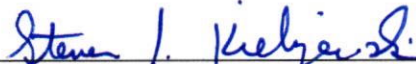


Contract / Leases / Agreements / Grants Form

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	<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	First Federal Northern Michigan Legacy Grant				
Project Name	Forklift for Sheriff's office				
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	\$ 2000.00				
Organization Match	\$ 2000.00				
County Match	\$				

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

 The Department Head Requesting	11/10/2021 Date Signed
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11/10/2021

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk:		Date Signed: 11/10/21	I am requesting a meeting
County Treasurer:		Date Signed: 11-12-21	I am requesting a meeting
Finance Chairman:		Date Signed: 11/19/21	I am requesting a meeting
County Administrator:		Date Signed: 11/12/21	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:

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: Fork lift

PURPOSE OF GRANT(ONE SENTENCE):

These funds would be specifically used towards the purchase of a used forklift for the Alpena County Sheriff's Office.

AMOUNT REQUESTED: \$2,000.00

COUNTY/GEOGRAPHIC AREA SERVED: Alpena County

Sgt J.P. Ritter

SIGNATURE, PROJECT CONTACT PERSON

Sgt. J.P. Ritter

PRINTED NAME AND TITLE DATE

Steven J. Kieliszewski

SIGNATURE, EXECUTIVE DIRECTOR (PERSON RESPONSIBLE FOR ORGANIZATION)

Steven J. Kieliszewski, Sheriff 11/10/2021

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)

At the Sheriff's Office we have a pole building that stores pallets of PPE for the Emergency Service Division. With our Jail Operations, we have the ability to order items in bulk and store larger quantities. Our goal is to purchase a used forklift to move pallets around and store on shelving that we have in place.

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 be specifically used towards the purchase of a used forklift for the Alpena County Sheriff's Office.

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

The citizens of Alpena County will benefit by having the ability to have more PPE on hand when needed.

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?

We have located a couple different used forklifts for around \$5,000.00. The Alpena County Sheriff's Office will cover the additional cost. Included with the price of the unit is training for employees to operate the unit.

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

This will assist Alpena County with keeping and organizing an adequate supply of PPE to be distributed as needed.

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 \$5,000.00 we will be paying the difference out of our general operating budget.

9. Describe your evaluation plan and specify success measures.

By having a forklift will enable the Sheriff's Office to better organize PPE and jail related items on the heavy duty storage shelving that we have in our pole building. Success will be measured by keeping better inventory of what we have in stock and available to distribute to the public as needed.

A COMPLETE FFNM 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: November To: December 31, 2

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	\$2,000.00	\$5,000.00	
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	\$2,000.00	\$5,000.00	\$5,000.00

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	\$3,000.00	0	
State Government	0	0	
Federal Government	0	0	
Foundations	0	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			