



Contract / Leases / Agreements / Grants Form

This is	New	X		Renewal		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	State of Michigan (MDHHS)					
Project Name	Covid-19 Testing In County Jails-2022					
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	\$125,600.00					
Organization Match	\$125,600.00					
County Match	\$0					

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

Erik W. Smith, Sheriff	
The Department Head Requesting	7-20-2022 Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: 	Date Signed: 7/27/22	I am requesting a meeting
County Treasurer: 	Date Signed: 7-21-22	I am requesting a meeting
Finance Chairman: 	Date Signed: 7/22/22	I am requesting a meeting
County Administrator: 	Date Signed: 7/22/22	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: