

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 <u> x </u> Contract <u> </u> Lease <u> </u> Other <u> </u> :				
Name of Entity who Contract / Lease / Agreement / Grant is with	Michigan Veterans Affairs Agency				
Project Name	FY26 County Veterans Service Fund 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	\$22,635.00				
Organization Match	\$				
County Match	\$				

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

The Department Head Requesting	Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk:	Date Signed:	I am requesting a meeting	
County Treasurer:	Date Signed:	I am requesting a meeting	
Finance Chairman:	Date Signed:	I am requesting a meeting	
County Administrator:	Date Signed:	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: