

Livingston County Grant Opportunity Form

Department Applying: Health Today's Date: 02/22/2024
Department Contact Info:

Employee preparing application: Matt Bolang Employee who will manage program (if different): _____
Phone Number: 6870 Phone Number: _____

Name of Grant Applying for: Medical Marihuana Operations & Oversight Grant-FY24

Awarding Agency Name: Department of Licensing and Regulatory Affairs

Please check appropriate line:

Federal _____
State: X

Federal Assistance Listing Number: _____

Other: _____

New Grant: _____ Recurring Grant: 2021
Check One First Year Received

Short Description of the scope of the grant

The purpose of the Grant is to provide funding to counties to be used for education, communication, and outreach regarding the Michigan Medical Marihuana Act.

Start Date of Grant: 01/01/2024 End Date of Grant: 09/15/2024

Full Amount applying for:

Annual (Year 1

Total) \$ 55,573.00

Multi-Year Total \$ _____ (All years combined)

Match Requirements (if applicable)

_____ Cash Match Requirement \$ _____

_____ In-Kind Match Requirement \$ _____

This grant is intended to fund the following (check all that apply)

X Personnel \$ 25,697.95

_____ Equipment \$ _____

X Supplies \$ 9,650.05

_____ Contractual Services \$ _____

_____ Capital Building/Equipment \$ _____

X Other (please note below) \$ 20,225.00

advertising & training

Signature of Applicant Department Head: Matt Bolang Digitally signed by Matt Bolang Date: 2024.02.22 09:44:12 -05'00' Date: _____

Fiscal Services Signature: *[Signature]* Date: 2/22/24