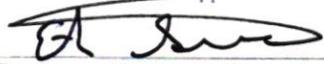


Contract/Leases/Agreements/Grants Form

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:

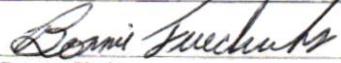


8-12-2021

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. 38-6004834
City, State, ZIP	Alpena, MI. 49707	E-mail ritterj@alpenacounty.org
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 <u>24.05</u> + B <u>10.34</u>) x C <u>250</u>	= D \$ <u>8597.50</u>
Part Time	(A _____ + B _____) x C _____	= D \$ _____
WAGES AND BENEFITS SUBTOTAL		\$ <u>8597.50</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 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**