## Contract/Leases/Agreements/Grants Form

Is this	New □ Renewal B					
Is this a Grant	Yes ☐ (if yes, needs to go to grant review) No ☐					
Is this an	Agreement: S Contract: □ Lease: □ Other: □					
Name of who Contract/Lease/ Agreement/Grant is with	State of Michigen Deportment of Network Dosovices Snowmebile Low Enforcement Great					
Project Name	Snewme bike Law Entergrant Grent					
Attorney Review	All contracts/leases/agreements/grants must have attorney review and approval through the Commissioners' Office.					
Insurance Review	All contracts/leases/agreements/grants must have appropriate insurance coverage per the attached list. It is the Department Head's responsibility to make sure that all requirements are met and listed on the insurance certificate.					
Total Amount	\$ 10,178.00					
Organization Match	s 8651.30 95%					
County's Match	\$ 1,526.70 15%					

I have reviewed and approved this contract/	lease/agreement/grant and attached appropriate insurance:
Et Sur	8-13-202) Date signed
Department Head requesting	
GRANT REVIEW COMMITTEE APPRO	VAL:
Deni Mudupe	8-/22/ I am requesting a meeting.
County Clerk	Date signed
Sinkly hulla	8-12-21 □ I am requesting a meeting.
county reasure	Date signed
750	8-16.21 _ I am requesting a meeting.
Finance Chai man	Date signed
*********	Please do not mark below this line
	INTEROFFICE USE ONLY
Date received	Date sent for Attorney Review
Attorney Approval received	Insurance received



## Michigan Department of Natural Resources Law Enforcement Division / Parks and Recreation Division

## 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.

For October 1, <u>2021</u> to April 30, <u>2022</u>		
elephone		
989)354-9863		
Federal ID No. 38-6004838		
-mail		
ritterj@alpenacounty.org		
•		

Refer to Snor benefits.	wmobil	e Law Enforceme	nt Grant Pro	gram Overviev	v and Instruc	tions	(IC1865) for explanation	of elig	gible	wages and	
B = Fring C = Estin	e bene nated h		FICA, retirer le law enforc	ment, insurance cement activitie	e, workman's es (include tr	avel,	npensation). administrative time, atter enforcement personnel.	ndance	e at a	annual workshop).	
Full Time	( A	24.05	+B _	10.34	)	хC	200	_ = D	\$_	6878.00	
Part Time	(A		+B _		)	хC		_ = D	\$_		
					WAGES A	ND	BENEFITS SUBTOTA	L	\$	6878.00	
2) DETAIL C	OF CO	NTRACTUAL SER	RVICES, SU	PPLIES & MA	TERIALS (C	SS&	M)			ESTIMATE OF	
	<u>ITEM</u> <u>DETAIL</u>								EXPENDITURES		
PATROL/TOW											
Refer to	the Sn	nod for calculating ar nowmobile Law Enfo Instructions (IC1865)	rcement Gran	t Program							
per vehicle.				ACTUAL CO	ST:	No. of vehicles					
					LEA	SE:	No. of vehicles		\$_		
					MILEAGE RA	TE:	No. of vehicles 2		\$ <u>7</u>	00.00	
SNOWMOBILE	USAG	E									
No. of units	2	_ Total estimated	fuel and oil \$	600	total estima	ted m	naintenance \$ 1200.00	_ \$	180	0.00	
PERSONAL G	EAR TO	BE PURCHASED									
Type of C	Gear _						Cost per unit \$				
Type of C	Gear _			No. of units		X	Cost per unit \$	_ \$			
OTHER ITEMS	OTHER ITEMS (please specify) studs 2 snowmobiles							_ \$	800	.00	
								\$			
								_ \$			
						С	SS&M SUBTOTAL	\$	3,3	00.00	

3) DETAIL OF EQUIPMENT TO BE PURCHASE Attach an up-to-date equipment inventory even if i		ing funds for	purchase of new equipment.		
ITEM	,	DETAIL	,	ESTIMATE OF EXPENDITURES	
SNOWMOBILE:					
Make and model	Numb	er of units_	X Cost per unit \$	\$_0.00	
Make and model		er of units_	X Cost per unit \$	\$	
TRAILER:					
Type of trailer	Numb	er of units_	X Cost per unit \$	\$	
Type of trailer		er of units_	X Cost per unit \$	\$	
ELECTRONIC EQUIPMENT:					
Type of equipment	Numb	er of units_	X Cost per unit \$	\$	
Type of equipment	Numb	er of units_	X Cost per unit \$	\$	
			EQUIPMENT SUBTOTAL	\$_0.00	
SUMMARY	OF LOCA	L ESTIMAT	TE OF EXPENDITURES		
Item			Estimate of Expen	ditures	
Law Enforcement Wages and Benefits (enter se	ubtotal)	\$ 6,878.00			
CSS&M (enter subtotal)		<b>\$</b> 3,300.	00		
Equipment (enter subtotal)		\$0.00			
	TOTAL	<b>\$</b> 10,178	.00		
I hereby certify the local unit of government is law enforcement program and that the treas program account and to deposit therein all su supplies and materials, and equipment costs.  Printed Name of Authorized Local Official  Signature of Authorized Local Official	has approp surer has b ims approp	been author oriated to be ant period i	sum indicated in this grant ap rized and instructed to estab a used solely for wages and b	lish a restricted snowmobile	
SEND COMPLETED APPLICATION TO					

## SEND COMPLETED APPLICATION TO:

MICHIGAN DEPARTMENT OF NATURAL RESOURCES PARKS AND RECREATION DIVISION PROGRAM SERVICES SECTION PO BOX 30257 LANSING MI 48909-7757