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: Ryan Weyers/Deputy 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: \$532,643.15 LOCAL MATCH REQUIREMENT: 10%
SOURCE OF MATCH: X General Fund Non-General Fund Not Applicable
TIMEFRAME OF GRANT: 05/01/2022 through 04/30/2024
TYPE OF GRANT REQUEST: X Monetary
PURPOSE OF GRANT (summary): The purpose of this grant is to enhance the safety of the public and fire service personnel with respect to fire and fire-related hazards through the purchase of radio equipment that meets current safety standards by being intrinsically safe.
How does the grant meet City/Department/Program goals? The grant will improve the overall safety of fire personnel and the community.
What are the personnel requirements (include both existing and new staff) of the grant? The Appleton Fire Department will be administrator of the grant for fire and EMS agencies in Outagamie County. This will require personnel staff time from both the Fire and Finance Departments.
DEPARTMENT HEAD SIGNATURE:
PART #2: Request to Accept Grant Funds

PART #2: Request to Accept Grant Funds (complete after notification of grant award; email to tony.saucerman@appleton.org	1)
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 activiti	ies:

PART	то:	DATE:	то:	DATE:	то:	DATE:
#1: Request to Apply	Finance Dept		COJ – Info/Action		FAC – Info/Action	
#2: Request to Accept	Finance Dept		COJ – Action		FAC – Action	