inventory of the assets of each team and developed the list of meters and detection equipment which have life cycles of 4 to 7 years that have exceeded their life cycle and need replacement.

Opportunity Category: Limited Eligibility. The eligible local entities are identified in Attachment 1.

Important Dates:

Application Due Date: March 2, 2020

Project Start Date: February 1, 2020 *

Project End Date: June 30, 2020

Reporting Requirements:

If awarded a grant, your agency will be responsible for completing the following reports in order to receive reimbursement.

Program Report: Only a final Program Report is required.

Financial Report: Only a final Financial Report is required.

* Note: Expenses cannot be incurred until award documents are executed by the applicant and returned to WEM.

Anticipated Funding Amount: Pursuant to Wis. Stat. §20.465 (3) (df), the sum of \$500,000.00 was appropriated for the grants to local agencies. WEM will provide grant funds to reimburse eligible local agencies for the purchase of the equipment specified for their department by the WHMRS Equipment Committee, up to the maximum identified for the particular type of equipment (See Attachment 1).

Match/Cost Sharing Requirement: None

Eligibility: Eligibility for this grant is limited to those local agencies that are part of the WHMRS and have been identified by the WHMRS Equipment Committee as having meters and detection equipment that have exceeded their life cycle and need replacement.

Eligible Expenses: The WHMRS Equipment Committee developed a list (Attachment 1) which identifies the WHMRS team requiring equipment replacement, the specific equipment items, and the cost of the equipment item. The costs were based on the WHMRS Equipment Committee conducting a pricing comparison across multiple vendors and identifying the lowest cost for the equipment items. The WHMRS Equipment Committee identified a preferred vendor which agreed to hold equipment pricing until March 27, 2020. **Note if equipment is purchased after the March 27, 2020 date the additional cost for the item will need to be paid for by the local team.**

WEM will provide grant funds to reimburse eligible local agencies for the purchase of the equipment specified for their department by the WHMRS Equipment Committee, up to the maximum identified for the particular type of equipment. Eligible applicants are encouraged to follow local procurement guidance, however, the authorized amount is the maximum the applicant will be reimbursed for the listed equipment.

Notice of Funding Opportunity: *Wisconsin Hazardous Materials Response System (WHMRS) Equipment Grant 2019-2021*

Application Components

Through Egrants, you will provide WEM with detailed information about your project that will be used to make a funding decision. Questions on what is expected in each section can be directed to the Program Manager listed on page one of this document.

Information provided in this application may be cited in WEM reports or press releases and will likely be used in reports to state funding agencies or other stakeholders. Plain language that clearly describes the intent of the project is most effective.

1. Main Summary

This page asks for information about your agency and the individuals responsible for the application and grant award. When identifying individuals involved in this grant, you may not list the same person as project director and financial officer. The financial officer is the individual responsible for financial activities in your organization while the project director will be overseeing project operations.

In the Brief Project Description text box, please describe your project. A suggested format is included for your convenience:

“Funds will be used by the (your agency name and others involved in the project) to (describe what funds will be used for and who will be involved). The (what - equipment, training, project, pilot, etc.) will (describe the specific goals you hope to achieve – how will the project or equipment improve safety in Wisconsin?)”

There are many required fields on this page so if you encounter problems, please check online help by clicking the floating HELP button.

2. Budget Detail

Complete a project budget using the following categories. For each category used, enter a justification that describes how the items in that category will be used during the course of the grant period. It is important that you include specific details for each budget line item, including cost calculations.

Equipment: All equipment purchased (regardless the cost) should be entered in this category.

Application Review and Award Criteria

All applications must be submitted on or before the deadline and will be screened for completeness and compliance with the instructions provided in this announcement. WEM staff will review applications to ensure compliance with this grant guidance and will make funding recommendations to the Administrator. All final grant award decisions will be made by the Administrator.

Post-Award Special Conditions/Reporting Requirements

If you are awarded funds under this announcement, you will be required to provide regular progress reports. The schedule for your reports will be included in your grant award materials.

Please review all your grant award special conditions and Egrants reporting requirements when you receive the Grant Award documents. Your grant award will be subject to general terms and conditions as well as the following special conditions.

Equipment

1. Title: Equipment Training

All personnel who utilize equipment purchased with funds from this grant must receive training either through the equipment vendor or other competent source specific to that piece of equipment before it is put into service. The sub-recipient is required to maintain proper training records.

2. Title: Equipment subject to mutual aid agreements

Emergency response capabilities developed using these grant funds must be made available to other emergency response agencies regionally, as may be required for incident response purposes.

3. Title: Equipment Maintenance and Disposal

Equipment shall be maintained and available to use as intended by the grant for the duration of its useful life. The sub-recipient is required to maintain proper equipment records. Sub-recipient seeking to dispose or transfer ownership of equipment must contact Wisconsin Emergency Management (WEM) Staff to obtain the Equipment Disposition Form and further directions. If approved, the sub-recipient must maintain records of any equipment disposal or transfer of ownership. Any proceeds from the sale of equipment at or near the end of its useful life will be considered program revenue and must be reinvested into eligible homeland security expenses.

4. Title: Sustainment Costs

Agencies that accept funding are responsible for all sustainment costs.

5. Title: WHMRS Equipment

Agencies accepting funding understand that equipment is intended to support Wisconsin Hazardous Materials Response System (WHMRS) response efforts. In the event that an agency is separated from WHMRS, all equipment must be surrendered or transferred as directed by WEM.

General

6. Title: Grant modification

Grant modification must be approved by Wisconsin Emergency Management (WEM) in

order to be considered. The applicant must be current with WEM Fiscal and Program Reports in Egrants for modification to be consideration. Grant modifications will not be granted unless applicant provides a compelling reason. All requests for modifications must be submitted via Egrants. Modifications are not considered final until WEM provides a signed modification approval notice; any related expenses incurred prior to receipt of a signed modification approval are not eligible for reimbursement.

Request for reimbursement

Payments will be made on a reimbursement basis only. All expenses submitted for reimbursement, must be paid by the agency prior to submitting the request to WEM.

Requests for reimbursement are made by submitting a Fiscal Report in Egrants with required supporting documentation attached.

Fiscal Reports/Reimbursements will be approved by the Fiscal Contact upon the following conditions:

1. Special conditions have been satisfied.
2. Program reports are approved by the Program Manager listed on page one of this document.
3. Receipt of a completed and signed Reimbursement Request form (G-2).
4. Expenses are deemed eligible as outlined in the approved grant award.
5. At minimum, the following supporting documents are supplied and uploaded to Egrants:
 - a. Copy of original invoice(s) clearly identifying equipment that was purchased to include the cost of the equipment.
 - b. Evidence that the invoice was paid (i.e. copy of check or credit card receipt)

**Notice of Funding Opportunity: Wisconsin Hazardous Materials Response System
(WHMRS) Equipment Grant 2019-2021**

**Attachment 1
Eligible Applicants, Eligible Equipment, Eligible Amount**

The following list developed by the WHMRS Equipment Committee identifies the WHMRS team requiring equipment replacement, the specific equipment items, and the cost of the equipment item.

Department/Equipment Item(s)	Eligible Amount
Appleton Fire Department Raman URAD Plus-DoseRAE Total	\$62,000.00 \$1,095.00 \$63,095.00
Ashland Fire Department MultiRAE	\$4,220.48
Chippewa Fire Department MultiRAE URAD Plus-DoseRAE Total	\$4,220.48 \$1,095.00 \$5,315.48
Eau Claire Raman	\$62,000.00
Fond Du Lac MultiRAE Lite	\$2,483.36
Grant County MultiRAE Lite	\$2,483.36
Green Bay Fire Department MultiRAE	\$4,220.48
LaCrosse Fire Department Rapid Deployment Kit	\$69,211.00
Madison Fire Department Rapid Deployment Kit Gemini Total	\$69,211.00 \$101,000.00 \$170,211.00

Marinette Fire Department MultiRAE Lite	\$2,483.36
Marshfield Fire Department MultiRAE Lite URAD Plus-DoseRAE Total	\$2,483.36 \$1,095.00 \$3,578.36
Menomonie Fire Department MultiRAE Lite	\$2,483.36
Oneida County MultiRAE URAD Plus-DoseRAE Total	\$4,220.48 \$1,095.00 \$5,315.48
Oshkosh Fire Department Rapid Deployment Kit	\$69,211.00
Portage Fire Department MultiRAE Lite	\$2,483.36
Racine Fire Department MultiRAE	\$4,220.48
Rice Lake Fire Department MultiRAE Lite	\$2,483.36
Rock County MultiRAE Lite	\$2,483.36
Sheboygan Fire Department MultiRAE Lite	\$2,483.36
Superior Fire Department MultiRAE	\$4,220.48
Vernon County MultiRAE Lite	\$2,483.36
Washington County/West Bend MultiRAE Lite URAD Plus-DoseRAE Total	\$2,483.36 \$1,095.00 \$3,578.36

Waupaca County	\$2,483.36
MultiRAE Lite	\$1,095.00
URAD Plus-DoseRAE	\$3,578.36
Total	
Wausau Fire Department	
MultiRAE	\$4,220.48
Wisconsin Rapids Fire Department	
MultiRAE Lite	\$2,483.36
URAD Plus-DoseRAE	\$1,095.00
Total	\$3,578.36