

# Financially Distressed Cities, Villages, and Townships Reimbursement Request

SEE PAGE 2 FOR INSTRUCTIONS TO COMPLETE THE REQUEST

PART 1: PROPOSAL INFORMATION				
1. Grant Number		2. Proposal Title		
3. Request Number	4. Period Start Date	5. Period End Date	6. Request Type <input type="checkbox"/> Partial <input type="checkbox"/> Final	7. Grantee FEIN
8. Grantee 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. Unfunded Accrued Liability - Pension				
12. Unfunded Accrued Liability - OPEB				
13. Infrastructure - Repair				
14. Infrastructure - Replacement				
15. Equipment - Repair				
16. Equipment - Replacement				
17. Long-Term Liabilities				
18. Short-Term Liabilities				
19. Shared Services				
20. Service Upgrade				
21. Operational Effectiveness				
22. <b>ADJUSTMENTS DUE TO OTHER FUNDING</b> - Reimbursements by other funding sources or the use of cash on hand			(                    )	(                    )
23. <b>TOTAL AMOUNT INCURRED THIS PERIOD</b> - Sum of the amounts shown in Column D				
24. <b>TOTAL CUMULATIVE AMOUNT INCURRED TO DATE</b> - Sum of the amounts shown in Column E				
25. <b>AMOUNT PREVIOUSLY REIMBURSED</b> - Line 24 on the previous reimbursement request form			(                    )	
26. <b>AMOUNT REQUESTED FOR REIMBURSEMENT</b> - Subtract Line 25 from Line 24				
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 the eligible scope items as defined in the Grant Agreement for the above proposal, and that all expenditures have been made during the proposal period as listed in the Grant Agreement, and are identified and filed according to accounting procedures set forth by the Michigan Department of Treasury.</i>				
Printed Name of Grantee Chief Financial Officer				Title
Signature of Grantee Chief Financial Officer				Date

**PART 4: FOR OFFICE OF REVENUE AND TAX ANALYSIS USE ONLY**

Grant Amount \$ \_\_\_\_\_ Total Expenditures this Request \$ \_\_\_\_\_

Less Previous Reimbursement(s) ( \_\_\_\_\_ ) Less Ineligible Costs or Reductions ( \_\_\_\_\_ )

**REMAINING GRANT AMOUNT** \$ \_\_\_\_\_ **TOTAL REIMBURSEMENT AMOUNT** \$ \_\_\_\_\_

Index	Budget Amount	Previous Request(s)	This Request	Balance
50__10				
50__11				
50__12				
50__13				
50__14				
50__15				
50__16				
50__17				
50__18				
50__19				
50__20				
<i>Total</i>				

*Payments **will not** be processed without expenditure documentation (including but not limited to invoices and cancelled checks) 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 5199 Financially Distressed Cities, Villages, and Townships Reimbursement Request**

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

### **PART 1: PROPOSAL INFORMATION**

1. **Grant Number:** Fill in the respective grant number that was assigned by the Michigan Department of Treasury.
2. **Proposal Title:** Short name that was used on the grant application to describe the proposal.
3. **Request Number:** Identify the number of this reimbursement request.
4. **Period Start Date:** Indicate the period start date of this reimbursement request.
5. **Period End Date:** Indicate the period end date of the reimbursement request.
6. **Request Type:** Check whether this is a partial or the final reimbursement request.
7. **Grantee FEIN:** Federal Employer Identification Number that is issued by the Internal Revenue Service.
8. **Grantee Name:** The name of the Local Unit that has the authority and the responsibility for the administration of the proposal in accordance with the grant conditions. For example, "City of Blank" is acceptable.
9. **Telephone Number:** Phone number, including area code, of the Grantee.
10. **Payment Mailing Address:** Street number and name, including suite number if applicable, of the Grantee.

### **PART 2: EXPENDITURE DETAIL**

Lines 11-21: 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 Grant Agreement.

**Column B:** Enter the total amount(s) incurred for the period for each budget category.

**Column C:** Enter the percentage(s) of funding approved for each budget category from the Grant Agreement. Enter the percentage(s) using a decimal (i.e. 10% would be entered as .10).

**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 proposal inception).

**NOTE: YOU MAY SUBMIT NO MORE THAN ONE REQUEST FOR REIMBURSEMENT 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.**