

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.
This is a Grant	Yes	<input checked="" type="checkbox"/>		No		If you marked YES this needs to go through Grant Review.
This is an	Agreement <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Lease <input type="checkbox"/>					
Other _____:						
Name of Entity who Contract / Lease / Agreement / Grant is with	State of Michigan					
Project Name	Snowmobile 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	\$ 9,278.00					
Organization Match	\$ 85% = 7886.30					
County Match	\$ 15% = 1391.70					

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

	7-27-23
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:	28 Jul 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:



**SNOWMOBILE LAW ENFORCEMENT GRANT PROGRAM
GRANT APPLICATION**

This information required under authority of Part 821 Snowmobile, 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 April 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 snowmobile law enforcement program.	
Full Time	2 Part Time

1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS
Refer to Snowmobile Law Enforcement Grant Program Overview and Instructions (IC1865) for explanation of eligible wages and benefits.

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

Full Time	(A _____ + B _____) x C _____ = D \$ _____
Part Time	(A 24.05 + B 10.34) x C 200 = D \$ 6,878.00
WAGES AND BENEFITS SUBTOTAL \$ 6,878.00	

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

<u>ITEM</u>	<u>DETAIL</u>	<u>ESTIMATE OF EXPENDITURES</u>
PATROL/TOW VEHICLE USAGE		
Choose a method for calculating an estimate of vehicle costs. Refer to the Snowmobile Law Enforcement Grant Program Overview and Instructions (IC1865). Choose only one method per vehicle.		
	ACTUAL COST: No. of vehicles _____	\$ _____
	LEASE: No. of vehicles _____	\$ _____
	MILEAGE RATE: No. of vehicles <u>1</u>	\$ <u>300</u>
SNOWMOBILE USAGE		
No. of units <u>2</u>	Total estimated fuel and oil \$ <u>600</u>	+ total estimated maintenance \$ <u>1,200</u>
		\$ <u>1,800.00</u>
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) <u>Helmet Microphone</u>		
		\$ <u>300.00</u>
		\$ _____
		\$ _____
CSS&M SUBTOTAL		\$ <u>2,400.00</u>

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>
SNOWMOBILE:		
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
TRAILER:		
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
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		\$ 0.00

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
<i>Item</i>	<i>Estimate of Expenditures</i>
Law Enforcement Wages and Benefits (enter subtotal)	\$ 6,878.00
CSS&M (enter subtotal)	\$ 2,400.00
Equipment (enter subtotal)	\$ 0.00
TOTAL	\$ 9,278.00

CERTIFICATION

I hereby certify the local unit of government has appropriated the sum indicated in this grant application for the snowmobile law enforcement program and that the treasurer has been authorized and instructed to establish a restricted snowmobile 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**