

Contract / Leases / Agreements / Grants Form

This is	New			Renewal	<input checked="" type="checkbox"/>	Filling this out on a computer? Please type an X into the appropriate box. If you marked YES this needs to go through Grant Review .
This is a Grant	Yes	<input checked="" type="checkbox"/>		No		
This is an	Agreement <input checked="" type="checkbox"/> Contract ___ Lease ___ Other ___:					
Name of Entity who Contract / Lease / Agreement / Grant is with	State of Michigan.					
Project Name	ORV Enforcement					
Attorney Review	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.					
Insurance Review	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.					
Total Amount	\$ 24,836.50					
Organization Match	\$ 24,836.50					
County Match	\$ 0					

I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:

	7-27-27
The Department Head Requesting	Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk:	Date Signed: 7/28/23	I am requesting a meeting
County Treasurer:	Date Signed: 7-28-23	I am requesting a meeting
Finance Chairman:	Date Signed: 2.5.23	I am requesting a meeting
County Administrator:	Date Signed: 7/31/23	I am requesting a meeting

Please do NOT mark below this line

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INTEROFFICE USE ONLY

Date Received:	Date Sent for Attorney Review:
Attorney Approval Received:	Insurance Received:



**OFF-ROAD VEHICLE (ORV) LAW ENFORCEMENT GRANT PROGRAM
GRANT APPLICATION**

This information required under authority of Part 811 Off-road Vehicle, 1994 PA 451, as amended, to be eligible for funding.

Grant Applicant (Law Enforcement Agency)	Alpena County Sheriff's Office	For October 1, 2023 to September 30, 2024
Contact Person	Sgt. J.P. Ritter	Telephone (989) 354-9863
Address	4900 M-32 W	Federal ID No. 38-6004834
City, State, ZIP	Alpena, MI. 49707	E-mail ritterj@alpenacounty.org
Number of law enforcement personnel working in the ORV law enforcement program. Full Time 2 Part Time		

1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS
Refer to ORV Law Enforcement Grant Program Overview and Instructions (IC1987) for explanation of eligible wages and benefits.

A = Hourly wage of ORV law enforcement program personnel.
B = Fringe benefit dollar amount (FICA, retirement, insurance, workman's compensation).
C = Estimated hours of ORV law enforcement activities (include travel, administrative time, attendance at annual grants workshop).
D = Total estimate of salaries, wages, and fringe benefits for ORV law enforcement personnel.

Full Time	(A _____ + B _____) x C _____ = D \$ _____
Part Time	(A 24.05 + B 10.34) x C 350 = D \$ 12,036.50
WAGES AND BENEFITS SUBTOTAL \$ 12,036.50	

2) DETAIL OF CONTRACTUAL SERVICES, SUPPLIES & MATERIALS (CSS&M)

ITEM	DETAIL	ESTIMATE OF EXPENDITURES
PATROL/TOW VEHICLE USAGE Choose a method for calculating an estimate of vehicle costs. Refer to the ORV Law Enforcement Grant Program Overview and Instructions (IC1987). Choose only one method per vehicle.	ACTUAL COST: No. of vehicles _____ \$ _____ LEASE: No. of vehicles _____ \$ _____ MILEAGE RATE: No. of vehicles 2 \$ 1,000.00	
OFF-ROAD VEHICLE USAGE	No. of units 4 Total estimated fuel and oil \$ 800.00 + Total estimated maintenance \$ 1,000.00	\$ 1,800.00
PERSONAL GEAR TO BE PURCHASED	Type of Gear _____ No. of units _____ X Cost per unit \$ _____ \$ _____ Type of Gear _____ No. of units _____ X Cost per unit \$ _____ \$ _____	
OTHER ITEMS (please specify)	_____ \$ _____ _____ \$ _____ _____ \$ _____	
CSS&M SUBTOTAL		\$ 2,800.00

3) DETAIL OF EQUIPMENT TO BE PURCHASED

Attach an up-to-date equipment inventory even if not requesting funds for purchase of new equipment.

<u>ITEM</u>	<u>DETAIL</u>	<u>ESTIMATE OF EXPENDITURES</u>
OFF-ROAD VEHICLE:		
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
TRAILER:		
Type of trailer <u>Enclosed trailer</u>	Number of units <u>1</u> X Cost per unit \$ <u>10,00</u>	\$ <u>10,000.00</u>
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
ELECTRONIC EQUIPMENT:		
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
EQUIPMENT SUBTOTAL		\$ <u>10,000.00</u>

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
<i>Item</i>	<i>Estimate of Expenditures</i>
Law Enforcement Wages and Benefits (enter subtotal)	\$ 12,036.50
CSS&M (enter subtotal)	\$ 2,800.00
Equipment (enter subtotal)	\$ 10,000.00
TOTAL	\$ 24,836.50

CERTIFICATION

I hereby certify that the local unit of government has appropriated the sum indicated in this grant application for the off-road vehicle law enforcement program and that the treasurer has been authorized and instructed to establish a restricted off-road vehicle program account and to deposit therein all sums appropriated to be used solely for wages and benefits, contractual services, supplies and materials, and equipment costs for the grant period indicated.

Erik Smith
Printed Name of Authorized Local Official

Sheriff
Title


Signature of Authorized Local Official

7-27-23
Date

SEND COMPLETED APPLICATION TO:

**MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PARKS AND RECREATION DIVISION
PROGRAM SERVICES SECTION
PO BOX 30257
LANSING MI 48909-7757**