Contract / Leases / Agreements / Grants

Form

This is	New		Renewal	χ	Filling this out on a computer? Please type an X into the appropriate box.		
					If you marked YES this needs to go		
This is a Grant	Yes	X	No		through Grant Review.		
	Agreen	nent_	Contract Lease		_		
This is an	Other_	:		~~~	150		
Name of Entity who	Neat	20	liconcing and	R	equilatory AFFairs-		
Contract / Lease /	best of accusing one frances						
Agreement / Grant is with	Dept of licensing and Regulatory AFFairs- Manjuana Regulatory Agency						
Project Name	Medical Manhuana Operation And Oversight Grants All Contracts / Leases / Agreements / Grants must have Attorney Review and approval						
Attornov Poviow	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval						
Attorney Review	through the Commissioner's Office.						
	All Con	tract	s / Leases / Agreements / Gra	ints r	nust have appropriate insurance coverage		
Insurance Review	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	\$ 7779.00						
Organization Match	\$ &						
County Match	\$ &						

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

Chairman DHDTY 2.10.21 n **Date Signed** The Department Head Requesting

GRANT REVIEW COMMITTEE APPROVAL:

		I am requesting a
County Clerk:	Date Signed: 2 - 16 - 21	meeting
- A. A.		I am requesting a
County Treasurer:	Date Signed: 1-10-21	meeting
		I am requesting a
Finance Chairman:	Date Signed: 2-10-2021	meeting
THE		A

Please do NOT mark below this line

INTEROFFICE USE ONLY

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

Department of Licensing and Regulatory Affairs Marijuana Regulatory Agency

Medical Marihuana Operation and Oversight Grants

2021 Grant Application Authority: Michigan Medical Marihuana Act 2008 IL 1, Section 6(1), MCL 333.26426

This application must be submitted electronically to MRA-MMOOG@michigan.gov at the Marijuana Regulatory Agency on or before January 1, 2021.

Alpena County		
Applicant		
VS CV0047952	720 W Chisholm	St, Ste #3, Alpena
SIGMA Vendor Customer ID No.	Mail Code	
Section II: Grant Administrator Information		
Name		
Robert Adrian		
Address		
720 W Chisholm St, Suite #7		Zin Code
City	State	Zip Code
Alpena	MI	49707
Area Code/Telephone Number	Email Addre	ess
Cobertadrian@alpera county.o	rg (989)	464-6334
Section III: Description of Grant Program Funds must be used for education, communication, and outreach MCL 333.26421 to 333.26430. On county letterhead, submit your pro	regarding the Michigan Medical posal that includes the items listed b	Marihuana Act, 2008 IL 1, elow:
 Describe the project(s) for which funds are requested w Explain how funds will be used to coordinate efforts w Describe the impact these funds will have on the comm Explain how these funds will be combined with other Explain anticipated outcomes that will result from this Submit a detailed budget showing how the requested for the second s	vith other agencies, if applicable, nunity and what you hope to accord funding to complete the project, is grant.	omplish. f necessary.
 Explain how funds will be used to coordinate efforts w Describe the impact these funds will have on the comr Explain how these funds will be combined with other 	vith other agencies, if applicable, nunity and what you hope to acco funding to complete the project, i grant. funds will be expended. ide a report to the Department of Lic igning below, I also agree to meet and	ensing and Regulatory Affairs
 Explain how funds will be used to coordinate efforts we Describe the impact these funds will have on the common Explain how these funds will be combined with other Explain anticipated outcomes that will result from this Submit a detailed budget showing how the requested for Section IV: Certification I certify and agree to report how the grant was expended and to provide Marijuana Regulatory Agency, no later than September 15, 2021. By sign which this program was established pursuant to Section 901 of 2020 	vith other agencies, if applicable. nunity and what you hope to according to complete the project, if a grant. Funds will be expended. ide a report to the Department of Lice igning below, I also agree to meet and DPA 166.	ensing and Regulatory Affairs
 Explain how funds will be used to coordinate efforts we Describe the impact these funds will have on the common Explain how these funds will be combined with other Explain anticipated outcomes that will result from this Submit a detailed budget showing how the requested for Section IV: Certification I certify and agree to report how the grant was expended and to provide Marijuana Regulatory Agency, no later than September 15, 2021. By sign which this program was established pursuant to Section 901 of 2020. 	vith other agencies, if applicable. nunity and what you hope to according to complete the project, is grant. Funds will be expended. ide a report to the Department of Lice in the second secon	the necessary. The sensing and Regulatory Affairs of follow the statutory provision: 17-9-20



Department of Licensing and Regulatory Affairs Marijuana Regulatory Agency

Medical Marihuana Operation and Oversight Grants

2021 Grant Application Authority: Michigan Medical Marihuana Act 2008 IL 1, Section 6(1), MCL 333.26426

This application must be submitted electronically to MRA-MMOOG@michigan.gov at the Marijuana Regulatory Agency on or before January 1, 2021. Section 1: Grant Applicant Information

Section I: Grant Applicant Information		and it is a way to get a strand and a second and a second
Alpena County		
Applicant	and and a second se	
VS CV0047952	720 W Chisholm	St, Ste #3, Alpena,MI 4
SIGMA Vendor Customer ID No.	Mail Code	
Section II: Grant Administrator Information		
Name		
Robert Adrian		and the state of the
Address		
720 W Chisholm St, Suite #7		
City	State	Zip Code
Alpena	MI	49707
Area Code/Telephone Number	Email Addre	SS
robert odrian@alpenacounty.or	989-	464-6334
Section III: Description of Grant Program	0	
Funds must be used for education, communication, and outreach reg MCL 333.26421 to 333.26430. On county letterhead, submit your proposa	arding the Michigan Medical I that includes the items listed be	Marihuana Act, 2008 IL 1, slow:
• Describe the project(s) for which funds are requested with	an implementation plan.	
 Explain how funds will be used to coordinate efforts with one 	other agencies, if applicable.	
 Describe the impact these funds will have on the communi Explain how these funds will be combined with other fund 	ing to complete the project i	f necessary
 Explain how these funds will be combined with other fund Explain anticipated outcomes that will result from this grain 	ing to complete the project, i	i neeessary.
 Submit a detailed budget showing how the requested funds 	s will be expended.	
Section IV: Certification	•	
I certify and agree to report how the grant was expended and to provide a Marijuana Regulatory Agency, no later than September 15, 2021. By signin in which this program was established pursuant to Section 901 of 2020 PA	g below, I also agree to meet and	ensing and Regulatory Affairs, follow the statutory provisions
	a Tilduan	Date
(HAIRMAN BOARD OF COMMISSIONERS T		





District #2 Chairman of the Board **Robert Adrian**

District #8 Vice-Chairman John Kozlowski

District #1 Commissioner **Brad McRoberts**

District #3 Commissioner **Dave Karschnick**

District #4 Commissioner **Bill Peterson**

District #5 Commissioner **Brenda Fournier**

District #6 Commissioner **Kevin** Osbourne

District #7 Commissioner Marty Thomson

Executive Manager

Board Assistant Lynn Bunting

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

Section III: Description of Grant Program

Alpena County is requesting funding in the amount of \$7,779 to implement education, communication and outreach regarding the Michigan Medical Marihuana Act. Specific projects funds are requested to purchase supplies and educational materials.

Alpena County will be partnering with District Health Department No. 4 (DHD4) and their Public Health Nurses and Health Educator for project implementation. Educational materials such as brochures or flyers, will be created or purchased and distributed throughout the county at events such as local tobacco and marihuana businesses, local schools, and local health departments. In addition, a page will be created on the DHD4 website with information relating to the law as well as reference materials. Topics to be covered by all created outreach materials will include safe storage, dangers of youth marihuana usage, drugged driving, and responsible use. Medicinal lock boxes will be purchased to be distributed through local businesses and local health department. Within each lock box, educational materials will be included regarding safe storage and prevention of accidental exposure.

The funds provided by this opportunity will be supported by county appropriated money allocated to DHD4 for essential public health services. This program with work in conjunction with the Harm Reduction program through DHD4. 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 District Health Department No. 4 Health Officer is funded by county appropriated local funds, will oversee the project and sits on multiple boards and councils that address drug use. This will provide additional opportunities for outreach regarding Medical Marihuana Education. District Health Department No. 4 serves four counties in Northeast Michigan. This collaboration will allow for greater outreach, benefit, and sharing of resources across Alpena, Tammy Sumerix-Bates Cheboygan, Montmorency and Presque Isle Counties.

Through this funding opportunity, Alpena County hopes to accomplish the creation of an outreach campaign leading to a greater understanding of the Michigan Medical Marihuana Law within the county. By utilizing brochures and flyers, as well

as the DHD4 webpage, the community will also gain an increased knowledge of the Board Admin Assistant aw, as well as safe storage, restricting youth access and responsible use.



District #2 Chairman of the Board Robert Adrian

District #8 Vice-Chairman

Budget – Alpena County

County Administrative Fee: \$250.00

Supplies: \$7,529.00 Lock boxes and printing supplies

District #1 Commissioner Brad McRoberts

John Kozlowski

District #3 Commissioner Dave Karschnick

District #4 Commissioner Bill Peterson

District #5 Commissioner Brenda Fournier

District #6 Commissioner Kevin Osbourne

District #7 Commissioner Marty Thomson

Executive Manager Tammy Sumerix-Bates

Board Assistant Lynn Bunting

Board Admin Assistant Kim Elkie

Item/Explanation	Cost
Staffing:	\$
Fringe Benefits:	\$
County Administrative Fee	\$ 250.00
Indirect: Oversight costs	\$
Travel:	\$
Supplies:	\$ 7,529.00
Other: Space/Communications/Copier Maint	\$

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

Re: Alp County

Lynn Bunting
buntingl@alpenacounty.org>
Wed 12/9/2020 4:03 PM

To: Judy Greer <jgreer@dhd4.org> Cc: Robert Adrian <robertadrian@alpenacounty.org>; Commissioners Office <commissionersoffice@alpenacounty.org>

1 attachments (2 MB)
 2021 Grant Application for Med Marihuana_001.pdf;

Good Afternoon Judy,

Please see the attached signed application.

If you need anything else, please let us know.

Have a nice evening.

Lynn



LET'S STAY SAFE TOGETHER



Have a Beautiful Day! Lynn Bunting, Board Assistant County of Alpena County Board of Commissioners 720 W Chisholm St, Suite 7 Alpena, MI 49707 Phone - 989.354.9501 Fax - 989.354.9648

CONFIDENTIALITY: This E-Mail is intended for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this E-mail is not the intended recipient, or the employee or agent responsible

12/9/2020

Mail - Lynn Bunting - Outlook

to deliver it to the intended recipient, you are hereby notified that reading, disseminating, distributing or copying this in error, please immediately notify the County of Alpena, Commissioners Office by returning the original message to us by E-mail. THANK YOU.

From: Judy Greer <jgreer@dhd4.org>
Sent: Wednesday, December 9, 2020 1:52 PM
To: Robert Adrian <robertadrian@alpenacounty.org>
Cc: Lynn Bunting <buntingl@alpenacounty.org>
Subject: Alp County

Hi Bob

Here is the application for the 2021 Alpena County Medical Marihuana Grant. Please sign and return to me as soon as possible. We have everything ready to send. Just waiting on this document.

If you should have any questions, please let me know.

Thank you

Judy Greer Deputy Health Officer District Health Department No. 4 100 Woods Circle, Suite 200 Alpena, MI 49707 Telephone (989) 358-7955 Fax: (989) 358-7997

Alp County

Judy Greer <jgreer@dhd4.org> Wed 12/9/2020 1:52 PM

To: Robert Adrian <robertadrian@alpenacounty.org> Cc: Lynn Bunting <buntingl@alpenacounty.org>

1 attachments (580 KB)
 Alp Co Medical Marihuana 2021 Application.pdf;

Hi Bob

Here is the application for the 2021 Alpena County Medical Marihuana Grant. Please sign and return to me as soon as possible. We have everything ready to send. Just waiting on this document.

If you should have any questions, please let me know.

Thank you

Judy Greer Deputy Health Officer District Health Department No. 4 100 Woods Circle, Suite 200 Alpena, MI 49707 Telephone (989) 358-7955 Fax: (989) 358-7997