

# Economic Vitality Incentive Program Grant Application

Issued under authority of Public Act 63 of 2011.

## PART 1: PRIMARY INFORMATION

|   |         |                              |             |
|---|---------|------------------------------|-------------|
| 1. Primary Local Unit Name                          |         | 2. Primary Local Unit Code   |             |
| 3. Primary Local Unit Federal Identification Number |         | 4. Primary Local Unit County |             |
| 5. Mailing Address                                  | 6. City | 7. State                     | 8. ZIP Code |

## PART 2: PROJECT OVERVIEW

|  |  |                               |  |
|--|--|-------------------------------|--|
| 9. Project Title   |  |                               |  |
| 10. Project Type<br><input type="checkbox"/> Merger <input type="checkbox"/> Inter-Local Agreement <input type="checkbox"/> Cooperative Effort                   |  |                               |  |
| 11. Estimated Start Date   |  | 12. Estimated Completion Date |  |
| 13. Estimated Total Project Cost   |  | 14. Grant Amount Requested    |  |
| 15. All Local Units Participating in Project (include county and local unit code)  |  |                               |  |
| 16. Are the local unit(s) involved willing to devote appropriate resources and time to this project?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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.

|                              |  |                        |  |
|------------------------------|--|------------------------|--|
| 17. Contact Name             |  | 18. Contact Title      |  |
| 19. Contact Telephone Number |  | 20. Contact Fax Number |  |
| 21. Contact E-mail Address   |  |                        |  |
| 22. Contact Local Unit Name  |  |                        |  |

## PART 4: CERTIFICATION

|   |      |
|---|------|
| 23. I certify that all statements in this application, including all requested supplemental information, are true, complete and accurate to the best of my knowledge. 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 |
| Printed Name of Primary Local Unit Chief Administrative Officer   |      |

**PART 5: PROJECT DETAILS**

24. Goals and Business Objectives of this Project

25. How are the services currently being provided?

26. Project Description

27. Will the project save money?

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>A. SHORT-TERM</b><br><b>(1 year or less)</b>     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Estimated Short-Term Savings |
| <b>B. LONG-TERM</b><br><b>(Greater than 1 year)</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Estimated Long-Term Savings  |

28. Describe the status of any shared service analysis undertaken to date related to this project.

**PART 5: PROJECT DETAILS, CONTINUED**

29. Work Plan and Project Timeline

30. Total Grant Budget Worksheet

| Budget Category              | Budget Amount |
|------------------------------|---------------|
|                              |               |
|                              |               |
|                              |               |
|                              |               |
|                              |               |
|                              |               |
|                              |               |
|                              |               |
|                              |               |
| <b>TOTAL BUDGETED AMOUNT</b> |               |

31. Additional Information and Comments

Applications are due November 1, 2011. Complete applications must be received by 5 p.m. on Tuesday, November 1, 2011. Post mark dates will not be accepted. Incomplete applications and electronic submissions will not be considered.

The original signed application, and three additional signed copies, must be submitted by mail to:

Michigan Department of Treasury  
 Office of Revenue and Tax Analysis  
 PO Box 30722  
 Lansing, MI 48909

# Instructions for Form 4921, Economic Vitality Incentive Program Grant Application

The numbers listed below coincide with the numbers on the grant application. Lines not listed are explained on the form.

## PART 1: PRIMARY INFORMATION

**1. Primary Local Unit Name.** The Primary Local Unit that has the authority and the responsibility for the administration of the project in accordance with the project conditions. For example, "City of Blank" is acceptable.

**2. Primary Local Unit Code.** The revenue sharing local unit code for the Primary Local Unit.

**3. Primary Local Unit Federal ID Number.** Federal employer identification number that is issued by the Internal Revenue Service.

**4. Primary Local Unit County.** County in which the Primary Local Unit is located.

**5. Mailing Address.** Street number and name, including suite number if applicable, of the Primary Local Unit.

## PART 2: PROJECT OVERVIEW

**9. Project Title.** Short name that is descriptive of the work to be done.

**10. Project Type.** Indicate project type. Merger between two or more local units; inter-local agreement to share services between two local units; or cooperative efforts within one local unit.

**11. Estimated Start Date.** Date the project is slated to begin.

**12. Estimated Completion Date.** Date the project is expected to be completed.

**13. Estimated Total Project Cost.** Estimated cost of acceptable expenditures of the total project.

**14. Grant Amount Requested.** Amount of funding requested for this grant project. The Department of Treasury reserves the right to award funds for an amount other than requested.

**15. Local Units Participating In Project.** If the project involves multiple local units, list all local units that will participate, including their county and revenue sharing local unit code.

## PART 3: PROJECT CONTACT INFORMATION

**17. Contact Name.** Full name of the individual that will be responsible for the project, and all reporting requirements.

**18. Contact Title.** Full title of the individual that will be responsible for the project.

**19. Contact Telephone Number.** Complete phone number, including area code, of the individual that will be responsible for the project.

**20. Contact Fax Number.** Complete fax number, including area code, of the individual that will be responsible for the project.

**21. Contact E-mail Address.** Complete email address of the individual that will be responsible for the project.

**22. Contact Local Unit Name.** Name of the Local Unit the project contact is affiliated with.

## PART 4: CERTIFICATION

**23. Signature of the Primary Local Unit's Chief Administrative Officer** (as defined in MCL 141.422b), including printed name and date of signature.

## PART 5: PROJECT DETAILS

**24. Goals and Business Objectives of this Project.** List the goals and business objectives this project will be accomplishing.

**25. Current Services.** Briefly describe how the services related to this project are currently being provided. If the project involves more than one local unit, provide the information for all local units.

**26. Project Description.** Clearly identify all components of this project, including but not limited to, the following: detailed description of proposed project; what is the desired outcome of this project etc... It is very important to present the substance of the project in a concise form. This information will be an important factor in the selection process.

**27. Cost Savings.** Indicate "yes" or "no" and include estimated savings amount for both short-term (one year or less) and long-term (greater than one year).

**28. Shared Service Analysis.** Describe the status of any shared service analysis undertaken to date related to this project. Have you performed a service consolidation study? If yes, briefly describe the status of the study (i.e. has it been completed, when was it completed? How the study relates to the proposed project.)

**29. Work Plan and Project Timeline.** Provide estimated stages of project development, including detailed timeline chart outlining each phase of the project (i.e list task and projected task completion date, etc.) It should be written so that it is clear what the project deliverables and outcomes will be.

**30. Total Grant Budget Worksheet.** Provide categorical descriptions and amounts. The total of this worksheet should equal the Grant Amount Requested (Line 14) in Part 2.

**31. Additional Information and Comments.** Provide any other information or comments you deem pertinent, but not specifically requested elsewhere in the application.

## FILING INSTRUCTIONS

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