

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.

PATROL/TOW VEHICLE USAGE ACTUAL COST: No. of vehicles \$					
Contact Person Telephone (f Address Federal ID No. City, State, ZIP E-mail Number of law enforcement personnel working in the ORV law enforcement program. Full Time E-mail 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 B = Fringe benefit dollar amount (FICA, retirement, insurance, workman's compensation). C C = Estimated hours of ORV law enforcement activities (include travel, administrative time, attendance at annual grants worksho D = Total estimate of salaries, wages, and fringe benefits for ORV law enforcement personnel. Full Time (A	Grant Applicant (Law Enforcement Agency)		F	or October 1,	to September 30,
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 DRV 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 (FCA, retirement, insurance, workman's compensation). C = Estimated hours of ORV law enforcement activities (include travel, administrative time, attendance at annual grants workshe D = Total estimate of salaries, wages, and fringe benefits for ORV law enforcement personnel. Full Time (A	Contact Person				
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Part Time (A		-			
Part Time (A	Full Time (A + B) x C		= D \$
WAGES AND BENEFITS SUBTOTAL \$					
2) DETAIL OF CONTRACTUAL SERVICES, SUPPLIES & MATERIALS (CSS&M) ESTIMATE OF ITEM DETAIL PATROL/TOW VEHICLE USAGE ACTUAL COST: Choose a method for calculating an estimate of vehicle costs. ACTUAL COST: No. of vehicles Refer to the ORV Law Enforcement Grant Program Overview and Instructions (IC1987). Choose only one method per vehicle. LEASE: No. of vehicles \$	Part lime (A + B) xC		= D \$
ITEM DETAIL ESTIMATE OF EXPENDITURES PATROL/TOW VEHICLE USAGE ACTUAL COST: No. of vehicles \$		WA	GES AND BENEFIT	S SUBTOTAL	\$
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Choose a method for calculating an estimate of vehicle costs. No. of vehicles \$ Refer to the ORV Law Enforcement Grant Program Overview and Instructions (IC1987). Choose only one method per vehicle. LEASE: No. of vehicles \$ OFF-ROAD VEHICLE USAGE MILEAGE RATE: No. of vehicles \$ \$ OFF-ROAD VEHICLE USAGE Total estimated fuel and oil \$ + Total estimated maintenance \$ \$ PERSONAL GEAR TO BE PURCHASED No. of units X Cost per unit \$ \$ Type of Gear No. of units X Cost per unit \$ \$ OTHER ITEMS (please specify) \$ \$ \$	<u>ITEM</u>		<u>DETAIL</u>		<u>EXPENDITURES</u>
Refer to the ORV Law Enforcement Grant Program Overview and Instructions (IC1987). Choose only one method per vehicle. LEASE: No. of vehicles \$			UAL COST: No. of ve	ehicles	\$
MILEAGE RATE: No. of vehicles \$	Refer to the ORV Law Enforcement Grant Prog	ram Overview and	LEASE: No. of ve	ehicles	\$
No. of units Total estimated fuel and oil \$+ Total estimated maintenance \$\$ \$ \$ PERSONAL GEAR TO BE PURCHASED Type of GearNo. of units X Cost per unit \$\$ \$ Type of GearNo. of units X Cost per unit \$\$ \$ \$ OTHER ITEMS (please specify)\$ \$\$ \$ \$\$	Instructions (IC1987). Choose only one method		AGE RATE: No. of ve	ehicles	\$
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) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	OFF-ROAD VEHICLE USAGE				
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Type of Gear No. of units X Cost per unit \$ \$ Type of Gear No. of units X Cost per unit \$ \$ OTHER ITEMS (please specify) \$ \$ \$		bii\$ + ⊺ota	a estimated maintenance	÷Ф	Φ
Type of Gear X Cost per unit \$\$		No. of unito	V Cost por uni	÷+ Φ	¢
OTHER ITEMS (please specify)\$\$\$\$\$					
\$\$				ιφ	Φ
\$\$	OTHER ITEMS (please specify)				\$
\$					\$
					\$
CSS&M SUBTOTAL \$					

<u>ITEM</u>	DETAIL	ESTIMATE OF <u>EXPENDITURES</u>
DFF-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 unitsX Cost per unit \$	\$
ELECTRONIC EQUIPMENT:		
Type of equipment	Number of unitsX Cost per unit \$	\$
Type of equipment	Number of units X Cost per unit \$	\$
	EQUIPMENT SUBT	TOTAL \$

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES			
Item	Estimate of Expenditures		
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