

REQUEST TO RENEW GRANT FUNDS

(complete before execution of renewal grant agreement; email to jeri.ohman@appletonwi.gov)



RENEWING DEPARTMENT: _____

DATE: __/__/__

GRANT CONTACT NAME/TITLE: ____/____

COMMITTEE OF JURISDICTION: _____

NAME OF GRANT/FUNDING SOURCE: ____/____

FEDERAL/STATE ID #: _____

AMOUNT OF GRANT RENEWAL: \$_____

LOCAL MATCH REQUIREMENT: \$_____

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

TIMEFRAME OF GRANT: __/__/__ through __/__/__

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

SUMMARY OF PROPOSED GRANT ACTIVITIES: _____

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

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

DEPARTMENT HEAD SIGNATURE: _____