Economic Vitality Incentive Program/County Incentive Program Certification of Unfunded Accrued Liability Plan

Issued under authority of 2013 Public Act 59. Filing is mandatory to qualify for payments.

Each city/village/township/county applying for Unfunded Accrued Liability Plan payments must:

- 1. Certify to the Michigan Department of Treasury (Treasury) that the local unit listed below has produced and made readily available to the public, an Unfunded Accrued Liability Plan. The plan shall be made available for public viewing in the clerk's office or posted on a publicly accessible Internet site as required by 2013 Public Act 59.
- 2. Submit to Treasury an Unfunded Accrued Liability Plan, if selecting Option 1 of Part 2 below.

City/village/township: This certification, along with the Unfunded Accrued Liability Plan, must be received by June 1, 2014, to receive the June and August payments or on or before July 31, 2014, to receive the August payment. Post mark dates will not be considered. For questions, call (517) 373-2697.

County: This certification, along with the Unfunded Accrued Liability Plan, must be received by June 1, 2014, (or the first day of a payment month) in order to qualify for that month's payment. Post mark dates will not be considered. For questions, call (517) 373-2697.

PART 1: LOCAL UNIT INFORMATION					
Local Unit Name		Local Unit County Name			
Local Unit Code		Contact E-Mail Address			
Contact Name	Contact Title		Contact Tele	ephone Number	Extension
Website Address, if plan is available online				Date of Last Audited	d Financial Report
PART 2: STATEMENT OF UNFUNDED AC	CRUED LIABILI	TIES			
Indicate the option that pertains to your local uni	 :				
A local unit who has unfunded accrued lial 2013 Public Act 59.	,				
	ed accrued liabilities			yment benefits must	provide, in the b
2013 Public Act 59. 2. No Unfunded Accrued Liabilities Exist A local unit who does not have any unfundations.	ed accrued liabilities			yment benefits must	provide, in the b

Completed and signed form (including required attachment, if selected option 1) should be e-mailed to: **TreasRevenueSharing@michigan.gov**If you are unable to submit via e-mail, fax to (517) 335-3298, or mail the completed form and required attachment (if selected option 1) to:

Michigan Department of Treasury Office of Revenue and Tax Analysis PO Box 30722

Lansing MI 48909

TREASURY USE ONLY				
EVIP/CIP Eligible	Certification Received	EVIP/CIP Notes		
Y N				
Final Certification	Plan Received			