



## SNOWMOBILE LAW ENFORCEMENT GRANT PROGRAM GRANT APPLICATION

*This information required under authority of Part 821 Snowmobile, 1994 PA 451, as amended, to be eligible for funding.*

Grant Applicant (Law Enforcement Agency)	For October 1, _____ to April 30, _____
Contact Person	Telephone (       )
Address	Federal ID No.
City, State, ZIP	E-mail
Number of law enforcement personnel working in the snowmobile law enforcement program.	
Full Time _____	Part Time _____

**1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS**  
Refer to Snowmobile Law Enforcement Grant Program Overview and Instructions (IC1865) for explanation of eligible wages and benefits.

A = Hourly wage of snowmobile law enforcement program personnel.  
B = Fringe benefit dollar amount (FICA, retirement, insurance, workman's compensation).  
C = Estimated hours of snowmobile law enforcement activities (include travel, administrative time, attendance at annual workshop).  
D = Total estimate of salaries, wages, and fringe benefits for snowmobile law enforcement personnel.

**Full Time** ( A \_\_\_\_\_ + B \_\_\_\_\_ ) x C \_\_\_\_\_ = D \$ \_\_\_\_\_

**Part Time** ( A \_\_\_\_\_ + B \_\_\_\_\_ ) x C \_\_\_\_\_ = D \$ \_\_\_\_\_

**WAGES AND BENEFITS SUBTOTAL**      \$ \_\_\_\_\_

**2) DETAIL OF CONTRACTUAL SERVICES, SUPPLIES & MATERIALS (CSS&M)**

<u>ITEM</u>	<u>DETAIL</u>	<u>ESTIMATE OF EXPENDITURES</u>
<b>PATROL/TOW VEHICLE USAGE</b>		
Choose a method for calculating an estimate of vehicle costs. Refer to the Snowmobile Law Enforcement Grant Program Overview and Instructions (IC1865). Choose only one method per vehicle.		
	ACTUAL COST: No. of vehicles _____	\$ _____
	LEASE: No. of vehicles _____	\$ _____
	MILEAGE RATE: No. of vehicles _____	\$ _____
<b>SNOWMOBILE USAGE</b>		
No. of units _____	Total estimated fuel and oil \$ _____	+ total estimated maintenance \$ _____
<b>PERSONAL GEAR TO BE PURCHASED</b>		
Type of Gear _____	No. of units _____ X Cost per unit \$ _____	\$ _____
Type of Gear _____	No. of units _____ X Cost per unit \$ _____	\$ _____
<b>OTHER ITEMS (please specify)</b> _____		\$ _____
_____		\$ _____
_____		\$ _____
<b>CSS&amp;M SUBTOTAL</b>		<b>\$ _____</b>



**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>
<b>SNOWMOBILE:</b>		
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
<b>TRAILER:</b>		
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
<b>ELECTRONIC EQUIPMENT:</b>		
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
<b>EQUIPMENT SUBTOTAL</b>		<b>\$ _____</b>

<b>SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES</b>	
<i>Item</i>	<i>Estimate of Expenditures</i>
<b>Law Enforcement Wages and Benefits</b> (enter subtotal)	<b>\$</b>
<b>CSS&amp;M</b> (enter subtotal)	<b>\$</b>
<b>Equipment</b> (enter subtotal)	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

**CERTIFICATION**

*I hereby certify the local unit of government has appropriated the sum indicated in this grant application for the snowmobile law enforcement program and that the treasurer has been authorized and instructed to establish a restricted snowmobile 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.*

\_\_\_\_\_  
Printed Name of Authorized Local Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Local Official

\_\_\_\_\_  
Date

**SEND COMPLETED APPLICATION TO:**

**MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PARKS AND RECREATION DIVISION  
PROGRAM SERVICES SECTION  
PO BOX 30257  
LANSING MI 48909-7757**