

Local Government Emergency Financial Manager Exit Strategy Checklist

Issued under P.A. 72 of 1990 As Amended

Local Unit of Government Type <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Twp <input type="checkbox"/> Village <input type="checkbox"/> Other	Local Unit Name	County
Date <input type="checkbox"/> Consent Agreement <input type="checkbox"/> Appointment of Emergency Financial Manager	Date of Completion of Exit Strategy Checklist	

In an effort to clearly set forth when the financial emergency has ended, the following checklist is to be used by the parties to document the end of the financial emergency and the end of the term of the Emergency Financial Manager. If all of the boxes are marked yes, the term of the Emergency Financial Manager shall be ended within the next 30 days.

Y
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Check each applicable box below.

1. Has a written financial plan been developed in consultation with the local government?

2. Does the written financial plan provide for the conducting of operations of the local government within the resources available according to the Emergency financial Manager's estimate?

3. Does the written financial plan provide for the payment in full of the scheduled debt service requirements on all bonds, notes, and all other uncontested legal obligations of the local government?

4. During the past 180 continuous days has the Emergency Financial Manager in consultation with the local government reexamined the Written financial plan?

5. During the past 180 continuous days has the written financial plan been modified to conform to revised revenue estimates?

6. During the past 180 continuous days have the operations of the local government been conducted within the available resources?

7. During the past 180 continuous days have all scheduled debt service requirements on all bonds, notes, and other uncontested legal obligations been paid?

8. Have all taxes withheld on the income of employees been transferred to the appropriate agency for the past 180 continuous days?

- | | Y
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|-----|--------------------------|--------------------------|---|
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have all of the taxes collected by the local government as agent for another government unit, school district, or other taxing authority been transferred to the appropriate agency for the past 180 continuous days? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have all required pension, retirement, or other benefit plan contributions been made for the past 180 continuous days? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have all wages, salaries, or other compensation due to employees or retirees been paid for the past 180 continuous days? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have the total amount of accounts payable for the current fiscal year, as determined by the state treasurer's uniform chart of accounts, been less than 10% of the total expenditures of the local government for the past 180 continuous days? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have all deficits been eliminated in all funds for the past 180 continuous days? |

In respect to any question to which the answer was "no," please provide an explanation as to why and indicate when the matter in question will be addressed or resolved.

Signature of Emergency Financial Manager:
