

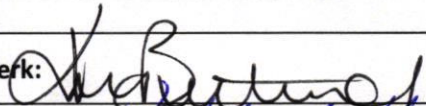
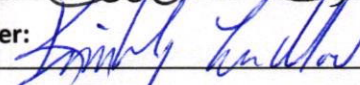
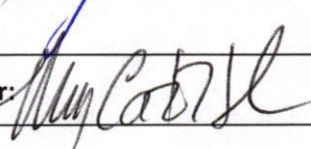
Contract / Leases / Agreements / Grants Form

This is	New			Renewal	X	Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes	X		No		If you marked YES this needs to go through Grant Review .
This is an	Agreement _____ Contract _____ Lease _____ Other _____:					
Name of Entity who Contract / Lease / Agreement / Grant is with	Department of Licensing & Regulatory Affairs Cannabis Regulatory Agency					
Project Name	2024 Marihuana Operation & Oversight Grants					
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	\$ 9,372.00					
Organization Match	\$ 0					
County Match	\$ 0					

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

The Department Head Requesting	Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: 	Date Signed: 12-7-23	I am requesting a meeting
County Treasurer: 	Date Signed: 12-6-23	I am requesting a meeting
Finance Chairman:	Date Signed:	I am requesting a meeting
County Administrator: 	Date Signed: 12/7/23	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:



2024 Grant Application

Authority: Michigan Medical Marihuana Act
2008 IL 1, Section 6(l), MCL 333.26426

This application must be submitted to the Cannabis Regulatory Agency via email on or before 11:59pm on **January 1, 2024.**

Email completed application to: CRA-MOOG@michigan.gov

Section I: Grant Applicant Information

<u>Alpena</u>	
Applicant (County Name)	
<u>CV0047952</u>	<u>019</u>
SIGMA Vendor Customer ID No.	Mail Code

Section II: Grant Administrator Information

<u>Mary Catherine Hannah</u>		<u>Cheboygan County Administrator</u>	
Name		Title	
<u>720 W. Chisholm St.</u>	<u>Suite #7</u>	<u>Alpena</u>	<u>49707</u>
Address	Suite/Room	City	Zip Code
<u>989-354-9501</u>		<u>hannahmc@alpenacounty.org</u>	
Area Code/Telephone Number		Email Address	

Section III: Description of Grant Program

Funds must be used for education, and outreach regarding Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430 and the Michigan Regulation and Taxation of Marihuana Act, 2018, IL 1, MCL 333.27951 to 333.27967. On county letterhead, submit your proposal that includes the items listed below:

- Describe the project(s) for which funds are requested with an implementation plan.
- Describe the impact these funds will have on the community and what you hope to accomplish.
- Explain how funds will be used to coordinate efforts with other agencies, and/or how these funds will be combined with other funding to complete the project, if necessary.
- Explain anticipated outcomes that will result from this grant.



Section III: Description of Grant Program (Cont'd.)

Submit a detailed budget (template attached) showing how the requested funds will be expended.

- Counties should construct their budget carefully, as budget amendments/adjustments need to be submitted/approved *prior* to spending.
- Counties should continually review their spending to ensure they have enough money within the line item from which they are spending.
- While there is no technical end date to this grant, it is **required** that all spending be stopped with enough time remaining for counties to submit their final reimbursement requests and final reports by September 15, 2024.

Section IV: Certification

I certify and agree to report how the grant was expended and to provide a report to the Department of Licensing and Regulatory Affairs, Cannabis Regulatory Agency, no later than September 15, 2024. Due to Legislative requirements, the September 15th due date will be **strictly** enforced. By signing below, I also agree to meet and follow the statutory provisions in which this program was established pursuant to Section 901 of 2022 PA 166.

Signature of County Grant Administrator (Original Signature Required)

Date

County Administrator
Title of County Grant Administrator

989-354-9500
Telephone

Contact Information for Person Submitting Application

Cathy Goike, Grant Coordinator
Name

Health Educator
Title

cgoike@dhd4.org
Email Address

989-358-7970
Telephone

Additional Contacts

Jerry Hillis, DHD4 Finance Director
Name

989-358-7955
Telephone

jhillis@dhd4.org
Email Address

Name

Email Address

Telephone



Alpena County Board of Commissioners
720 W. Chisholm Street, Suite #7
Alpena, MI 49707
Telephone: 989-354-9500
Fax: 989-354-9648
Web Address: www.alpenacounty.org
commissionersoffice@alpenacounty.org

Alpena County is requesting funding in the amount of \$9,372.00 to implement education, communication, and outreach regarding the Michigan Medical Marihuana Act (MMMA). Alpena County will be partnering with District Health Department No. 4 (DHD4) and their Health Education and Harm Reduction Program staff for project implementation. Specifically, funding will be used to create informational materials as well as a robust social media campaign, advertising, enhance the DHD4 marihuana resource webpage and purchase and distribute medication lockboxes.

Educational materials, including brochures, flyers, and infographics, will be distributed throughout the county at events, health fairs, marihuana dispensaries, as well as shared with local medical providers. DHD4 Health Education staff will also maintain/update the [DHD4 marihuana page](#) with the most current medical marihuana facts and create social media posts related to the MMMA such as: safe storage, youth access restrictions, marihuana use and pregnancy, and drugged driving that will be posted to DHD4 social media accounts (e.g. Facebook, Instagram).

Advertising will be in the form of boosted social media posts, billboards and public transportation bus wraps. Messaging for social media will include safe storage and dangers of use to youth and pregnant women. Messaging for buses will include marihuana use and pregnancy.

Medication lockboxes will be purchased to educate and promote safe storage of medical marihuana, as well as provide an avenue to reduce youth access and accidental exposure/ingestion of medical marihuana. DHD4 will partner with area businesses to help distribute information & lockboxes to residents. Partners will include marihuana dispensaries, tobacco shops (many sell marihuana paraphernalia), drug court and adult book/video stores. Clients who visit a DHD4 clinic or Syringe Service Program (SSP) will receive education and be offered a lockbox as well. DHD4 will share flyers regarding available lockboxes and other resources with healthcare providers to distribute. If a provider is interested in providing a lockbox to a patient, DHD4 will work to facilitate the process.

The funds provided by this opportunity will be supported by county appropriated money allocated to DHD4 for essential public health services. DHD4 maintains a team of Health Educators who implement various health related education and outreach activities throughout the county. This funding opportunity, along with the existing funds provided to DHD4, will ensure the plan for medical marihuana education and outreach is fully implemented and executed. Additionally, the DHD4 Health Officer is funded by county appropriated local funds and sits on multiple boards and councils that address drug use. This will provide additional opportunities for outreach regarding medical marihuana education. DHD4 serves four counties in Northeast Michigan. This collaboration will allow for greater outreach, benefit, and sharing of resources across Alpena, Cheboygan, Montmorency and Presque Isle Counties.

Through this funding opportunity, District Health Department No. 4 (DHD4) will create an outreach campaign that leads to a greater understanding of the Michigan Medical Marihuana Act (MMMA) within Alpena County. In addition, by utilizing social media & advertising, the DHD4 website, brochures, and flyers the people who live, work and play in Alpena County will gain an increased knowledge of the need for safe storage, restricting youth access and responsible use of marihuana. By distributing free lockboxes around the community, we are hopeful that there will be a reduction in youth access and accidental exposure to medical marihuana across the county.

Budget –

County Administration Fee: \$250.00

Supplies: \$4,744

 Lock Boxes (253): \$4,561

 Education materials: \$183.00

Advertising: \$4,378.00

 Social media ads \$200.00

 Bus Wraps: \$2,089.00

 Billboards: \$2,089.00

Total: \$9,372



2024 Marijuana Operation and Oversight Grant
Budget to be submitted with application

County Agency Name	<u>District Health Department No. 4</u>
Street Address	<u>100 Woods Circle, Suite 200</u>
City, State, Zip Code	<u>Alpena, MI 49707</u>

Line Items (Use suggested line items or personalize to fit actual county)	Budget
Wages	\$0.00
Fringe Benefits	\$0.00
Advertising	\$4,378.00
Supplies	\$4,744.00
Travel	\$0.00
Equipment	\$0.00
County Administrative fee	\$250.00
TOTAL	\$9,372.00

County Approval	
Authorized Signature	
Print Name of Signer	<u>Mary Catherine Hannah</u>
Contact Person Name	<u>Cathy Goike, District Health Department No. 4</u>

LARA/CRA Approval
David Harns, Manager Public Relations Cannabis Regulatory Agency

Important Notes:

Budget amendments/adjustments need to be submitted/approved *prior* to spending.

Counties must watch their spending to ensure they have enough money within the line-item from which they are spending.

There is no end date to this grant, but it is **required** that all spending be stopped in time for counties to submit their final report by September 15, 2024.