**Supplemental Funding Application**

**Application Submission:** Applications must be signed and emailed as attachments to interop@wisconsin.gov by the **application deadline of November 30, 2020**. This form must be a .docx file and the budget spreadsheet must be an .xlsx file. Emailed applications should be labeled with the subject “NG911 Grant Supplemental Application”.

**Guidance**: If you were previously awarded funding under this NG9-1-1 grant program and are requesting supplemental funding, you must fill out this Supplemental Funding Form, complete with any required supporting documentation.

Funding under this federal program is limited therefore, supplemental applications will be given less priority than new applications, and any supplemental funding application submitted for consideration will be ranked based on the need described in this form.

**Required documentation**: Provide an updated budget spreadsheet of your new total grant budget and supporting documentation (e.g. vendor quote, contract). A copy of the budget spreadsheet can be found here: <https://dma.wi.gov/DMA/divisions/oec/library/2020/2020NG911_Grant_Budget_SpreadsheetFINAL.xlsx>.

**Project Main Point of Contact and Program Information:**

|  |  |
| --- | --- |
| Name (Last, First) |  |
| Title |  |
| Subgrantee Agency Name |  |
| Phone Number |  |
| E-mail |  |
| County/Municipality |  |
| Grant Number from Round 1 |  |
| Total Grant Award from Round 1 | $ |
| Total Additional Requested Funds | $ |

1. Provide a narrative explanation of the supplemental funding required and how the new proposed budget differs from your previous grant budget. Your application should include a copy of an updated budget spreadsheet (linked above) and supporting documentation such as new vendor quotes. Attach additional pages if necessary.

Click or tap here to enter text.

1. Provide a narrative explanation of why supplemental funds are necessary for the success of your grant project and how you will ensure you can still meet the 40% local match requirement if supplemental funding is approved. Attach additional pages if necessary.

Click or tap here to enter text.

1. List of Attachments:

Click or tap here to enter text.

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title of Signing Official

(Lead Agency if part of a Joint Application)

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Signature Date