



**MARINE SLOW NO WAKE ZONE ENFORCEMENT PROGRAM
GRANT APPLICATION**

CALENDAR YEAR 2021

Grant Applicant (County Law Enforcement Agency)			Submittal Date
Contact Person			Title
Address			Phone (Including Area Code)
City	State	ZIP	E-mail
Number of law enforcement personnel working in Marine Safety program _____ Full Time _____ Part Time			

1) DETAIL OF LAW ENFORCEMENT WAGES AND BENEFITS

A = Average hourly wage of officers working in the county Marine Safety program that will be patrolling slow no wake zones.
 B = Fringe benefit dollar amount (multiply the fringe percentage rate by the hourly wage to obtain the fringe benefit dollar amount).
 C = Estimated hours of Marine Safety No Wake Zone Enforcement related activities
 D = Total estimate of salaries, wages and fringe benefits for county Marine Safety No Wake Zone Enforcement program.

FULL-TIME: (A _____ + B _____) x C _____ = D \$ _____
 PART-TIME: (A _____ + B _____) x C _____ = D \$ _____

SUBTOTAL \$ _____

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

PATROL VEHICLE USAGE FOR SLOW NO WAKE ZONE ENFORCEMENT

A. Mileage rate calculation for _____ Vehicles
(number of)
 Mileage rate \$ 0.360 X total estimated miles _____ = \$ _____

PATROL BOAT USAGE FOR SLOW NO WAKE ZONE ENFORCEMENT

A. Actual cost calculation for _____ Vessels
(number of)
 Total estimated fuel and oil cost \$ _____ + total estimated maintenance cost \$ _____ = \$ _____

MATERIALS/SUPPLIES TO BE PURCHASED RELATED TO SLOW NO-WAKE ZONE PATROLS

<u>ITEM</u>	<u>COST PER ITEM</u>	<u># ITEMS</u>	<u>TOTAL COST</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
			\$ _____

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
<i>Item</i>	<i>Estimate of Expenditures</i>
Law Enforcement Wages and Benefits (from #1. Detail...)	\$ _____
CSS&M (from #2. Detail...)	\$ _____
TOTAL	\$ _____

SUPPLEMENTAL QUESTIONS

The following questions will be used to determine the County's eligibility to participate in the Slow No-Wake Zone Grant Enforcement Program.

How many bodies of water are within your County?	How many bodies of water does your department patrol?
Describe:	
How many of the bodies of water identified above in your county that you patrol directly address slow now wake:	
<input type="checkbox"/> DNR Administrative Rules establishing slow no-wake zones (prior to 1994)?	
<input type="checkbox"/> Local watercraft controls (ordinances) established under MCL 324.80110-12?	
<input type="checkbox"/> Temporary watercraft controls (ordinances) established under MCL 324.80112A?	
<input type="checkbox"/> Emergency speed reduction established under MCL 324.80146?	
Is there any further information you would like to provide to the Department regarding your grant request amount for slow no- wake zone enforcement grant program?	
**If you have any critical needs, please provide documentation (detailed explanation, historical data and/or pictures etc.).	
CERTIFICATION	
<i>I hereby certify that I legally represent the county and is authorized to request grant funds for the county sheriff department and the information provided is factual. I certify that the information provided is true and accurate to the best of my knowledge.</i>	
Printed Name of County Representative	Date
Signature of County Representative	Date

Send completed and signed Application to:

**CHRISTIE BAYUS, PROGRAM MANAGER
 BAYUSC@MICHIGAN.GOV
 MARINE SAFETY GRANT PROGRAM
 GRANTS MANAGEMENT
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES**