



Michigan Department of Natural Resources

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MARINE SAFETY PROGRAM REIMBURSEMENT PROCEDURES

CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

**Michigan Department of Natural Resources
Grants Management**

MICHIGAN DEPARTMENT OF NATURAL RESOURCES MISSION STATEMENT

"The Michigan Department of Natural Resources is committed to the conservation, protection, management, use and enjoyment of the State's natural resources for current and future generations."

NATURAL RESOURCES COMMISSION STATEMENT

The Natural Resources Commission, as the governing body for the Michigan Department of Natural Resources, provides a strategic framework for the DNR to effectively manage your resources. The NRC holds monthly, public meetings throughout Michigan, working closely with its constituencies in establishing and improving natural resources management policy.

The Michigan Department of Natural Resources provides equal opportunities for employment and access to Michigan's natural resources. Both state and federal laws prohibit discrimination on the basis of race, color, national origin, religion, disability, age, sex, height, weight or marital status under the U.S. Civil Rights Acts Of 1964 As Amended, 1976 MI PA 453, 1976 MI PA 220, Title V of the Rehabilitation Act of 1973 as amended, and the 1990 Americans With Disabilities Act, as amended.

If you believe that you have been discriminated against in any program, activity, or facility, or if you desire additional information, please write Human Resources, Michigan Department of Natural Resources, PO Box 30028, Lansing MI 48909-7528, or Michigan Department of Civil Rights, Cadillac Place, 3054 W. Grand Blvd., Suite 3-600, Detroit MI 48202, or Division of Federal Assistance, U.S. Fish and Wildlife Service, 4401 North Fairfax Drive Mailstop MBSP-4020, Arlington VA 22203

For information or assistance on this publication, contact Grants Management, Michigan Department of Natural Resources, PO Box 30425, Lansing MI 48909-7925

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REIMBURSEMENT PROCEDURES

The State Aid Voucher/Financial Report is used by the counties to request reimbursement from the Michigan Department of Natural Resources (DNR) for their expenditures in conducting a Marine Safety Program.

The program period runs from:

January 1 through September 30 for counties receiving all federal funds

January 1 through December 31 for counties receiving state funds

In 2006, the DNR added federal funds from a U.S. Coast Guard grant to augment the available state funds for the Marine Safety Program grants to counties. A workgroup consisting of participants from DNR Grants Management, DNR Law Enforcement Division, DNR Budget and Support Services, county sheriffs and Michigan Sheriff's Association meet each year to determine the guidelines for using the federal funds.

DUE DATES:

- **COUNTIES RECEIVING ALL FEDERAL FUNDS – AS SOON AS THE PROGRAM IS COMPLETED, BUT NO LATER THAN OCTOBER 31 OF THE CURRENT YEAR (PROGRAM MUST BE COMPLETED BY SEPTEMBER 30)**
- **COUNTIES RECEIVING STATE FUNDS – MARCH 1 OF THE FOLLOWING YEAR**

There are four (4) separate forms to be completed and submitted:

- PR1929, Marine Safety Program State Aid Voucher
- PR1932-1, Employee Salaries/Wages/Fringe Expenditure Detail
- PR1932-2, Contractual Services, Supplies and Materials Expenditure Detail
- PR1932-3, Students Trained Detail

ALL FORMS MUST BE COMPLETED.

If there are no entries for a category (forms PR1932-1 through PR1932-3), complete the top portion of the form and indicate that there were no entries.

In addition to the State Aid Voucher and accompanying financial reports, counties also need to submit one (1) Yearly Activity Report (PR1927) (unless Federal funds were received).

COUNTIES RECEIVING FEDERAL FUNDS: The Yearly Activity Report covering January – September is due with the reimbursement forms. If there are any additional hours between October 1 and December 31, send another report and make a note that these are additional hours worked during this time, no later than January 15.

COUNTIES RECEIVING STATE FUNDS: The Yearly Activity Report is due on January 15.

Failure to submit the proper documentation will result in a delay in processing the reimbursement and can affect the amount of reimbursement the county receives.

GENERAL INSTRUCTIONS

1. Updated forms have been developed for the State Aid Voucher (PR1929) and the Financial Reports (PR1932-1 through PR1932-3). **These forms must be used.** The Financial Reports are available as Excel files for those counties who wish to be able to input the information directly into the forms. These forms can be obtained on the DNR's Internet site or can be sent to the county as an e-mail attachment. Formulas have been entered so that the subtotal for each report will calculate automatically. The Grand Total does not contain a formula as each county will use a different number of pages. The State Aid Voucher (PR1929) is available as a WORD document.

Some counties have created their own forms. If your county has done this, please make sure all of the pertinent information has been updated to reflect the current information. Also, use a font that is at least 10 point and print the reports on 8 ½ x 11 paper.

2. Submit only those expenditures which are eligible under the Marine Safety Program. **DO NOT INCLUDE EXPENDITURES, SALARIES AND WAGES OR HOURS FOR ORV OR SNOWMOBILE LAW ENFORCEMENT PROGRAMS.**
3. Do not include equipment purchases. Approved equipment purchases are to be reported on a separate form to be sent to the county at the time the purchase is approved
4. Sales tax applied to purchases is ineligible.
5. Do not list each individual item on an invoice. The description should indicate the purpose of the payment.
6. For gasoline purchases, do not list each purchase slip if multiple ones were paid by one check.
7. If several invoices for a vendor are paid by one check, these can be combined, but make sure the amount stated on the form and the total of the invoices are the same. Do not include invoices that do not pertain to Marine Safety.
8. List expenditures in chronological order.
9. Only one set of documentation is required.

When submitting the documentation, include the following:

- Original forms with original signatures
- One copy of the invoices for all expenditures exceeding \$100.00 (**except oil and fuel expenditures**). Do not send originals.
- One copy of the front and back of the canceled checks OR a copy of the non-negotiable check and the bank statement showing the cleared check for expenditures exceeding \$100.00 (only need one copy if a check pays multiple invoices).

NOTE: If an invoice is paid by credit card, a copy of the invoice, credit card statement and proof of payment of the credit card is needed. Also, if an invoice is paid by Direct Deposit (ACH), a copy of the bank statement showing that charge being deducted from your account is needed.

ALL INCOMPLETE REQUESTS WILL BE RETURNED TO THE COUNTY.

PR1929 STATE AID VOUCHER

Top Part of Form:

Upper Right – Enter the calendar year for which reimbursement is being requested. Check the box to indicate whether the request is for federal funds or state funds (refer to your county's grant agreement).

Pay to – Enter the NAME of the County, the county Treasurer's name, and the address for the County Treasurer. All payments are sent directly to the County Treasurer's office.

Expenditure Section

Item 1 – Enter the amount for Salaries and Wages from the PR1932-1.

Item 2 – Enter the total of Contractual Services, Supplies and Materials from the PR1932-2.

Item 3 – Enter the amount of receipts received during the program year (Insurance, Gas Tax, and Sale of Equipment).

Item 4 – This is the total of lines 1 and 2 minus line 3.

Item 5 – The request amount will be 100% of line 4 for federal funds and $\frac{3}{4}$ of line 4 for state funds.

For Grantee Use Only Section

Provide the name, title and signature of the County Fiscal Officer (treasurer, comptroller, etc.) and the County Sheriff. Make sure the form is dated.

ALL SECTIONS MUST BE COMPLETED

EXAMPLE OF COMPLETED PR1929, STATE AID VOUCHER – STATE FUNDS



Michigan Department of Natural Resources - Grants Management
MARINE SAFETY PROGRAM

STATE AID VOUCHER/FINANCIAL REPORT

*This information is required by authority of Part 801, 1994 PA 451, as amended, to obtain/qualify for reimbursement.
CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE*

FOR CALENDAR YEAR:	XXXX
FEDERAL FUNDS	<input type="checkbox"/>
STATE FUNDS	<input checked="" type="checkbox"/>

County: XXXXXXXXXXXXXXXX Treasurer's Name: Irma Money Penny
 Street Address or P.O. Box 5531 Any Street
 City, State, Zip Code Any City, MI 48000

EXPENDITURE ITEM	COUNTY USE	DNR USE ONLY
1. Salaries, Wages & Fringes (From Detail of Expenditures)	2,730.66	
2. CSS&M (From Detail of Expenditures PR1932-2 through 5)	7,053.90	
3. Less "Receipts" (Insurance, Gas Tax, Sale of Equipment)	25.00	
4. TOTAL	9,759.56	
5. REQUEST AMOUNT: FEDERAL (100% of Total on Line 4) STATE (3/4 of Total on Line 4)	7,319.67	

6. FOR GRANTEE USE ONLY

I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the county listed is entitled to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended; that the above claim is just, true and correct; that no part thereof has previously been included in a State Aid claim.

<u>Irma Money Penny</u> Name of Fiscal Officer (Type or Print)	<u>Treasurer</u> Title
<u>Gene Autry</u> Name of County Sheriff (Type or Print)	<u>Sheriff</u> Title

<u>02/05/2007</u> Date	<u>02/07/2007</u> Date
---------------------------	---------------------------

7. FOR DEPARTMENT OF NATURAL RESOURCES USE ONLY

I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the county listed to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended. Such expenditures being certified to by the county sheriff and fiscal officer, payment is hereby approved.

By: _____	Date: _____	<table border="1"> <tr> <td align="center">Amount of State Aid Certified for Payment</td> </tr> <tr> <td align="center">\$ _____</td> </tr> </table>	Amount of State Aid Certified for Payment	\$ _____
Amount of State Aid Certified for Payment				
\$ _____				
By: _____	Date: _____			

Return completed State Aid Voucher with Financial Report and Detail Sheets to:

**MARINE SAFETY PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**

Example State Funds

PR1932-1 Employee Salaries and Wages Expenditure Detail

This form is for reporting the salaries and wages of all persons who work on the Marine Safety program as well as the fringe benefits.

- **Eligible salaries/wages** – salaries/wages that were paid within the calendar year for Marine Safety patrol, enforcement work, court appearances, boating safety instruction, boat livery inspection, marine equipment maintenance, search and rescue, marine program clerical work, and recovery of drowned bodies. Sick pay and vacation time that were paid for those employees who worked full-time performing marine safety duties/responsibilities are also eligible. **DO NOT INCLUDE TIME SPENT FOR DIVE TRAINING, FIREARMS TRAINING OR OTHER TRAINING NOT AUTHORIZED BY THE DNR.** The salaries/wages of the county sheriff are not eligible for reimbursement.
- **Fringe benefits** – the county's cost for benefits such as FICA, hospitalization, retirement and unemployment.
- **Overtime** – a person must have worked in excess of 80 hours for full time employees and 40 hours for part time employees in a pay period on Marine Safety duties. The rate of pay will be at the regular pay rate for anyone who has not worked the required number of hours. This includes personnel from other areas who assist, such as divers doing body recovery. LIST OVERTIME SEPARATELY.
- **Holiday Pay** – If the hours for a holiday are included with the regular hours, enter only the amount of the holiday pay.
- **THE TOTAL HOURS ON THIS FORM AND ON THE ACTIVITY REPORTS MUST BE THE SAME**

Item 4 – The date the employee was paid.

Item 5 – The name of the employee and if employee is full-time or part-time.

Item 6 – The rate of pay for hourly employees. If an employee is paid on a yearly salary basis, the amount paid for that time period would be listed under the Amount Paid. Indicate that the person is paid on a yearly salary basis.

Item 7 – Number of hours worked during the pay period.

Item 8 – Amount paid is the number of hours times the rate.

Item 9 – Subtotals for this page.

Item 10 – Grand Totals – Enter the total hours and the total amount paid.

The total number of hours should equal the total hours reported on the Yearly Activity Report.

FRINGE BENEFITS: On the last page, list the type of fringe benefit paid, the rate used to determine the amount and the total amount. Do not list the fringe benefits for each pay period separately.

Example: Social Security 7.65% x gross pay = \$XXX.XX

Retirement XXXX = \$XXX.XX

Health Insurance XXXX = \$XXX.XX

EXAMPLE OF COMPLETED PR1932-1, EMPLOYEE SALARIES/WAGES/FRINGE EXPENDITURE DETAIL



Michigan Department of Natural Resources – Grants Management
MARINE SAFETY PROGRAM FINANCIAL REPORT

EMPLOYEE SALARIES/WAGES/FRINGE EXPENDITURE DETAIL

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY XXXXXXXXXX		2. REPORTING PERIOD FROM January 1, 20XX		3. REPORTING PERIOD TO December 31, 20XX	
4. DATE PAID	5. EMPLOYEE NAME (and Full- or Part-Time)	6. RATE OF PAY	7. NO. OF HOURS	8. AMOUNT PAID	
01/10/2004	John Doe (Full-Time)	10.00	80.00	800.00	
06/26/200X	Harry Potter (Part-Time)	9.00	4.00	36.00	
06/26/200X	John Doe (Full-Time)	10.00	80.00	800.00	
06/06/200X	John Doe (Full-Time) overtime	15.00	10.00	150.00	
06/06/200X	Harry Potter (Part-Time)	9.00	60.00	540.00	
06/06/200X	Harry Potter (Part-Time) overtime	9.00	10.00	90.00	
	Fringe Benefits:				
	Social Security 7.65% x \$2,416			184.82	
	Life Insurance rate x amount			4.83	
	Health Insurance rate x amount			100.00	
	Unemployment rate x amount			25.00	
9. Subtotals this page:			244.00	2,730.66	
10. GRAND TOTALS (Also record on PR1932)			244.00	\$2,730.66	

EXAMPLE

PR1932-2 Contractual Services, Supplies and Materials

This form is used to report all expenditures related to conducting the Marine Safety program other than salaries/wages/fringes. This includes the following:

Employee Training Expenses: Expenses must be directly related to Marine Safety and conducted by or preauthorized by the DNR. This includes the Marine Safety Administrative Workshop and the Marine Safety Training School for new officers. Mileage paid to an officer for use of a personal vehicle to attend the training is also allowed. Mileage will be calculated at the state rate for the year in which the expenditure was incurred.

Permission to attend Out of state training must be obtained from the DNR prior to travel or reimbursement for expenses will not be approved.

Patrol Craft Expenses: This includes gas and oil, repairs, non-equipment items required for the operation of the patrol craft, winterizing the patrol craft for storage, leasing of boat docking space, boat decals, boat registrations, expenditures related to the trailer and supplies used on the patrol craft.

Marine Safety Vehicle Expenses: This includes expenditures relating to the operation of a motor vehicle used exclusively in the Marine Safety program. **A list indicating which vehicles are leased and which ones are owned must be provided.** There are two ways to receive expenditure reimbursement. They are as follows:

- **Leased Vehicles** – only gas and oil expenses are eligible in addition to the cost of the lease payments (**limited to \$300 per month**).
- **Mileage** -- limited to the state rate as set by the Michigan Department of Technology, Management and Budget for the program year. If a mileage rate is used, no other expenses are eligible.

Miscellaneous Expenses: This includes, but is not limited to, office supplies, personal floatation devices, building rental, telephone costs, pager costs, approved cost allocations for office space, uniform purchases, and dry cleaning of uniforms. Uniform allowances are limited to \$250.00 per year for full-time Marine Safety officers and \$125.00 per year for part-time Marine Safety officers. Part time officers must work a minimum of twenty hours per week between Memorial Day and Labor Day to be eligible. Uniform allowance includes all individually issued pants, shorts, or shirts along with baseball style hats, and boots. Dry cleaning allowance/cost is also eligible but is considered as part of the uniform allowance.

(Continued on next page)

Ineligible items include:

- Dive and firearms training
- Out-of-state training/travel (**unless prior approval is obtained**)
- Purchase of motor vehicles
- Repairs on motor vehicles used in program
- Dive related expenditures (air tank refills, parts for equipment, etc.)
- Firearms, duty belts, duty belt accessories (belt keepers, handcuffs, pouches, etc.), ammunition and pepper spray
- Costs for employee physicals
- Rental in county-owned buildings
- Administrative costs (cost allocations for various services provided by the county, overhead, etc.)

Item 4 – Enter the date the payment was made.

Item 5 – Enter the voucher number or the check number for the payment.

Item 6 – Enter the name of the vendor.

Item 7 – Enter a description of the item purchased or service provided.

Item 8 – Enter the amount paid to the vendor.

Item 9 – Subtotals for this page.

Item 10 – Enter the grand total of all pages completed.

EXAMPLE OF COMPLETED PR1932-2, CONTRACTUAL SERVICES, SUPPLIES AND MATERIALS EXPENDITURE DETAIL



Michigan Department of Natural Resources – Grants Management
MARINE SAFETY PROGRAM FINANCIAL REPORT

CONTRACTUAL SERVICES, SUPPLIES AND MATERIALS EXPENDITURE DETAIL

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY XXXXXXXXXX			2. REPORTING PERIOD FROM January 2, 20XX	3. REPORTING PERIOD TO December 31, 20XX
4. DATE PAID	5. DOC NO.	6. VENDOR	7. DESCRIPTION	8. AMOUNT PAID
01/30/20XX	31450	Motorola Company	radio service contract	135.00
01/30/20XX	31451	State of Michigan	3 boat registrations	9.00
01/30/20XX	31452	CenturyTel	cellular phone bill	19.90
02/27/20XX	31510	Nye Uniform Company	shirts, pants, name tags	100.00
03/07/20XX	31511	Michigan Sheriff Association	(4) boat decals	100.00
03/20/20XX	31517	Standard Oil Company	Marine vehicle gas	75.00
03/30/20XX	31520	Alcona County	Lease marine vehicle (9 months)	3,600.00
03/30/20XX	31521	Staples	pens, pencils, notebooks	15.00
03/30/20XX	31522	Ameritech	phone bill	40.00
03/30/20XX	31523	Mark's Construction Company	building lease for boat storage	200.00
03/30/20XX	23456	Comfort Suites Lakeside	Administrative Workshop	200.00
03/31/20XX	23455	NAPA Parts Supply	Trailer light bulbs, spark plugs	50.00
04/30/20XX	23457	Comfort Suites Lakeside	Marine Officer School	400.00
06/15/20XX	23557	Dockside Marina	Engine repair/boat #3	500.00
06/25/20XX	31577	Johnson's Harbor Company	Boat gas	150.00
			9. Subtotal this page:	5,593.90
			10. GRAND TOTAL (Also record on PR1932)	\$5,593.90

PR1932-3 Students Trained Detail

This form is used to report the training conducted for boating safety classes. If no boating safety classes were conducted, put "None Trained". List classes taught by paid staff first.

Item 4 – Enter the date the class was conducted.

Item 5 – Enter the number of hours spent conducting the class.

Item 6 – Enter the location of the class.

Item 7 – Enter a P for paid staff or a V for volunteer staff.

Item 8 – Enter the number of students trained.

Item 9 – Enter the number of students certified.

NOTE: THE NUMBER OF STUDENTS TRAINED AND CERTIFIED MUST EQUAL THE NUMBERS REPORTED ON THE YEARLY ACTIVITY REPORTS. IF NOT, REVIEW THE ACTIVITY REPORTS TO SEE WHERE THE ERROR OCCURRED.

EXAMPLE OF COMPLETED PR1932-3, STUDENTS TRAINED DETAIL



Michigan Department of Natural Resources - Grants Management
MARINE SAFETY PROGRAM FINANCIAL REPORT
STUDENTS TRAINED EXPENDITURE DETAIL
Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY XXXXXX		2. REPORTING PERIOD FROM January 1, 20XX		3. REPORTING PERIOD TO December 31, 20XX	
4. DATE OF CLASS	5. NO. HOURS	6. PLACE TRAINING CONDUCTED	7. Staff (P/V)	8. NUMBER TRAINED	9. NUMBER CERTIFIED
03/20/20XX	16.00	Know It All High School	P	20	10
03/21/20XX	15.50	Grand High School	P	50	50
03/25/20XX	8.75	Mission Junior High School	V	35	33
TOTALS				105	93

Example

P=Paid Staff
V=Volunteer Staff

PR1932-6 (Rev. 03/12/2007)

EQUIPMENT GRANTS

Equipment grants may be awarded from federal and/or state appropriations, depending on the availability of funds. Requests for equipment funding need to be included on the Marine Safety Program Grant Application (Estimate of Authorized Expenditures PR1928), due on December 31 each year. A separate grant agreement will be issued for equipment grant awards.

Deadlines (Grant recipients are encouraged to submit requests for reimbursement as soon as all documentation of purchase is available.)

Equipment purchased with federal funds

- Purchase by September 1.
- Reimbursement request due by September 30.

Equipment purchased with state funds

- Purchase by date indicated in grant award letter
- Reimbursement request due by September 30.

Applicable Forms

- PR1933E, Marine Safety Grant Agreement
- PR1929Equip, Marine Safety State Aid Voucher-Equipment
- PR1929-1, Detail of Expenditures-Equipment
- PR1925, Report of Equipment Purchased
- PR1926, Equipment Disposal Record

Procedure

1. Complete the PR1929-1, Detail of Expenditures-Equipment.
2. Complete the PR1929Equip, Marine Safety State Aid Voucher-Equipment.
 - Mark the box indicating the source of funds for the purchase.
 - The amount requested (line 4) will be 100% of line 3 for federal funds and 75% (3/4) for state funds up to the grant amount.
3. Obtain a copy of the invoice(s) and front and back of the canceled check(s). These are to be attached to the PR1929-1, Detail of Expenditures- Equipment.
4. Complete a PR1925, Report of Equipment Purchased.
 - The date of purchase MUST be on the form.
 - Mark the box indicating source of funds for the purchase.
5. Complete a PR1926, Equipment Disposal Record, if equipment purchased with state or federal funds was used as a trade-in for new equipment. This form also needs to be completed if equipment purchased with state or federal funds is sold, missing (need an explanation) or has been disposed of as worthless.
 - The date of disposal MUST be entered.
 - Enter the original purchase date, if known.
 - Mark the box indicating the source of funds for the original purchase.

SAMPLE OF PR1929EQUIP, MARINE SAFETY STATE AID VOUCHER-EQUIPMENT



Michigan Department of Natural Resources - Grants Management

MARINE SAFETY PROGRAM

STATE AID VOUCHER - EQUIPMENT

This information is required by authority of Part 801, 1994 PA 451, as amended, to obtain/qualify for reimbursement.

CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

FOR CALENDAR YEAR:

FEDERAL FUNDS
STATE FUNDS

County: _____ Treasurer's Name: _____
Street Address or P.O. Box _____
City, State, Zip Code _____

EXPENDITURE ITEM	COUNTY USE	DNR USE ONLY
1. Equipment (From Detail of Expenditures)		
2. Less Trade-In		
3. TOTAL		
5. REQUEST AMOUNT:	FEDERAL (100% of Total on Line 4)	
	STATE (3/4 of Total on Line 4)	

5. FOR GRANTEE USE ONLY

I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the county listed is entitled to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended; that the above claim is just, true and correct; that no part thereof has previously been included in a State Aid claim.

Name of Fiscal Officer (Type or Print) Title

Signature of Fiscal Officer Date

Name of County Sheriff (Type or Print) Title

Signature of County Sheriff Date

6. FOR DEPARTMENT OF NATURAL RESOURCES USE ONLY

I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the county listed to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended. Such expenditures being certified to by the county sheriff and fiscal officer, payment is hereby approved.

By: _____ Date: _____

By: _____ Date: _____

Amount of State Aid Certified for Payment

\$ _____

7. FOR DEPARTMENT OF TREASURY USE ONLY

Date County Marine Safety Fund Audited	Remarks: _____
Audit Results	_____
<input type="checkbox"/> Account in Order	_____
<input type="checkbox"/> Refund Ordered: \$ _____	By: _____

Return completed State Aid Voucher-Equipment (PR1929Equip), Detail of Expenditures-Equipment (PR1929-1) and supporting documentation to:

**MARINE SAFETY PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**

SAMPLE OF PR1925, REPORT OF EQUIPMENT PURCHASED



Michigan Department of Natural Resources
Law Enforcement Division / Grants Management
MARINE SAFETY PROGRAM

REPORT OF EQUIPMENT PURCHASED

Submittal of this information is required by authority of Part 801, 1994 PA 451, as amended.
CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

FOR CALENDAR YEAR:

FEDERAL FUNDS
STATE FUNDS

INSTRUCTIONS:

A separate report is required for each requisition or voucher. Provide description of item purchased and trade-in. Include value received for trade-in.

Vendor		County		
Purchase Date	Description (Make, Model No., Serial No., Size, etc.)	Quantity	Unit Price	TOTAL

I hereby certify that the purchased item(s) are necessary; are for a purpose included within the budget and appropriation, or otherwise authorized by the Department of Natural Resources; and payment, therefore, represents a proper charge.

TOTAL COST: \$

Return this completed Report of Equipment
MARINE SAFETY PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925

Signature of Authorized Agent

Date

PR1925 (Rev. 06/07/2006)

Sample

