Contract / Leases / Agreements / Grants

Form

This is	New	x	Renewal		Filling this out on a computer? Please type an **X** into the appropriate box.
This is a Grant	Yes		No	x	If you marked **YES** this needs to go through **Grant Review**.
This is an	Agreement ____Contract _____Lease _____ Other __x__: collaborative partnership program				
Name of Entity who Contract / Lease / Agreement / Grant is with	**Michigan Department of Health and Human Services (MDHHS)**				
Project Name	**Michigan Local Government Opioid Settlement Matching Initiative**				
Attorney Review	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.				
Insurance Review	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.				
Total Amount	**$337.000.00-532,136.95**				
Organization Match	**$168,500-266,068.48**				
County Match	**$168,500-266,068.48**				

I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:

The Department Head Requesting	**Date Signed**

GRANT REVIEW COMMITTEE APPROVAL:

County Clerk:	**Date Signed:**	**I am requesting a meeting**	
County Treasurer:	**Date Signed:**	**I am requesting a meeting**	

Finance Chairman:	**Date Signed:**	**I am requesting a meeting**	
County Administrator:	**Date Signed:**	**I am requesting a meeting**	

Please do NOT mark below this line

INTEROFFICE USE ONLY

Date Received:	**Date Sent for Attorney Review:**
Attorney Approval Received:	**Insurance Received:**