



## OFF-ROAD VEHICLE 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 No.
Number and Street or Rural Route			Fax No.
City	State	ZIP Code	E-mail
Number of miles of public off-road vehicle trails within the county. Do not include road rights-of-way.  _____ Miles		Number of law enforcement personnel working in the off-road vehicle law enforcement program  _____ Full Time      _____ Part Time	

### 1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS

- A = Hourly wage of off-road vehicle law enforcement program personnel.
- 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 off-road vehicle law enforcement activities (include travel and administrative time).
- D = Total estimate of salaries, wages and fringe benefits for off-road vehicle law enforcement personnel.

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

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

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

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

<u>ITEM</u>	<u>DETAIL</u>	<u>LOCAL ESTIMATE OF EXPENDITURES</u>
PATROL/TOW VEHICLE USAGE	No. of vehicles _____ Mileage rate \$ _____ No. of miles _____	\$ _____
OFF-ROAD VEHICLE USAGE	No. of units _____ Fuel and oil \$ _____ Maintenance \$ _____	\$ _____
<b>PERSONAL EQUIPMENT TO BE PURCHASED</b>		
TYPE OF EQUIPMENT _____	No. of units _____ Cost per unit \$ _____	\$ _____
_____	No. of units _____ Cost per unit \$ _____	\$ _____
_____	No. of units _____ Cost per unit \$ _____	\$ _____
OTHER ITEMS (please specify) _____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
<b>CSS&amp;M SUBTOTAL</b>		<b>\$ _____</b>

3) DETAIL OF EQUIPMENT TO BE PURCHASED			
ITEM	DETAIL		LOCAL ESTIMATE OF EXPENDITURES
<b>OFF-ROAD VEHICLE:</b>			
Make and model _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>TRAILER:</b>			
Type of trailer _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>COMMUNICATIONS RADIO (for off-road vehicles only):</b>			
Type of radio _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>OTHER ELECTRONIC EQUIPMENT:</b>			
Type of equipment _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>OTHER EQUIPMENT (please specify):</b>			
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
<b>EQUIPMENT SUBTOTAL</b>			<b>\$ _____</b>

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES	
Item	Estimate of Expenditures
Law Enforcement Wages and Benefits (from #1. Detail ...)	\$ _____
CSS&M (from #2. Detail... )	\$ _____
Equipment (from #3. Detail... )	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**CERTIFICATION**

I hereby certify that the county board of commissioners 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.

\_\_\_\_\_  
Signature of Chief Law Enforcement Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Chief Law Enforcement Officer

\_\_\_\_\_  
Date

**SEND COMPLETED APPLICATION TO:**

**GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925**