


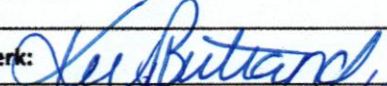
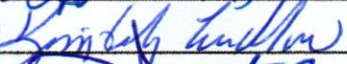

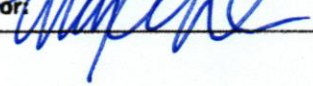
### Contract / Leases / Agreements / Grants Form

This is	New	<input checked="" type="checkbox"/>	Renewal		Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes		No	<input checked="" type="checkbox"/>	If you marked YES this needs to go through Grant Review.
This is an	Agreement <input type="checkbox"/> Contract <input type="checkbox"/> Lease <input type="checkbox"/> Other <input checked="" type="checkbox"/> :				
Name of Entity who Contract / Lease / Agreement / Grant is with	Alcona Alcona Area Credit Union				
Project Name	AED - Funding				
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	\$ 3200				
Organization Match	\$ 3200				
County Match	\$ 0				

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

	8-26-22
The Department Head Requesting	Date Signed

**GRANT REVIEW COMMITTEE APPROVAL:**

County Clerk: 	Date Signed: 8/31/22	I am requesting a meeting
County Treasurer: 	Date Signed: 8-26-22	I am requesting a meeting
Finance Chairman: 	Date Signed: 8/31/22	I am requesting a meeting
County Administrator: 	Date Signed: 8/29/22	I am requesting a meeting

Please do NOT mark below this line

INTEROFFICE USE ONLY

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

AAACU has agreed to purchase 2 AED Units in 2022 and 2 AED Units in 2023.



Alpena  
Alcona  
Area  
Credit Union

1100 S Bagley St  
PO Box 515  
Alpena, MI 49707  
800-443-3577  
989-354-5551 Fax  
www.aaacu.com

## Request for Charitable Contribution

As a member of Alpena Alcona Area Credit Union, you are invited to submit a request for charitable donations to worthy organizations and projects. This form is intended to gather sufficient information regarding the nature of the organization and the purpose of the donation to fairly evaluate the request. Please completely fill out this form prior to submission and allow four weeks for a decision.

### Part 1: Contact Information

Organization Name: Alpena County Sheriff's Office Primary Contact: J.P. Ritter  
 Tax Identification Number: 38-6004890 Title: Sergeant  
 E-mail Address: ritterj@alpenacounty.org Phone Number: 989-354-9863 (C)  
 Web Address: \_\_\_\_\_ Fax Number: 989-590-3621 (C)  
 Address: 4900 M-32 W. City: Alpena, MI  
 State: \_\_\_\_\_ ZIP: 49707

What is your organization's purpose? To protect and serve the citizens in Alpena County

What are the demographics of your target market (age, income, residence, etc.)?  
This program has no specific market.

Has Alpena Alcona Area Credit Union donated to your organization in the past?  Yes ( ) No

(If "yes," please explain) In 2020 I acquired funds for the Emergency Management Division to purchase an ice rescue boat.

(continued on reverse)



## Part 2: Charitable Request Information

Amount Requested: 6,200.00

Date donation needed by:

Number of Persons Impacted:

Additional Sponsors?  Yes ( ) No

Briefly describe the activity or project for which you are requesting a contribution: I am requesting

funds to purchase AED's for our Patrol Vehicles. These funds will be used to purchase four AED's we currently do not have any. Need to purchase 14, one for every Patrol Vehicle. \$1550<sup>00</sup> each.

Are there any non-monetary support opportunities associated with this request? \_\_\_\_\_

None

If Alpena Alcona Area Credit Union supports your project, how will you measure its effectiveness and follow up with us regarding the results? Unfortunately this type

of equipment can only be used in a critical situation to assist an individual that has stopped breathing.

What are the publicity plans for the project, and how will Alpena Alcona Area Credit Union be included? In what ways other than media will Alpena Alcona Area Credit Union be recognized?

The Sheriff's Office can either do a check presentation or a picture news release once the equipment is purchased with representatives from AAACU.

## Part 3: About Your Organization

Are there volunteer opportunities within your organization? ( ) Yes  No

Please explain: \_\_\_\_\_

Please indicate how funds are allocated for every \$100 contributed amidst:

% Community Programs/Support      100 % Fund-Raising

% Future Resources       % Administrative

Signature: Sgt J.R. Butler Date: 8/23/22