


## Contract / Leases / Agreements / Grants Form

This is	New	<input checked="" type="checkbox"/>	Renewal	Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes	<input checked="" type="checkbox"/>	No	If you marked YES this needs to go through Grant Review.
This is an	Agreement _____ Contract _____ Lease _____ Other _____:			
Name of Entity who Contract / Lease / Agreement / Grant is with	Michigan Department of Treasury			
Project Name	Local Prosecutor Support Grant			
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	<b>\$108,147</b>			
Organization Match	<b>\$0.00</b>			
County Match	<b>\$0.00</b>			

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

 The Department Head Requesting	5/13/26 Date Signed
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**GRANT REVIEW COMMITTEE APPROVAL:**

County Clerk:	Date Signed: 5/19/26	I am requesting a meeting
County Treasurer:	Date Signed: 5-19-26	I am requesting a meeting
Finance Chairman:	Date Signed: 5/19/26	I am requesting a meeting
County Administrator:	Date Signed: 5/18/26	I am requesting a meeting

Please do NOT mark below this line  
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**INTEROFFICE USE ONLY**

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