

Economic Vitality Incentive Program (EVIP) Grant Payment Request

Issued under authority of Public Act 63 of 2011, as repealed and replaced by Public Act 278 of 2011.

SEE PAGE 2 FOR INSTRUCTIONS TO COMPLETE THE REQUEST

PART 1: PROJECT INFORMATION				
1. Grant Number		2. Project Title		
3. Request Number	4. Period Start Date	5. Period End Date	6. Request Type <input type="checkbox"/> Partial <input type="checkbox"/> Final	7. Primary Local Unit FEIN
8. Primary Local Unit Name			9. Telephone Number	
10. Payment Mailing Address		City	State	ZIP Code
PART 2: EXPENDITURE DETAIL				
A. Budget Category	B. Total Expenditure Incurred for Period	C. Percentage Funded	D. Amount Incurred this Period	E. Amount Incurred to Date
11. Feasibility Study		25%		
12. Contracted Services		100%		
13. Administration		100%		
14. Training		100%		
15. Merger Expenses		100%		
16. Infrastructure/Equipment		50%		
17. Other		100%		
18. ADJUSTMENTS DUE TO OTHER FUNDING - Reimbursements by other funding sources or the use of cash on hand			()	()
19. TOTAL AMOUNT INCURRED THIS PERIOD - Sum of the amounts shown in Column D				
20. TOTAL CUMULATIVE AMOUNT INCURRED TO DATE - Sum of the amounts shown in Column E				
21. AMOUNT PREVIOUSLY DISBURSED - Line 22 on the previous payment request form			()	
22. AMOUNT REQUESTED FOR DISBURSEMENT - Subtract Line 21 from Line 20				
PART 3: CERTIFICATION				
<i>I hereby certify that the information in this request is complete and accurate and all expenditures for which reimbursement is requested are for eligible scope items as defined in the Final Grant Award Letter for the above project, and that all expenditures have been made during the project period as listed in the Final Grant Award Letter, and are identified and filed according to accounting procedures set forth by the Michigan Department of Treasury.</i>				
Printed Name of Primary Local Unit Chief Financial Officer				Title
Signature of Primary Local Unit Chief Financial Officer				Date

PART 4: FOR ORTA USE ONLY

Grant Amount:	\$ _____	Total Expenditures this Request	\$ _____
Less Previous Amount:	(_____)	Less Ineligible Costs or Reductions	(_____)
REMAINING GRANT AMOUNT	\$ _____	TOTAL REIMBURSEMENT AMOUNT	\$ _____

*Payments **will not** be processed without expenditure documentation and the required signature.*

Return this completed request along with all documentation to:

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

**Instructions for Form 4923
 Economic Vitality Incentive Program Grant Payment Request**

The numbers listed below coincide with the numbers on the payment request form. Lines not listed are explained on the form.

PART 1: PROJECT INFORMATION

1. **Grant Number:** Fill in the respective grant number that was assigned by the Michigan Department of Treasury.
2. **Project Title:** Short name that was used on the grant application to describe the project.
3. **Request Number:** Identify the number of this payment request.
4. **Period Start Date:** Indicate the period start date of this payment request.
5. **Period End Date:** Indicate the period end date of the payment request.
6. **Request Type:** Check whether this is a partial or the final payment request.
7. **Primary Local Unit FEIN:** Federal Employer Identification Number that is issued by the Internal Revenue Service.
8. **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.
9. **Telephone Number:** Phone number, including area code, of the Primary Local Unit.
10. **Payment Mailing Address:** Street number and name, including suite number if applicable, of the Primary Local Unit.

PART 2: EXPENDITURE DETAIL

Lines 11-17 Enter eligible costs incurred to date for each budget category. **Entries in this section must be rounded to the nearest dollar.**

- Column A:** These are the approved budget categories from the Final Grant Award Letter.
- Column B:** Enter the total amount(s) incurred for the period for each budget category.
- Column C:** These are the percentages of funding approved for each budget category.
- Column D:** Allowable amount(s) incurred and requested this period (Column B times Column C).
- Column E:** Show the cumulative amount(s) to date (from project inception).

NOTE: YOU MAY SUBMIT NO MORE THAN ONE REQUEST FOR DISBURSEMENT DURING A CALENDAR MONTH.

MAIL DOCUMENTATION TO SUPPORT THE INCURRED COSTS INCLUDING COPIES OF THE ORIGINAL INVOICES, CANCELLED CHECKS, AND ANY OTHER REPORT(S) THAT WOULD SUPPORT THE REQUEST.