

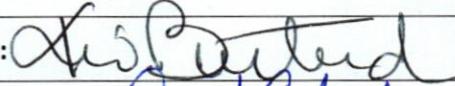
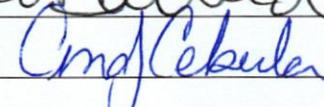
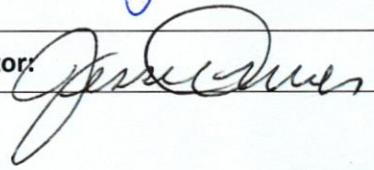
Contract / Leases / Agreements / Grants Form

This is	New	<input checked="" type="checkbox"/>		Renewal		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 _____ Contract _____ Lease _____ Other _____:					
Name of Entity who Contract / Lease / Agreement / Grant is with	Michigan State Police					
Project Name	2026 Public Safety Critical Incident Mapping Competitive Grant					
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	\$73,463 in total (including \$24,786; \$24,527; \$24,150)					
Organization Match	\$-0-					
County Match	\$-0-					

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

<i>Kim Elkie</i>	February 17, 2026
The Department Head Requesting	Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: 	Date Signed: 2-19-26	I am requesting a meeting	
County Treasurer: 	Date Signed: 2-19-26	I am requesting a meeting	
Finance Chairman:	Date Signed:	I am requesting a meeting	
County Administrator: 	Date Signed: 2/10/24	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: