



WISCONSIN EMERGENCY MANAGEMENT

Application for Training Funds and/or Course Approval

Course Title: _____ **Course Number** _____

Requesting Agency/County Name(s): _____

Date of Request: _____

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

***Note:** Must have a minimum of 15 students to conduct the course.

Do you already have certified instructor(s) confirmed? ___ YES ___ NO

- If you answered YES please list their name(s): _____

- If you answered NO, the WEM training office will work to find certified instructors for you.

Course Provider Point of Contact:

Name: _____

Phone: _____ **Fax:** _____

Agency: _____

Address: _____ **City** _____ **Zip** _____

E-mail: _____

Would you like to be admin on training portal? ___ YES ___ NO

(by checking yes this would allow you to approve registrants, mark attendance and generate certificates)

Course Location Information: (Must confirm location prior to application submittal and complete all blanks)

WEM Region: _____

Course Date(s): _____ **Course Hours:** _____

Course Time Each Day(s): _____ **until** _____

Course Location Name: _____

Course Address: _____ **City** _____ **Zip** _____

Comments/Course Description:

Course Expenses Estimated:

Instructor(s) Fees: \$ _____ **Lodging: Nights** _____ **Cost:** _____ (Per State rate)

Mileage: \$ _____

Materials Fees: Printing/Copying _____ **Other Items & Costs:** _____

Item & Costs: _____

Item & Costs: _____

Total Estimated Course Costs: \$ _____

Note: Itemized receipts will be required for lodging, printing/copying, and any other items prior to payment.

THE COURSE SPONSOR/REQUESTOR AGREES TO THE FOLLOWING:

A close-out report will be submitted to the Training Division of Wisconsin Emergency Management, **no later than 30-days after completion of your training.** The close-out report will include a **cover letter, a sign in sheet for each day of the course, course evaluations, and an invoice for costs with itemized receipts.**

In the event that a pre-approved training course is cancelled locally, the requesting agency is required to notify the 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.

This training is funded by a either an EMPG or Homeland Security Grant. Under this grant, the requesting agency and attendees understand that the State of Wisconsin will incur costs on behalf of the local government for the costs associated with the training in the estimated amount listed above.

Signature:

Course Requestor:

Name (printed): _____ **Date:** _____

Name (signed): _____

County EM Director: (when required)

Name (printed): _____ **Date:** _____

Name (signed): _____

State Use Only:

Date Request received: _____

Approved:_____ **Not Approved:**_____

Funding Source:_____

Entered on Website: _____

State Training Supervisor Signature: _____

Comments: _____

(A copy of the two page application will be retained in the WEM Training Section Files and forwarded to the regional director.)