



**MARINE SAFETY PROGRAM
GRANT APPLICATION - EQUIPMENT**

This information is required under the authority of Part 801 Marine Safety, 1994 PA 451, as amended.

**CFDA 97.012 Boating
Safety Financial
Assistance**

Grant Applicant (Law Enforcement Agency)			Submittal Date
Contact Person			Telephone ()
Number and Street or Rural Route			FAX ()
City	State	ZIP	E-mail

1) DETAIL OF EQUIPMENT TO BE PURCHASED

<u>ITEM</u>	<u>DETAIL</u>	<u>LOCAL ESTIMATE OF EXPENDITURES</u>
PATROL BOAT		
Make and Model _____	Cost per unit \$ _____ X No. of units _____ =	\$ _____
PATROL TRAILER		
Type of Trailer _____	Cost per unit \$ _____ X No. of units _____ =	\$ _____
PATROL MOTOR		
Make and Model _____	Cost per unit \$ _____ X No. of units _____ =	\$ _____
OTHER EQUIPMENT (please specify):		
_____		\$ _____
_____		\$ _____
SUBTOTAL		\$ _____

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
<i>Item</i>	<i>Estimate of Expenditures</i>
Equipment (from #1. Detail...)	\$ _____
TOTAL	\$ _____

CERTIFICATION

I hereby certify that the county board of commissioners has appropriated the sum indicated in this Grant Application for the Marine Safety Program and that the treasurer has been authorized and instructed to establish a restricted Marine Safety Account and to deposit therein all sums appropriated to be used solely for equipment costs for the grant period indicated.

Signature of County Representative

Date

Printed Name of County Representative

Title

Send completed and signed Application to:

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