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.)