GRANT TRACKING FORM



PART #1: Notification of Grant Funds (email to tony.saucerman@appleton.org)	
APPLICANT DEPARTMENT: Police Department	DATE: 02/24/2015
APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Sue Ann Teer/Fiscal Resource	<u>: Manager</u>
COMMITTEE OF JURISDICTION: Safety & Licensing	
NAME OF GRANT/FUNDING SOURCE: Heaney Family Fund within the Community Foundation for	the Fox Valley Region
AMOUNT OF GRANT REQUEST: \$2,200 LOCAL MATCH	REQUIREMENT: \$0
SOURCE OF MATCH: X General Fund Non-General Fund Not Applicable	
TIMEFRAME OF GRANT: / / through/_/	
TYPE OF GRANT REQUEST: X Monetary	
PURPOSE OF GRANT (summary): Purchase bicycle helmets to be distributed during National	l Police Week.
How does the grant meet City/Department/Program goals? Provide bicycle helmets to the department of a bicycle related accident and to increase the number of child area who are wearing properly fitted helmets.	children to protect their Iren in the Appleton
What are the personnel requirements (include both existing and new staff) of the grand the personnel requirements for this grant.	nt?
DEPARTMENT HEAD SIGNATURE:	
DADT #2. Postuget to Assent Grant Funds	

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to tony.saucerman@appleton.org)

AMOUNT OF GRANT AWARD: \$2,200

FEDERAL/STATE ID #:

LOCAL MATCH REQUIREMENT: \$0

Please describe the source of match, if applicable: no match is required

Please describe any major changes in proposed grant-funded activities: <u>Provide children with bicycle helmets.</u>

Without this grant we would not have been able to provide helmets during National Police Week.

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