

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		No	<input checked="" type="checkbox"/>	If you marked YES this needs to go through Grant Review.
This is an	Agreement <input type="checkbox"/> Contract <input type="checkbox"/> Lease <input type="checkbox"/> Other <input checked="" type="checkbox"/> :				
Name of Entity who Contract / Lease / Agreement / Grant is with	First Federal of Northern Michigan Legacy Foundation				
Project Name	AED Funding				
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	\$ 1,600 ⁰⁰				
Organization Match	\$ 1,600 ⁰⁰				
County Match	\$ 0				

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

The Department Head Requesting	8-26-22 Date Signed
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GRANT REVIEW COMMITTEE APPROVAL:

County Clerk:	Date Signed: 8-31-22	I am requesting a meeting
County Treasurer:	Date Signed: 8-26-22	I am requesting a meeting
Finance Chairman:	Date Signed: 8-31-22	I am requesting a meeting
County Administrator:	Date Signed: 8/29/22	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:

The First Federal of Northern Michigan Legacy Foundation
Common Grant Application

DATE OF APPLICATION: November 10, 2021

LEGAL NAME OF ORGANIZATION APPLYING: County of Alpena - Alpena County Sheriff
(NAME ON IRS NON-PROFIT DETERMINATION LETTER AND AS SUPPLIED ON IRS FORM 990)

CURRENT OPERATING BUDGET: \$ 10..21 Mill Alpena County

EXECUTIVE DIRECTOR: Robert Adrian County Commissio PHONE: 989-354-9821

PROJECT CONTACT PERSON AND TITLE: Sgt. J.P. Ritter

ADDRESS FOR PRIMARY CORRESPONDENCE: 4900 M-32 W.

CITY/STATE/ZIP: Alpena, MI. 49707 PHONE: 989-354-9863

E-MAIL: ritterj@alpenacounty.org

FAX: 989-354-9868

PROJECT NAME: AED-Funding

PURPOSE OF GRANT(ONE SENTENCE):

These funds would specifically be used for the purchase of one AED for the road patrol division for the Alpena County Sheriff's Office. \$1,600.00 each.

AMOUNT REQUESTED: \$1,600.00

COUNTY/GEOGRAPHIC AREA SERVED: Alpena County



SIGNATURE, PROJECT CONTACT PERSON

J.P. Ritter

PRINTED NAME AND TITLE DATE

SIGNATURE, EXECUTIVE DIRECTOR (PERSON RESPONSIBLE FOR ORGANIZATION)

PRINTED NAME AND TITLE DATE

501(C)(3) DETERMINATION LETTER (PLEASE CHECK ONE)

ATTACHED TO THIS APPLICATION

ON FILE WITH FFNM LEGACY FOUNDATION OFFICE

Project Overview

Briefly respond to the following questions in the order given. If you reproduce this on your computer, limit the overview to 3 (three) numbered pages.

1. Provide a brief description of your organization (i.e., years of operation, services provided, etc.)

The Alpena County Sheriff's Office is a Government Agency serving the citizens of Alpena County with Court Security, Jail Operations, Road Patrol and Citizen Complaints.

2. Provide a brief project overview. (Name, goals, and project time frame)

I am working on outfitting all of our patrol vehicles with an AED unit. In years past we had an AED unit for each patrol vehicle. Those units have since been taken out of service due to their age and condition. We currently have 9 patrol officer's with 5 more in training. In the end I have a need for 14 units.

3. Specifically, for what purpose will the grant dollars be used? How critical is a FFNM Legacy grant to the success of your project?

These funds would specifically be used for the purchase of one AED for the road patrol division for the Alpena County Sheriff's Office. \$1,600.00 each.

4. What is the target population for this project and how many people will benefit? If applicable, explain how your project involves volunteers.

No volunteers are needed for the project, this is an equipment purchase only.

5. If applicable, explain how your project involves volunteers.

Volunteers are not needed for this project.

6. Will the grant act as "seed money"? Is there a plan for permanent funding after the grant is used?

The requested grant money will be used for equipment purchase only, any AED pads, batteries, or maintenance outside the warranty will be covered by Alpena County Sheriff's Office.

7. How does the project help a segment of the citizenry who are not now being served adequately?

This will assist Alpena County in the event of an emergency when officer's are able to respond to a medical situation in the rural areas of the county.

8. How will your project be funded? List other sources of funds and specify any other organizations working with you on this project.

Our budget for this project is \$22,400.00, we currently do not have any funds from the county general fund to assist with this funding. One AED unit costs approx. \$1,600.00 each.

Our goal for 2022 is to purchase 5 units and work on funding for 2023 for the remaining units.

Alpena Alcona Area Credit Union has agreed to purchase 2 units in 2022 and an additional 2 units in 2023. I am in the process of filling out applications for Northeast Michigan Community Foundation, PIE&G Community First program.

9. Describe your evaluation plan and specify success measures.

The success of this program will be to obtain one AED unit in each patrol vehicle in the event that it is needed.

A COMPLETE FFM LEGACY FOUNDATION GRANT APPLICATION INCLUDES THE FOLLOWING:

- Common Grant Application (with appropriate signatures)
- Project Overview (maximum of three numbered pages)
- Budget
- Budget Narrative (explanation of how budget items were calculated)
- 501 (c)(3) determination letter
- List of the current Board of Directors
- If necessary, additional documentation may be requested.

FFNM LEGACY FOUNDATION Grant Budget

Time period of this budget: From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expense	Total Requested from Foundation in this Application (\$2000 Max)	Total Expenses for this Project	
Salaries	0	0	
Payroll Taxes	0	0	
Fringe Benefits	0	0	
Consultant and Prof. Fees	0	0	
Insurance	0	0	
Travel	0	0	
Equipment	\$1,600.00	\$22,400.00	
Supplies	0	0	
Printing and Copying	0	0	
Telephone and Fax	0	0	
Postage and Delivery	0	0	
Rent	0	0	
Utilities	0	0	
Maintenance	0	0	
Evaluation	0	0	
Marketing	0	0	
Other (specify)	0	0	
			TOTAL EXPENSES:
TOTALS	\$1,600.00	\$22,400.00	\$22,400.00

Indicate the REVENUE that applies to your project. (Use additional pages if necessary.)

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed)	
Grant/Contracts/Contributions	0	0	
Local Government	0	0	
State Government	0	0	
Federal Government	0	0	
Foundations	3,200.00	0	
Corporations	0	0	
Equipment	0	0	
Individuals	0	0	
Other (Specify)	0	0	
Earned Income	0	0	
Events, Publications, and Products	0	0	
Membership Income	0	0	
In-Kind Support	0	0	
Other (Specify)	0	0	
			TOTAL EXPENSES:
TOTALS	3,200.00		

SAMPLE Budget

Time period of this budget: From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expense	Total Requested from Foundation in this Application (\$2000 Maximum)	Total Expenses for this Project	
Salaries		\$8,300	
Payroll Taxes			
Fringe Benefits			
Consultant and Prof. Fees			
Insurance			
Travel	\$100	\$800	
Equipment			
Supplies		\$160	
Printing and Copying	\$50	\$335	
Telephone and Fax		\$20	
Postage and Delivery	\$100	\$305	
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)	\$250	\$920	
			TOTAL EXPENSES:
TOTALS	\$500	\$10,840	\$10,840

Indicate the REVENUE that applies to your project. (Use additional pages if necessary.)

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed)	
Grant/Contracts/Contributions			
Local Government			
State Government	\$2,300		
Federal Government			
Foundations		\$2,000	
Corporations		\$1,025	
Equipment		\$1,355	
Individuals		\$1,310	
Other (Specify)			
Earned Income			
Events, Publications, and Products		\$2,550	
Membership Income			
In-Kind Support			
Other (Specify)		\$300	
			TOTAL EXPENSES:
TOTALS	\$2,300	\$8,540	\$10,840

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL COMBINED REVENUE.