



STATE OF WISCONSIN

DEPARTMENT OF MILITARY AFFAIRS

DIVISION OF EMERGENCY MANAGEMENT

Scott Legwold
Acting Administrator

Jim Doyle
Governor

Wisconsin Emergency Management Application for Training Funds

Course Title: _____

County Name(s): _____ Date of Request: _____

County Point of Contact:

Name: _____ Phone: _____

Address: _____ Fax: _____

E-mail: _____

Estimate # of students: Fire: _____ Law Enforcement: _____ EMS: _____ Other: _____

Course Dates: _____ Course Location: _____

Course Provider Point of Contact:

Name: _____ Phone: _____

Address: _____ Fax: _____

E-mail: _____

**Comments/Course
Description:**

Course Expenses:

Instructor Fees: _____ Materials Fees: _____ Other Fees: _____

Total Course Costs: _____



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I AGREE TO THE FOLLOWING:

A close-out report will be submitted to the Training Division of Emergency Management, through your Regional Director, no later than 60-days after completion of your training. The close-out report will include a cover letter from the county director, a copy of the provider billing statement, a student roster, and an updated copy of your county's summary sheet as provided.

All reimbursement checks will be made out to the County Treasurer, and mailed to your County Emergency Management Director. This training approval will expire on the last day of September for the year of the grant. Funds not expended by that time will be automatically withdrawn. As with any award/aid to a county, project activity and expenditure documentation should be maintained in accordance with the county fiscal document retention policy and audit requirements.

In the event that a pre-approved training course is cancelled locally, the county is required to notify Wisconsin Emergency Management Training Section, in writing, as soon as possible, making these funds available for other training opportunities. Training funds cannot be transferred and used for classes other than the class they were originally approved for.

Signature:

County Director: _____ Date _____

LEPC or Oversight Committee Chair: _____ Date _____

Regional Director: _____ Date _____

State Use Only:

Request received: _____ Approved: _____ Not Approved: _____

Funding Source: _____

Signature: _____

Comments: _____