



ALPENA COUNTY SHERIFF'S OFFICE

Sheriff Erik W. Smith Undersheriff Cash J. Kroll
4900 M32 W, Alpena, Michigan 49707

Phone (989) 354-9830 · Fax (989) 340-1008 · www.alpenasheriff.com

DATE: July 11, 2025
TO: Finance Ways and Means Committee
FROM: Undersheriff Cash
RE: Community Foundation for Northeast Michigan
MESSAGE: Community Impact Grant

I am requesting permission to seek grant funds through the Community Foundation for Northeast Michigan. I would like to apply for the Community Impact Grant. This grant is for up to \$5,000 and would not require any matching funds from the Alpena County Sheriff's Office or the County of Alpena.

The grant funds would be used to start and support the creation of our Inmate Garden project. The funds would be used for land preparation, permit fees, soil amendments and or soil procurement, garden tools and planter box materials and construction.

The inmate garden is one part of our adult education program provided to the inmate population at the Alpena County Jail. Procurement of the grant funds would allow us to provide this program to the inmate population sooner.

Respectfully,

Undersheriff Cash Kroll

Contract / Leases / Agreements / Grants Form

This is	New	<input checked="" type="checkbox"/>	Renewal	<input 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	<input type="checkbox"/>	If you marked YES this needs to go through Grant Review.
This is an	Agreement	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Lease
	Other	Community Impact Grant			
Name of Entity who Contract / Lease / Agreement / Grant is with	Community Foundation for Northeast Michigan				
Project Name	Inmate Garden				
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	\$ 5,000				
Organization Match	\$ 0				
County Match	\$ 0				

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

Cash Kroll	7-11-25
The Department Head Requesting	Date Signed

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: <i>[Signature]</i>	Date Signed: 7-11-25	I am requesting a meeting	
County Treasurer: <i>[Signature]</i>	Date Signed: 7-11-25	I am requesting a meeting	
Finance Chairman:	Date Signed:	I am requesting a meeting	
County Administrator: <i>[Signature]</i>	Date Signed: 7/11/25	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: