## **GRANT TRACKING FORM**



PART #1 Notification of Grant Funds  (email:to:cony:saucerman@appleton.org)		
APPLICANT DEPARTMENT: Appleton Fire Department	<b>DATE:</b> 03/17/2016	
APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Ethan Kroll/Special Operations - Battalion Chief		
COMMITTEE OF JURISDICTION: Safety & Licensing Committee	•	
NAME OF GRANT/FUNDING SOURCE: State of Wisconsin – Department of Military Affairs	<b>,</b>	
AMOUNT OF GRANT REQUEST: \$56,825.70 LOCAL MATCH	H REQUIREMENT: \$0	
SOURCE OF MATCH: General Fund Non-General Fund X Not Applicable	•	
TIMEFRAME OF GRANT: 03/28/2016 through 06/30/2016		
TYPE OF GRANT REQUEST: X Monetary		
PURPOSE OF GRANT (summary): The purpose of this grant is to fund standardized radiological equipment in concert with the WI HazMat Response System Type I and II teams radiological and/or nuclear material when responding to Weapons of Mass Destribution hazardous substance incidents.  How does the grant meet City/Department/Program goals? The equipment will assist providing consistent detection equipment for incident response.	for detection of uction, CBNRE, and	
What are the personnel requirements (include both existing and new staff) of the graph personnel will administer the grant.  DEPARTMENT HEAD SIGNATURE:	ant? <u>Department</u>	
PARE #74 Regitted to Accept Grant Ethics (complete after notification of grant award, enal to tony, succernantio policionsoru).		
AMOUNT OF GRANT AWARD: \$ F	EDERAL/STATE ID #:	

PART DATE:	TO. DATE: DATE:
#1-Request to Apply Finance Dept"	CO) - Inte/Action FAC Trito/Action - FAC
#2: Request to Accept — Frience Dept	

Please describe any major changes in proposed grant-funded activities:

Please describe the source of match, if applicable: