



FOR CALENDAR YEAR:	
FEDERAL FUNDS	<input type="checkbox"/>
STATE FUNDS	<input type="checkbox"/>

MARINE SAFETY PROGRAM STATE AID VOUCHER

This information is required by authority of Part 801, 1994 PA 451, as amended, to obtain/qualify for reimbursement.
CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

County: _____	Treasurer's Name: _____
Street Address or P.O. Box _____	
City, State, Zip Code _____	

EXPENDITURE ITEM	COUNTY USE	DNR USE ONLY
1. Salaries, Wages & Fringes (From Detail of Expenditures)		
2. CSS&M (From Detail of Expenditures PR1932-2 through 5)		
3. Less "Receipts" (Insurance, Gas Tax, Sale of Equipment)		
4. TOTAL		
5. REQUEST AMOUNT: FEDERAL (100% of Total on Line 4) STATE (3/4 of Total on Line 4)		

6. FOR GRANTEE USE ONLY

I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the county listed is entitled to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended; that the above claim is just, true and correct; that no part thereof has previously been included in a State Aid claim.

_____	_____
<i>Name of Fiscal Officer (Type or Print)</i>	<i>Title</i>
_____	_____
<i>Signature of Fiscal Officer</i>	<i>Date</i>
_____	_____
<i>Name of County Sheriff (Type or Print)</i>	<i>Title</i>
_____	_____
<i>Signature of County Sheriff</i>	<i>Date</i>

7. FOR DEPARTMENT OF NATURAL RESOURCES USE ONLY

I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the county listed to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended. Such expenditures being certified to by the county sheriff and fiscal officer, payment is hereby approved.

By: _____	Date: _____	Amount of State Aid Certified for Payment \$ _____
By: _____	Date: _____	

8. FOR DEPARTMENT OF TREASURY USE ONLY

Date County Marine Safety Fund Audited _____	Remarks: _____
Audit Results	By: _____
<input type="checkbox"/> Account in Order	
<input type="checkbox"/> Refund Ordered: \$ _____	

Return completed State Aid Voucher with Financial Report and Detail Sheets to:
MARINE SAFETY PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925