


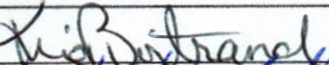
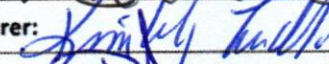


Contract / Leases / Agreements / Grants Form

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 DNR - ORU Law Enforcement Grant				
Project Name	ORU Enforcement				
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	\$ 42997.50				
Organization Match	\$ 42997.50 - 100% Funded.				
County Match	\$ 0				

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: 8-4-22	I am requesting a meeting	
Finance Chairman: 	Date Signed: 8-5-22	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:



Michigan Department of Natural Resources
Law Enforcement Division / Parks and Recreation Division

**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>2022</u> to September 30, <u>2023</u>
Contact Person	Sgt. J.P. Ritter	Telephone (989) 354-9863
Address	4900 M-32 W	Federal ID No. 38-6004890
City, State, ZIP	Alpena, MI. 49707	E-mail ritterj@alpenacounty.org
Number of law enforcement personnel working in the ORV law enforcement program. Full Time <u>2</u> 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 _____ + B _____) x C _____ = D \$ _____
Part Time (A 24.05 + B 10.34) x C 250 = D \$ 8597.50

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</u>
OFF-ROAD VEHICLE USAGE		
No. of units <u>3</u> Total estimated fuel and oil \$ <u>600.00</u> + Total estimated maintenance \$ <u>1000.00</u>		\$ <u>1600.00</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		\$ 2400

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 <u>Can-Arm Defender Max Cab</u>	Number of units <u>1</u> X Cost per unit \$ <u>32000</u>	\$ <u>32000.00</u>
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		\$ <u>32000</u>

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
<i>Item</i>	<i>Estimate of Expenditures</i>
Law Enforcement Wages and Benefits (enter subtotal)	\$8597.50
CSS&M (enter subtotal)	\$2400
Equipment (enter subtotal)	\$32000.00
TOTAL	\$42997.50

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.

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**