

ALPENA COUNTY BOARD OF COMMISSIONERS

BOARD ACTION #19

TO: County Clerk, County Treasurer, Sheriff's Office
FROM: Alpena County Board of Commissioners
SUBJECT: MDNR ORV Grant Application

BOARD ACTION:

ACTION ITEM #FM-7: The Committee recommends we approve the MDNR ORV Grant Application 2021/2022 (10.01.21/09.30.22) in the amount of \$11,847.50 with no County match and authorize the Chairman of the Board to sign all pertaining documents. This has Grant Review Committee approval.

Moved by Commissioner Gilmet and supported by Commissioner Karschnick to approve the Consent Calendar as amended which includes actions as listed above and filing of all reports. Roll call vote: AYES: Commissioners Gilmet, Karschnick, Peterson, Fournier, Thomson, Kozlowski and Adrian. NAYS: None. Excused: Commissioner Osbourne. Motion carried.

This action was XX APPROVED DISAPPROVED

BY: Ayes: 7 Nays: 0 Excused: 1 Absent: 0 Abstaining: 0

Alpena County Board Chairman's Signature: Robert Adrian

Alpena County Board Vice-Chairman's Signature: _____

Date of the Board Meeting: August 31, 2021


Contract/Leases/Agreements/Grants Form

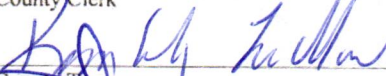
Is this	New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
Is this a Grant	Yes <input checked="" type="checkbox"/> (if yes, needs to go to grant review) No <input type="checkbox"/>
Is this an	Agreement: <input checked="" type="checkbox"/> Contract: <input type="checkbox"/> Lease: <input type="checkbox"/> Other: <input type="checkbox"/>
Name of who Contract/Lease/Agreement/Grant is with	State of Michigan Department of Natural Resources. (ORV) OFF ROAD Vehicle Enforcement
Project Name	ORV Grant
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	\$ 11,847.50
Organization Match	\$ 11,847.50 100% funded
County's Match	\$ 0


I have reviewed and approved this contract/lease/agreement/grant and attached appropriate insurance:

 8-12-2021
 Department Head requesting Date signed

GRANT REVIEW COMMITTEE APPROVAL:

 8-12-21 I am requesting a meeting.
 County Clerk Date signed

 8-12-21 I am requesting a meeting.
 County Treasurer Date signed

 8-16-21 I am requesting a meeting.
 Finance Chairman Date signed

Please do not mark below this line

INTEROFFICE USE ONLY

Date received _____ Date sent for Attorney Review _____

Attorney Approval received _____ Insurance received _____



**OFF-ROAD VEHICLE (ORV) LAW ENFORCEMENT GRANT PROGRAM
GRANT APPLICATION**

This information required under authority of Part 811 Off-road Vehicle, 1994 PA 451, as amended, to be eligible for funding.

Grant Applicant (Law Enforcement Agency)	Alpena County Sheriff's Office	For October 1, <u>2021</u> to September 30, <u>2022</u>
Contact Person	Sgt. J.P. Ritter	Telephone (<u>989</u>) <u>354-9863</u>
Address	4900 M-32 Hwy	Federal ID No. <u>38-6004834</u>
City, State, ZIP	Alpena, MI. 49707	E-mail <u>ritterj@alpenacounty.org</u>
Number of law enforcement personnel working in the ORV law enforcement program.		
3 Full Time Part Time		

1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS
Refer to ORV Law Enforcement Grant Program Overview and Instructions (IC1987) for explanation of eligible wages and benefits.

A = Hourly wage of ORV law enforcement program personnel.
B = Fringe benefit dollar amount (FICA, retirement, insurance, workman's compensation).
C = Estimated hours of ORV law enforcement activities (include travel, administrative time, attendance at annual grants workshop).
D = Total estimate of salaries, wages, and fringe benefits for ORV law enforcement personnel.

Full Time (A 24.05 + B 10.34) x C 250 = D \$ 8597.50

Part Time (A _____ + B _____) x C _____ = D \$ _____

WAGES AND BENEFITS SUBTOTAL \$ 8597.50

2) DETAIL OF CONTRACTUAL SERVICES, SUPPLIES & MATERIALS (CSS&M)

ITEM	DETAIL	ESTIMATE OF EXPENDITURES
PATROL/TOW VEHICLE USAGE		
Choose a method for calculating an estimate of vehicle costs. Refer to the ORV Law Enforcement Grant Program Overview and Instructions (IC1987). Choose only one method per vehicle.	ACTUAL COST: No. of vehicles _____	\$ _____
	LEASE: No. of vehicles _____	\$ _____
	MILEAGE RATE: No. of vehicles <u>2</u>	\$ <u>800.00</u>
OFF-ROAD VEHICLE USAGE		
No. of units <u>3</u>	Total estimated fuel and oil \$ <u>600.00</u> + Total estimated maintenance \$ <u>1,000.00</u>	\$ <u>1,600.00</u>
PERSONAL GEAR TO BE PURCHASED		
Type of Gear <u>Binoculars</u>	No. of units <u>2</u> X Cost per unit \$ <u>200</u>	\$ <u>400.00</u>
Type of Gear _____	No. of units _____ X Cost per unit \$ _____	\$ _____
OTHER ITEMS (please specify) _____		

CSS&M SUBTOTAL		\$ <u>2,800.00</u>

3) DETAIL OF EQUIPMENT TO BE PURCHASED

Attach an up-to-date equipment inventory even if not requesting funds for purchase of new equipment.

<u>ITEM</u>	<u>DETAIL</u>	<u>ESTIMATE OF EXPENDITURES</u>
OFF-ROAD VEHICLE:		
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ 0.00
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
TRAILER:		
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ 0.00
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
ELECTRONIC EQUIPMENT:		
Type of equipment <u>GPS</u>	Number of units <u>1</u> X Cost per unit \$ <u>250</u>	\$ <u>450.00</u>
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
EQUIPMENT SUBTOTAL		\$ <u>450.00</u>

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
<i>Item</i>	<i>Estimate of Expenditures</i>
Law Enforcement Wages and Benefits (enter subtotal)	\$8,597.50
CSS&M (enter subtotal)	\$2,800.00
Equipment (enter subtotal)	\$450.00
TOTAL	\$11,847.50

CERTIFICATION

I hereby certify that the local unit of government has appropriated the sum indicated in this grant application for the off-road vehicle law enforcement program and that the treasurer has been authorized and instructed to establish a restricted off-road vehicle program account and to deposit therein all sums appropriated to be used solely for wages and benefits, contractual services, supplies and materials, and equipment costs for the grant period indicated.

J.P. Ritter

 Printed Name of Authorized Local Official

Sergeant

 Title

JP Ritter

 Signature of Authorized Local Official

Digitally signed by JP Ritter
 Date: 2021.08.04 06:40:47 -04'00'

08/04/2021

 Date

SEND COMPLETED APPLICATION TO:

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