



# 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: \_\_\_\_\_

- 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:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Would you like to be admin on training portal?** \_\_\_ YES \_\_\_ NO

- Checking yes allows you to approve registrants and have access to the roster.

**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:** *\* Itemized receipts will be required prior to payment.*

**Instructor(s) Fees: \$** \_\_\_\_\_ **Lodging: Nights** \_\_\_\_\_ **Total Cost: \$** \_\_\_\_\_  
**Mileage: \$** \_\_\_\_\_ *(Per State rate)*

**Materials/printing Fees: \$** \_\_\_\_\_ **Other Items & Costs: \$** \_\_\_\_\_  
**Items & Costs: \$** \_\_\_\_\_  
**Items & Costs: \$** \_\_\_\_\_

**Total Estimated Course Costs: \$** \_\_\_\_\_

**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 or 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.*

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**Signature of course requestor:**

Name (printed): \_\_\_\_\_

Name (signed): \_\_\_\_\_ Date: \_\_\_\_\_

**County EM Director: (when required)**

Name (printed): \_\_\_\_\_

Name (signed): \_\_\_\_\_ Date: \_\_\_\_\_

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*For state use only:*

Date Request received: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved \_\_\_\_\_

Funding Source: \_\_\_\_\_

Entered on Website: \_\_\_\_\_

Certificates Generated: \_\_\_\_\_

State Training Supervisor Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

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