



FOR CALENDAR YEAR

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

FEDERAL FUNDS []
STATE FUNDS []

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

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

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
[] Account in Order
[] Refund Ordered: \$ _____
By: _____

Return this 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