



Grant Title MIEMSS FY2014 ALS Grant

Grant Award (\$) 7,500.00

Originating Department(s): Fire Department

Dept Contact (Name/Phone): Jeanne Coughlin, 410-263-7975

Expenditure Account	Revenue Source				Total per Expend. Type	Comments
	Federal	State	Local (Matching)	Other		
Salaries					0.00	
Benefits					0.00	
Overtime					0.00	
Supplies					0.00	
Telephone					0.00	
Electricity					0.00	
Fuel and Oil					0.00	
Training & Education		7,500.00			7,500.00	
R & M - Equipment					0.00	
Special Programs					0.00	
Contract Services					0.00	
Capital Outlay					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
Total	0.00	7,500.00	0.00	0.00	7,500.00	

TOTAL EXPENDITURES*: 7,500.00

* May be different from Grant Award \$ if there is a match requirement.

Match is not required.


Department Director Signature/Date

Fire Department
Department

Match is required. Match will be met in the form of ⁽¹⁾ _____

I attest that this asset has been approved/appropriated in ⁽²⁾ _____

Department Director Signature/Date

Department

COMMENTS:

(1) Examples (include dollar amounts if applicable): Cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.

(2) Examples: FY__ operating budget, a memorandum of understanding, City Council resolution/ordinance.