

# SAGINAW COUNTY SHERIFF'S OFFICE N-DEX GRANT APPLICATION

**Agency Information:**

**ORI:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

**Agency Main Number:** \_\_\_\_\_

**Agency Fax Number:** \_\_\_\_\_

**Records Management**

**Vendor:** (Who will be programming the extraction of data)

\_\_\_\_\_

**Grant Amount Requested:**

\_\_\_\_\_

**Grant Amount Awarded:**

(For MSP CJIC Staff)

\_\_\_\_\_

**Quote Attached:**

Yes       No

\_\_\_\_\_

**Authorizing Official**

**Name (Title, First/Last):**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

Please submit grant application to Michigan State Police, Criminal Justice Information Center, attention Ms. Wendy Easterbrook. You may email the application to [Easterbrookw@michigan.gov](mailto:Easterbrookw@michigan.gov) or by faxing it to (517) 241-1904.