



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)	For October 1, _____ to September 30, _____
Contact Person	Telephone (_____) _____
Address	Federal ID No.
City, State, ZIP	E-mail
Number of law enforcement personnel working in the ORV law enforcement program. _____ 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 _____ + 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>
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 _____	\$ _____
OFF-ROAD VEHICLE USAGE		
No. of units _____	Total estimated fuel and oil \$ _____	+ Total estimated maintenance \$ _____
PERSONAL GEAR TO BE PURCHASED		
Type of Gear _____	No. of units _____	X Cost per unit \$ _____
Type of Gear _____	No. of units _____	X Cost per unit \$ _____
OTHER ITEMS (please specify) _____		\$ _____
_____		\$ _____
_____		\$ _____
CSS&M SUBTOTAL		\$ _____

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 \$ _____	\$ _____
Make and model _____	Number of units _____ X Cost per unit \$ _____	\$ _____
TRAILER:		
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Type of trailer _____	Number of units _____ X Cost per unit \$ _____	\$ _____
ELECTRONIC EQUIPMENT:		
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
Type of equipment _____	Number of units _____ X Cost per unit \$ _____	\$ _____
EQUIPMENT SUBTOTAL		\$ _____

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

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.

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**