Michigan Department of Treasury
4921 (Rev. 10-12), Page 6

Application Due Date:
December 3, 2012

Competitive Grant Assistance Program Application (FY 2013 - Round 1)

Issued under authority of 2012 Public Act 200.

PART 1: PRIMARY INFORMATION

1. Primary Local Unit Name	2. Primary Local Unit Code		
City of Ypsilanti	204081		
3. Primary Local Unit FEIN	4. Primary Local Unit County		
38-6004750	Washtenaw		
5. Mailing Address	6. City	7. State	8. ZIP Code
1 South Huron	Ypsilanti	MI	48197

PART 2: PROJECT OVERVIEW

9. Project Title
Police/Fire Consolidation - City of Ypsilanti

10. Project Type
☐ Merger ☒ Consolidation ☐ Cooperative Effort/Collaboration

11. Estimated Start Date	12. Estimated Completion Date
10/01/2012	09/30/2016
13. Estimated Total Project Cost	14. Grant Amount Requested
$943,480.00	$943,480.00

15. Local Units Participating in Project (include county and local unit code). Attach letters of support from each of the participating local units.
Ypsilanti Police Department and Ypsilanti Fire Department

16. Are the local unit(s) involved willing to devote appropriate resources and time to this project?
☒ Yes ☐ No

17. Is there potential for expansion of the project to include additional local units at a later date?
☒ Yes ☐ No

PART 3: PROJECT CONTACT INFORMATION

Note: The project contact individual should be a vital part of the grant project and will be Treasury's contact.

18. Contact Name	19. Contact Title
Amy Walker	Police Chief
20. Contact Telephone Number	21. Contact Fax Number
(734) 482-8916	(734) 483-7060
22. Contact E-mail Address	
awalker@cityofypsilanti.com	
23. Contact Local Unit Name	
Ypsilanti Police Department	

PART 4: CERTIFICATION

24. I certify that all statements in this application, including all requested supplemental information, are true, complete and accurate to the best of my knowledge. If awarded, I agree to allow the Department of Treasury and the State Auditor General's Office (and/or any of their duly authorized representatives) access, for the purposes of inspection, audit, and examination, to any books, documents, papers, and records of the grantee which are related to this project. I agree to allow the Department of Treasury to conduct periodic program reviews of the project. The purpose of these reviews will be to determine adherence to stated project goals and to review progress of the project in meeting its objectives. I agree to submit quarterly and final narrative and financial status reports to the Department of Treasury. I understand that failure to submit any required reports may result in the termination of the grant. I understand that this grant may be terminated if the Department of Treasury concludes that I am not in compliance with the conditions and provisions of this grant, or have falsified any information. By way of signature, I agree with all conditions of this grant program.

Primary Local Unit Chief Administrative Officer Signature (as defined in MCL141.422b)	Date
Ralph A. Lange	12-3-2012
Printed Name of Primary Local Unit Chief Administrative Officer	Title
Ralph A. Lange	City Manager