

A RESOLUTION APPROVING THE ELECTRONIC SUBMISSION OF THE GRANT APPLICATION AND AGREEMENT FOR THE STRATEGIC TRAFFIC ENFORCEMENT PROGRAM IN THE AMOUNT OF \$340,000 WITH THE STATE OF MICHIGAN, OFFICE OF HIGHWAY SAFETY PLANNING, FOR THE PERIOD OCTOBER 1, 2023, TO SEPTEMBER 30, 2024. AUTHORIZING THE COUNTY ADMINISTRATOR TO SIGN THE NOTICE OF GRANT AWARD: AMENDING THE BUDGET AND AUTHORIZING THE ADMINISTRATOR TO SIGN DELEGATE CONTRACTS.

WASHTENAW COUNTY BOARD OF COMMISSIONERS

February 7, 2024

*Prepared By: John Cratsenburg, Lieutenant, Washtenaw County Sheriff's Office*

WHEREAS, the Office of Highway Safety Planning (OHSP) announced July 01, 2023, that the Washtenaw County Sheriff's Office had been pre-approved to serve as the lead agency of an overtime DUI, seat belt enforcement, speed measurement and distracted driving grant for up to \$340,000 federal grant funding; and

WHEREAS, the Sheriff's Office has participated as the lead for this program for several years; and

WHEREAS, the purpose of the funding is to achieve outcomes related to the reduction of alcohol-impaired or drug-impaired operation of motor vehicles, increase use of seatbelts by occupants of motor vehicles; and reduce the violations of speed and/or distracted driving; and

WHEREAS, support and approval to apply for this funding will provide additional financial resources for additional traffic enforcement directed at reducing traffic fatalities and injuries; and

WHEREAS, his additional funding does not require a match and therefore doesn't place a burden on general operating funds; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator, Facilities Management, Information Technology, Racial Equity Office, and the Board of Commissioners.

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby approves the submission of the electronic grant application and the agreement with the State of Michigan for grant funding in the amount of \$372,078 through the Office of Highway Safety Planning.

BE IT FURTHER RESOLVED that the Board of Commissioners takes the following actions contingent upon receipt of the grant award in conformity with the grant application:

1. Authorizing the Chair of the Board or the County Administrator to sign the Notice of Grant Award.
2. Amending the budget, as attached hereto and made a part hereof.

3. Authorizing the Administrator to sign the delegate contracts in conformity with the application/award upon review of Corporation Counsel, to be filed with the County Clerk.

Washtenaw County Sheriff's Office/Strategic Enforcement (OWI, Seat Belt, Speed, Distracted Driving

**BUDGET**

October 01, 2023 to September 30, 2024

PROJECT/ ORG: XXXXXXXX

	Original Budget
<b>REVENUES:</b>	
40 Taxes	\$-
44 Special Assessments	-
45 Licenses and Permits	-
50 Federal Revenue	372,078.00
54 State Revenue	-
58 Local Revenue	-
60 Fees and Services	-
64 Internal Revenue	-
65 Fines and Forfeits	-
66 Interest	-
67 Other Revenue	-
68 In Kind Revenue	-
69 Transfers In	-
Total Revenues	\$372,078
<b>EXPENDITURES:</b>	
70 Personnel Services	\$372,078
75 Supplies	-
80 Other Svcs and Chgs	-
93 Utilities	-
94 In Kind Expenditure	-
95 Internal Svc Chgs	-
96 Capital Outlay	-
97 Debt Service	-
98 Reserves	-
99 Transfers Out	-
Total Expenditures	\$372,078

COMMISSION	Y	N	A	COMMISSIONER	Y	N	A	COMMISSIONER	Y	N	A
Beeman	X			Maciejewski	X			Somerville	X		
Hodge	X			Rabhi	X						
LaBarre	X			Sanders	X						
Lyte	X			Scott	X						

CLERK/REGISTER'S CERTIFICATE - CERTIFIED COPY

ROLL CALL VOTE:

9 0 0

STATE OF MICHIGAN )

I, Lawrence Kestenbaum, Clerk/Register of said County of Washtenaw and Clerk of Circuit Court for said County, do hereby certify that the foregoing is a true and accurate copy of a resolution adopted by the Washtenaw County Board of Commissioners at a session held at the County Administration Building in the City of Ann Arbor, Michigan, on February 7<sup>th</sup>, 2024, as it appears of record in my office.

COUNTY OF WASHTENAW)<sup>SS</sup>.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Ann Arbor, this 8<sup>th</sup> day of February 2024.

LAWRENCE KESTENBAUM, Clerk/Register

BY:



Deputy Clerk



Res. No. 24-023

**Michigan State Police  
Office of Highway Safety**

7150 Harris Drive  
P.O.Box 30634  
Dimondale, Michigan 48821

(517) 284-3332

\*\*\*\*\*

**1. PROJECT TITLE**

*FY24 Strategic Enforcement*

**2. APPLICANT**

*Washtenaw County Sheriff's Office (Federal Grants)*

**3. ADDRESS OF APPLICANT**

*2201 Hogback Ann Arbor, MI 48103*

**4. FEDERAL IDENTIFICATION NO.**

38-6004894

**5. ANTICIPATED ACTIVITY START-UP DATE**

10/1/2023

# Problem Statement

## Instructions

- All fields marked with a red asterisk (\*) are required.
- After completing all required fields, click **SAVE** to store the information on this page.
- To clear all information on this page, click **DELETE**.
- To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.  
**NOTE:** Using the navigation buttons at the bottom of the page will automatically **SAVE** the page.
- **Completion of this page is required for application submission.**

## STATEMENT OF THE PROBLEM AND BACKGROUND INFORMATION

### Instructions

- Describe the traffic safety problem or deficiency that the proposed project is intended to correct.
- Identify the data, statistics or facts relevant to the problem.
- Use the most recent information possible. State the purpose of the project and the overall goal.
- Explain how you propose to solve the problem. Your solution should show a logical relationship to the problem.
- Indicate how the project will be evaluated.

### **\* Problem Statement:**

*Alcohol consumption increases around holidays and the public still continues to drive to and from locations, bars and homes. Alcohol related crashes increase around holidays.*

*Statewide the number of fatalities increased by 4.4 percent from 1,083 in 2020 to 1,131 in 2021. The number of serious injuries increased by 10 percent from 5,433 in 2020 to 5,979 in 2021.*

*Alcohol-involved crashes continued to present a problem and contributed to 31.46 percent of all fatal crashes. Crashes involving alcohol made up 3.38 percent of all crashes, and while 18.66 percent of all crashes resulted in injury or death, 43.61 percent of alcohol-involved crashes resulted in injury or death.*

*Statewide seat belt use increased slightly from 92.6 percent in 2021 to 92.9 percent in 2022. Every 1 percent increase in seat belt use results in 10 lives saved and 100 serious injuries prevented.*


*In Washtenaw County there were 356 crashes involving drugs or alcohol in 2021.*

*High-visibility enforcement increases compliance with traffic laws.*

*See attachments for Washtenaw County for data.*

# Goals & Activities

## Instructions

- All fields marked with a red asterisk (\*) are required.
  - After completing all required fields, click **SAVE** to store the information on this page.
  - To clear all information on this page, click **DELETE**.
  - To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.
- NOTE:** Using the navigation buttons at the bottom of the page will automatically **SAVE** the page.
- **Only one goal per page is allowed. Multiple activities are allowed for each goal; however, each goal must be entered on separate pages. To enter additional goals:**
    - Click the **ADD** button at the top of the page and complete the blank form.
    - After the second page has been **SAVED**, a folder icon followed by a right arrow icon  will appear next to the Goals & Activities menu item in the left navigation menu.
    - Clicking the arrow next to the folder will display a sub-menu containing the list of the pages that have already been entered.
    - Click one of the links in the sub-menu to **access a page**.
  - **Completion of at least one instance of this page is required for application submission.**

## Anticipated Project Goals & Activities

### Instructions

- List an anticipated goal and/or outcome for the proposed project.
- Describe activities to be performed by the applicant agency to reach anticipated goal and/or outcome.
- Provide a date of anticipated activity completion.
- Goals serve as the foundation upon which the project is built. Use the **SMART** model. Goals must be **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime bound.

Anticipated Goal

#### \* Goal

*Reduce crashes involving alcohol or drugs from 356 in 2021 to 321 by September 30, 2024.*

Project Activity

#### \* Activities

*Enforcement periods would include the following.*

*National Impaired Driving Enforcement*

*December 15, 2023 – January 1, 2024*

*August 16 – September 2, 2024 (Labor Day)*

*Local Impaired Driving Enforcement*

*November 21 - 26, 2023 (long Thanksgiving weekend)*

*February 9-11, 2024 - Super Bowl Weekend*

*March 15-18, 2024 St Patrick's weekend*

*May 24-27, 2024 Memorial Day Weekend*

*July 2-7, 2024 Forth of July (long weekend)*

*Click It Or Ticket (Seat Belt Enforcement)*

*May 20 – June 2, 2024*

*OHSP Enforcement Periods*

*Speed – July*

*Distracted Driving – April*

*Enforcement reports will be submitted within 10 days following the end of each enforcement period.*

\* **Date of Anticipated Activity Completion**

9/30/2024



# Audit Requirements

## Instructions

- All fields marked with a red asterisk (\*) are required.
  - After completing all required fields, click **SAVE** to store the information on this page.
  - To clear all information on this page, click **DELETE**.
  - To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.
- NOTE:** Using the navigation buttons at the bottom of the page will automatically **SAVE** the page.
- **Completion of this page is required for application submission.**

## Acceptance of Audit Requirements

### Instructions

- Full completion of this page is required if the political jurisdiction responsible for the overall administration of the grant will receive \$750,000 or more in federal financial assistance in the time period beginning October 1 through September 30.
- If the audit requirement period for the applicant agency exceeds 365 days, sections 1.b. and 2.b. must be utilized to complete the audit requirement dates.
- For example, if your agency's fiscal year is July 1, through June 30, then both 1a. and 1b. must be completed.
- **Consult with your Financial Officer for accurate completion of this page.**

\* Does the reporting entity\* receive less than \$750,000 a year? YES  NO

\* NOTE: The reporting entity is the government unit responsible for the overall administration of the grant, not just your agency.

For example - for a County Sheriff's Office the reporting entity would be the County.

### Audit Information

The following information on the next organization-wide audit(s) which will include this agency:

1.a. Audit Period:	Beginning	<i>1/1/2023</i>	Ending	<i>12/31/2023</i>
2.a. Audit or written certification will be submitted to MSP by:				<i>9/30/2024</i>
1.b. Audit Period:	Beginning	<i>1/1/2024</i>	Ending	<i>12/31/2024</i>
2.b. Audit or written certification will be submitted to MSP by:				<i>9/30/2025</i>

**Please send audit reports via email or mail.**

- **Email to:** [msp-ohsp-fiscalsection@michigan.gov](mailto:msp-ohsp-fiscalsection@michigan.gov)
- **Mail to:** Zada Schriener, Michigan State Police Headquarters, 3rd Floor, 7150 Harris Drive, Dimondale, MI 48821



## Sub-recipient Informational Form

SAM.Gov Unique Entity ID (UEI) Information

### Instructions

- The UEI is a 12-character alphanumeric ID assigned to an entity by the System for Award Management (SAM).
- Existing registered entities can find their UEI by following the steps located [here](#).
- New or unregistered entities can request a UEI at [SAM.gov](#).

\* Sub-recipient SAM UEI *M5WKMFUV9GA4*

Federal Funding Information

### Instructions

- If your agency receives less than \$25,000 of federal funding from the Office of Highway Safety Planning, select 'YES'; otherwise, select 'NO'.
- **Consult with your Financial Officer for accurate completion of this section.**

YES NO

\* Does the sub-recipient agency or institution receive less than \$25,000 of federal funding from the Office of Highway Safety Planning? [X]

Annual Gross Revenue

### Instructions

- **Complete this section if the sub-recipient agency receives more than \$25,000 of federal funding from the Office of Highway Safety Planning..**
- **Consult with your Financial Officer for accurate completion of this section.**

YES NO

\* In the preceding fiscal year, did your agency or institution receive 80 percent or more of its annual gross revenues in federal award? [X]

YES NO

\* In the preceding fiscal year, did the sub-recipient agency's or institution's annual gross revenues equal or exceed \$25,000,000 in federal awards? [X]

Highest Compensation Officers

Organization Type

### Instructions

- Specify whether the applicant agency is a State of Michigan (SOM) Organization.  
**NOTE:** Organizations that are not SOM organizations must provide SIGMA Coding Information.

YES NO

\* Is the sub-recipient agency a State of Michigan Organization? [X]

## SIGMA Coding Information

**Instructions**

- Enter the Vendor Customer ID Number and Address Code for the sub-recipient agency.
- The Vendor Customer Number (also known as Customer ID) is a unique identification number that improves TIN security.
- The Address Code (also known as Address ID) is associated with your SIGMA Vendor Customer ID to assure the correct attention to, address, and payment method are available for payment.
- This information is maintained by the vendor in SIGMA Vender Self Service (VSS).

[Click here to reference VSS for additional assistance.](#)

**\* Vendor Customer ID**

CV0048123

**\* Address Code**

011

---

# Local Contribution

## Instructions

- All fields marked with a red asterisk (\*) are required.
- After completing all required fields, click **SAVE** to store the information on this page.
- To clear all information on this page, click **DELETE**.
- To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.  
**NOTE: Using the navigation buttons at the bottom of the page will automatically SAVE the page.**
- **Completion of this page is required for application submission.**

## LOCAL CONTRIBUTION

### Instructions:

- List any local funds or in-kind contributions that will be used to assist in funding this highway safety project grant.
- Local contributions must match the budget section of the grant application.

### \* Local Contribution:

*Cost of vehicle use and fuel.*

# Project Continuation

## Instructions

- All fields marked with a red asterisk (\*) are required.
- After completing all required fields, click **SAVE** to store the information on this page.
- To clear all information on this page, click **DELETE**.
- To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.  
**NOTE:** Using the navigation buttons at the bottom of the page will automatically **SAVE** the page.
- **Completion of this page is required for application submission.**

## PROJECT CONTINUATION

### Instructions

- Use the drop-down list to select the best option that identifies how project activities will be supported when funding ends for this project.
- Use the text area to enter a description if Other is selected.

### \* Project Continuation

*Project continuation is contingent on NHTSA funding.*

**If Other is selected, a description of how project activities will be supported when funding ends for this project is required.**

### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
	1,575.00	\$57.26
	<b>Federal/State</b>	<b>Local Match</b>
	\$90,184.50	\$
		<b>Total</b>
		\$90,184.50

*Ann Arbor Police Department*

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits

**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- Total Overtime Wages = \$400.00

**Calculate Total Fringe Benefits (\$)**

- FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position?  YES  NO

\* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

	Benefit Type	Rate (%)	Federal/State
<input checked="" type="checkbox"/>	FICA	1.4500	\$1,307.68
<input checked="" type="checkbox"/>	Workers Compensation	2.1900	\$1,975.04
	Retirement		\$0.00
	Unemployment Insurance	N/A	\$0.00
	Insurances	N/A	\$0.00

**Other**

**Overall Totals**

3.64 %

\$0.00

\$3,282.72

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
<b>Overtime Fringe Benefits Expenses</b>	\$3,282.72	\$	<b>\$3,282.72</b>

**Personnel - Overtime Expense Request**

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
--	----------------------	--------------------	--------------

\$90,184.50			
\$0.00			
\$90,184.50			

**Overtime Expense Request**

\$3,282.72			
\$0.00			
\$3,282.72			

**Fringe Benefits Expense Request**

\$93,467.22			
\$0.00			
\$93,467.22			

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
--	----------------------	--------------------	--------------



### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
	610.00	\$48.62
	<b>Federal/State</b>	<b>Local Match</b>
	\$29,658.20	\$
		<b>Total</b>
		\$29,658.20

*Milan Police Department*

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits



**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- Total Overtime Wages = \$400.00

**Calculate Total Fringe Benefits (\$)**

- FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position?  YES  NO

\* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

	Benefit Type	Rate (%)	Federal/State
<input checked="" type="checkbox"/>	FICA	7.6500	\$2,268.85
<input checked="" type="checkbox"/>	Workers Compensation	5.7500	\$1,705.35
<input checked="" type="checkbox"/>	Retirement	17.0000	\$5,041.89
	Unemployment Insurance	N/A	\$0.00
	Insurances	N/A	\$0.00

**Other**

**Overall Totals**

30.40%

\$0.00

\$9,016.09

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
<b>Overtime Fringe Benefits Expenses</b>	\$9,016.09	\$	\$9,016.09

**Personnel - Overtime Expense Request**

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
--	----------------------	--------------------	--------------

\$29,658.20			
\$0.00			
\$29,658.20			

**Overtime Expense Request**

\$9,016.09			
\$0.00			
\$9,016.09			

**Fringe Benefits Expense Request**

\$38,674.29			
\$0.00			
\$38,674.29			

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
--	----------------------	--------------------	--------------

### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
	610.00	\$57.80
	<b>Federal/State</b>	<b>Local Match</b>
	\$35,258.00	\$
		<b>Total</b>
		\$35,258.00

Northfield Police Department

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits

**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- o Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- o Total Overtime Wages =  $\$400.00$

**Calculate Total Fringe Benefits (\$)**

- o FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- o Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- o Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- o Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- o Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position? YES  NO

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

**Personnel - Overtime Expense Request**

	Federal/State	Local Match	Total
\$35,258.00			
\$0.00			

\$35,258.00

**Overtime Expense Request**

\$0.00

\$0.00

\$0.00

**Fringe Benefits Expense Request**

\$35,258.00

\$0.00

\$35,258.00

**Total**

### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
	760.00	\$56.01
	<b>Federal/State</b>	<b>Local Match</b>
	\$42,567.60	\$
		<b>Total</b>
		\$42,567.60

*Pittsfield Police Department*

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits

**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- Total Overtime Wages = \$400.00

**Calculate Total Fringe Benefits (\$)**

- FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position?  YES  NO

\* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

	Benefit Type	Rate (%)	Federal/State
<input checked="" type="checkbox"/>	FICA	7.6500	\$3,256.42
<input checked="" type="checkbox"/>	Workers Compensation	13.2200	\$5,627.44
<input checked="" type="checkbox"/>	Retirement	5.1900	\$2,209.26
	Unemployment Insurance	N/A	\$0.00
	Insurances	N/A	\$0.00



**Other**

**Overall Totals**

\$0.00

26.06 %

\$11,093.12

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
<b>Overtime Fringe Benefits Expenses</b>	\$11,093.12	\$	\$11,093.12

**Personnel - Overtime Expense Request**

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
\$42,567.60			
\$0.00			
\$42,567.60			

**Overtime Expense Request**

\$11,093.12

\$0.00

\$11,093.12

**Fringe Benefits Expense Request**

\$53,660.72

\$0.00

\$53,660.72

**Total**



### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
	610.00	\$48.48
	<b>Federal/State</b>	<b>Local Match</b>
	\$29,572.80	\$
		<b>Total</b>
		\$29,572.80

Saline Police Department

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits

**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- Total Overtime Wages = \$400.00

**Calculate Total Fringe Benefits (\$)**

- FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position?  YES  NO

\* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

	Benefit Type	Rate (%)	Federal/State
<input checked="" type="checkbox"/>	FICA	6.2000	\$1,833.51
<input checked="" type="checkbox"/>	Workers Compensation	20.6000	\$6,092.00
<input checked="" type="checkbox"/>	Retirement	1.5000	\$443.59
	Unemployment Insurance	N/A	\$0.00
	Insurances	N/A	\$0.00

**Other**

**Overall Totals**

28.30%

\$0.00

\$8,369.10

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
<b>Overtime Fringe Benefits Expenses</b>	\$8,369.10	\$	<b>\$8,369.10</b>

**Personnel - Overtime Expense Request**

	<u>Federal/State</u>	<u>Local Match</u>	<u>Total</u>
\$29,572.80			
\$0.00			
\$29,572.80			

**Overtime Expense Request**

\$8,369.10  
\$0.00  
\$8,369.10

**Fringe Benefits Expense Request**

\$37,941.90  
\$0.00  
\$37,941.90

**Total**

### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
WashtenawAdmin	100.00	\$56.37
	<b>Federal/State</b>	<b>Local Match</b>
	\$5,637.00	\$
		<b>Total</b>
		\$5,637.00

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits

**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- Total Overtime Wages = \$400.00

**Calculate Total Fringe Benefits (\$)**

- FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position?  YES  NO

\* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

	Benefit Type	Rate (%)	Federal/State
<input checked="" type="checkbox"/>	FICA	7.6500	\$431.23
<input checked="" type="checkbox"/>	Workers Compensation	2.1400	\$120.63
<input checked="" type="checkbox"/>	Retirement	24.3200	\$1,370.92
	Unemployment Insurance	N/A	\$0.00
	Insurances	N/A	\$0.00

**Other**

3.7500 \$211.39  
 Overall Totals 37.86% \$2,134.17

[X]

\* If Other, please describe.

Severance 2.85  
 Liability .7  
 Life .2

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

	Federal/State	Local Match	Total
<b>Overtime Fringe Benefits Expenses</b>	\$2,134.17	\$	\$2,134.17

**Personnel - Overtime Expense Request**

Federal/State	Local Match	Total
---------------	-------------	-------

\$5,637.00
\$0.00
\$5,637.00

**Overtime Expense Request**

\$2,134.17
\$0.00
\$2,134.17

**Fringe Benefits Expense Request**

\$7,771.17
\$0.00
\$7,771.17

<b>Total</b>
--------------



### Budget Category: Personnel - Overtime Salaries & Wages

**Instructions**

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

**\* Position Title and/or Description**

	<b>* Hours</b>	<b>* Hourly Rate</b>
	1,575.00	\$48.48
	<b>Federal/State</b>	<b>Local Match</b>
	\$76,356.00	\$
		<b>Total</b>
		\$76,356.00

WashtenawCounty Sheriff's Office

**Overtime Salaries & Wages Expenses**

### Personnel Overtime Fringe Benefits



**Instructions**

- Specify whether fringe benefits are associated with the position.
- If applicable, enter the specified information about fringe benefits as they apply to the position.
- For each benefit type, enter the rate for the specified position to calculate the total overall rate.  
NOTE: Expenditures for fringe benefits are limited for projects that include overtime to only those costs that increase as a result of the overtime, usually FICA, workers compensation and retirement.
- The total overall rate is total fringe benefits divided by total wages.  
NOTE: Use the example below to see how the salary & wages, fringe benefits, and overall rate are calculated with sample data.

**Calculate Total Overtime Wages (\$)**

- Overtime Wages:  $\$20.00 \times 20 \text{ hours} = \$400.00$
- Total Overtime Wages =  $\$400.00$

**Calculate Total Fringe Benefits (\$)**

- FICA Rate: 7.65%
  - $.0765 \times \$400 = \$30.60$
- Worker Compensation Rate: 2.34%
  - $.0234 \times \$400 = \$9.36$
- Retirement Rate: 1.45%
  - $.0145 \times \$400 = \$5.80$
- Total Fringe Benefits:
  - $\$30.60 + \$9.36 + \$5.80 = \$45.76$

**Calculate Overall Fringe Benefits Rate (%)**

- Overall Rate:
  - $\$45.76 \div \$400 = .1144$
  - $.1144 \times 100 = 11.44\%$

\* Are there Fringe Benefits expenses associated with this position?  YES  NO

\* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

	Benefit Type	Rate (%)	Federal/State
<input checked="" type="checkbox"/>	FICA	7.6500	\$5,841.23
<input checked="" type="checkbox"/>	Workers Compensation	2.1400	\$1,634.02
<input checked="" type="checkbox"/>	Retirement	24.3200	\$18,569.78
	Unemployment Insurance	N/A	\$0.00
	Insurances	N/A	\$0.00

**Other**

3.7500 \$2,863.35  
 Overall Totals 37.86% \$28,908.38

[X]

\* If Other, please describe.

Severance 2.85  
 Liability .7  
 Life .2

\* If the overall rate is greater than 40%, an explanation and supporting documentation are required.

	Federal/State	Local Match	Total
<b>Overtime Fringe Benefits Expenses</b>	\$28,908.38	\$	\$28,908.38

**Personnel - Overtime Expense Request**

Federal/State	Local Match	Total
---------------	-------------	-------

\$76,356.00		
\$0.00		
\$76,356.00		

**Overtime Expense Request**

\$28,908.38		
\$0.00		
\$28,908.38		

**Fringe Benefits Expense Request**

\$105,264.38		
\$0.00		
\$105,264.38		

**Total**

## Budget Request Summary

### Instructions

- Review all of the information in the summary table below.
- If data looks incorrect, return to the necessary budget page(s) and adjust values as needed.
- The total State Grant Funds amount requested must be greater than \$0.

FEIN	STARTING DATE	ENDING DATE	FISCAL YEAR
38-6004894	10/1/2023	9/30/2024	2024

#### Line Item Summary


Line Items	Federal/State	Local Match	Total
Personnel - Salaries & Wages	\$0.00	\$0.00	\$0.00
Personnel - Fringe Benefits	\$0.00	\$0.00	\$0.00
Personnel - Overtime	\$309,234.10	\$0.00	\$309,234.10
Personnel - Overtime Fringe Benefits	\$62,803.58	\$0.00	\$62,803.58
Contractual Services	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Supplies & Operating	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Indirect	\$0.00		\$0.00
<b>Total</b>	<b>\$372,037.68</b>	<b>\$0.00</b>	<b>\$372,037.68</b>

#### Cost Category Summary

Cost Category Function Title	Federal/State	Local Match	Total
Personnel Costs	\$372,037.68	\$0.00	\$372,037.68
Contractual Service Costs	\$0.00	\$0.00	\$0.00
Operating Costs	\$0.00	\$0.00	\$0.00
Equipment Costs	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00		\$0.00
<b>Total</b>	<b>\$372,037.68</b>	<b>\$0.00</b>	<b>\$372,037.68</b>

# Multi-Agency Projects

## Instructions

- All fields marked with a red asterisk (\*) are required.
- After completing all required fields, click **SAVE** to store the information on this page.
- To clear all information on this page, click **DELETE**.
- To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.
- **NOTE:** Using the navigation buttons at the bottom of the page will automatically **SAVE** the page.
- **Only one agency per page is allowed. To enter additional agencies:**
  - Click the **ADD** button at the top of the page and complete the blank form.
  - After the second page has been **SAVED**, a folder icon followed by a right arrow icon  will appear next to the Multi-Agency Projects menu item in the left navigation menu.
  - Clicking the arrow next to the folder will display a sub-menu containing the list of the pages previously completed.
  - Click one of the links in the sub-menu to **access a page**.
- **Completion of at least one instance of this page is required for application submission.**

## Multi-Agency Grant Project

### Instructions

- Grantees acting as a manager of a multi-agency grant shall complete the Multi-Agency Agreement including contact information for all agencies participating in the grant.
- Complete one page for each representing agency. **Do not include your department.**
- To add individuals from multiple different agencies:
  1. Complete one page and click **Save**, then click **Add**. The first page will be saved and a new, blank page will appear.
  2. Type the information for the second representing individual on the page, **saving the page** and clicking **Add** as necessary until all individuals have been added.
- To navigate through the individuals, select the name of the person from the left-navigation menu.
- To delete an individual, navigate to their page of information and click **Delete**. Their information will be removed from the application.
- Do not save a blank page, do not create a double entry, and do not enter your own agency on this form.

#### Participating Agency Information

The undersigned individuals authorized to represent the participating agencies in this grant project have reviewed the OHSP Grant Management Requirements (found in the left-navigation menu, titled Grant Management Requirements) and agree to comply with all conditions and requirements set forth.

**\* Name**

*Mike Scherba*

**\* Title**

*Lieutenant*

**\* Agency**

*Ann Arbor Police Department*

**\* Address**

*301 E Huron*

**\* City**

*Ann Arbor*

**\* State**

*Michigan*

**\* Email**

*mscherba@a2gov.org*

**\* Phone**

*(734) 794-6940 ext. 49401*

**Fax**

**\* Sub-recipient SAM UEI**

*R9C4BRD4M7L9*

Multi-Agency Supporting Documentation

**\* Zip Code**

*48104*

-



**Instructions**

- Download the documentation form provided by the hyperlink below.
- **This form must be sent via email by the lead agency to all multi-agencies accounted for under this grant.**
- Supporting Documentation includes:
  1. Grant Management Requirement Acknowledgement (Page 1)
  2. Risk Assessment form (Page 2)
- Multi-Agencies should complete the supporting documentation forms and return them back to the Lead Agency via email.
- **The Lead Agency must upload the completed documentation form below by OCTOBER 1st.**
- Any delay in uploading the documentation forms completed by the Multi-Agency may result in **delayed funds.**
- Use the space provided below to attach **completed Multi-Agency Supporting Documents** from the participating agency.
- To attach files:
  - Click the **Select** button to open File Explorer.
  - Search for the file to upload, and click **Open** in File Explorer.
  - Once the file is selected, the path to the file will appear in the **Document Source** field.
  - Acceptable file type extensions are: **.bmp, .gif, .jpg, .png, .tif, .rtf, .wpd, .txt, .pdf, .doc, .docx, .ppt, .pptx, .xls, .xlsx, .vsd, .xml, .mp3, .mp4**

**NOTE:** When the file is named to be uploaded, **DO NOT** leave any spaces, place a period between the words OR use any special characters, e.g. "/", in the file name. The descriptive title entered does not have to be the same as the file name, and it can include spaces.
- Use the add/delete [+]/[-] buttons at the end of each row to attach/detach additional files.
- Click the **SAVE** button to store the uploaded file(s) into the system.
- The **combined total** of attached documents cannot exceed 10MB **per Save** (*large files should be attached one at a time*). However, the total size of all uploads at page completion may exceed 10MB.
- Attachments larger than 10MB will not be accepted.

[Click here to download the Multi-Agency Supporting Documentation form.](#)

Completed Documentation

<b>Document Source</b>	
<b>Title</b>	<i>Ann Arbor Police Department</i> 20230917012323193.pdf

Strategic Enforcement FY 2023-2024

Personnel (Overtime) 704000 \$ 372,078.00

TOTAL \$ 372,078.00