

Contract / Leases / Agreements / Grants Form

| | | | | | |
|---|--|-------------------------------------|---------|-------------------------------------|--|
| This is | New | | Renewal | <input checked="" type="checkbox"/> | 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 | State of Michigan | | | | |
| Project Name | Snowmobile Enforcement 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 | \$ 8678.00 | | | | |
| Organization Match | \$ 7376.30 (85%) | | | | |
| County Match | \$ 1301.70 (15%) | | | | |

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

| | |
|--------------------------------|-------------|
| | 8-3-22 |
| The Department Head Requesting | Date Signed |

GRANT REVIEW COMMITTEE APPROVAL:

| | | |
|-----------------------|---------------------|---------------------------|
| County Clerk: | Date Signed: 8-3-22 | I am requesting a meeting |
| County Treasurer: | Date Signed: 8/5/22 | I am requesting a meeting |
| Finance Chairman: | Date Signed: 8-4-22 | I am requesting a meeting |
| County Administrator: | Date Signed: 8/4/22 | I am requesting a meeting |

Please do NOT mark below this line

INTEROFFICE USE ONLY

| | |
|-----------------------------|--------------------------------|
| Date Received: | Date Sent for Attorney Review: |
| Attorney Approval Received: | Insurance Received: |



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.

| | |
|---|---|
| Grant Applicant (Law Enforcement Agency) Alpena County Sheriff's Office | For October 1, <u>2022</u> to April 30, <u>2023</u> |
| Contact Person Sgt. J.P. Ritter | Telephone (989) 354-9863 |
| Address 4900 M-32 Hwy | Federal ID No. 38-6004838 |
| City, State, ZIP Alpena, MI. 49707 | E-mail ritterj@alpenacounty.org |
| Number of law enforcement personnel working in the snowmobile law enforcement program. | |
| <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> <u>2</u> Part Time | |

1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS
Refer to Snowmobile Law Enforcement Grant Program Overview and Instructions (IC1865) for explanation of eligible wages and benefits.

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

| | |
|--|--|
| Full Time | (A <u>24.05</u> + B <u>10.34</u>) x C <u>200</u> = D \$ <u>6878.00</u> |
| Part Time | (A _____ + B _____) x C _____ = D \$ _____ |
| WAGES AND BENEFITS SUBTOTAL \$ <u>6878.00</u> | |

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

| <u>ITEM</u> | <u>DETAIL</u> | <u>ESTIMATE OF EXPENDITURES</u> |
|---|---|---------------------------------|
| PATROL/TOW VEHICLE USAGE | | |
| Choose a method for calculating an estimate of vehicle costs. Refer to the Snowmobile Law Enforcement Grant Program Overview and Instructions (IC1865). Choose only one method per vehicle. | | |
| | ACTUAL COST: No. of vehicles _____ | \$ _____ |
| | LEASE: No. of vehicles _____ | \$ _____ |
| | MILEAGE RATE: No. of vehicles _____ | \$ _____ |
| SNOWMOBILE USAGE | | |
| No. of units <u>2</u> | Total estimated fuel and oil \$ <u>600</u> + total estimated maintenance \$ <u>1200</u> | \$ <u>1800.00</u> |
| PERSONAL GEAR TO BE PURCHASED | | |
| Type of Gear _____ | No. of units _____ X Cost per unit \$ _____ | \$ _____ |
| Type of Gear _____ | No. of units _____ X Cost per unit \$ _____ | \$ _____ |
| OTHER ITEMS (please specify) _____ | | |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| CSS&M SUBTOTAL | | \$ <u>1800.00</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> |
|------------------------------|--|---------------------------------|
| SNOWMOBILE: | | |
| Make and model _____ | Number of units _____ X Cost per unit \$ _____ | \$ _____ |
| Make and model _____ | Number of units _____ X Cost per unit \$ _____ | \$ _____ |
| TRAILER: | | |
| Type of trailer _____ | Number of units _____ X Cost per unit \$ _____ | \$ _____ |
| Type of trailer _____ | Number of units _____ X Cost per unit \$ _____ | \$ _____ |
| ELECTRONIC EQUIPMENT: | | |
| Type of equipment _____ | Number of units _____ X Cost per unit \$ _____ | \$ _____ |
| Type of equipment _____ | Number of units _____ X Cost per unit \$ _____ | \$ _____ |
| EQUIPMENT SUBTOTAL | | \$ _____ |

| SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES | |
|--|---------------------------------|
| <i>Item</i> | <i>Estimate of Expenditures</i> |
| Law Enforcement Wages and Benefits (enter subtotal) | \$ 6878.00 |
| CSS&M (enter subtotal) | \$ 1800.00 |
| Equipment (enter subtotal) | \$ 0.00 |
| TOTAL | \$ 8678.00 |

CERTIFICATION

I hereby certify the local unit of government has appropriated the sum indicated in this grant application for the snowmobile law enforcement program and that the treasurer has been authorized and instructed to establish a restricted snowmobile 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.

Printed Name of Authorized Local Official

Title

Signature of Authorized Local Official

Date

SEND COMPLETED APPLICATION TO:

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