## **GRANT TRACKING FORM**



PART #1: Notification of Grant Funds  (email to lisa,remlker@appleton.org)				
APPLICANT DEPARTMENT: Appleton Fire Department DATE: 12/4/2014				
APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Len Vander Wyst/Fire Chief				
COMMITTEE OF JURISDICTION: Safety & Licensing Committee				
NAME OF GRANT/FUNDING SOURCE: Assistance to Firefighters Grant/Federal Emergency Management Agency				
AMOUNT OF GRANT REQUEST: \$20,000 LOCAL MATCH REQUIREMENT: \$2,000				
SOURCE OF MATCH: X General Fund  Non-General Fund  Not Applicable				
TIMEFRAME OF GRANT: 01/01/2015 through 12/31/2015				
TYPE OF GRANT REQUEST: X Monetary   Other (explain under 'purpose of grant')				
PURPOSE OF GRANT (summary): The purpose of this grant is to fund rehabilitation equipment that will be used for firefighter safety and recovery after an incident.				
How does the grant meet City/Department/Program goals? The equipment will help our department maintain firefighter health and safety standards.				
What are the personnel requirements (include both existing and new staff) of the grant? Department personnel will need to administenthe grant.				
DEPARTMENT HEAD SIGNATURE: Low Canalle Crost				

## PART #2: Request to Accept Grant Funds

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

AMOUNT OF GRANT AWARD: \$16,364

FEDERAL/STATE ID #: EMW-2014-FO-04029

LOCAL MATCH REQUIREMENT: \$1,636

Please describe the source of match, if applicable: The match will be provided from the fire department's existing

equipment fund in the operating budget.

Please describe any major changes in proposed grant-funded activities: There are no major changes.

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