### **Financial Data Analytic Tool Reimbursement Request**

PART 1: LOCAL UN	IIT INFORMATION						
Local Unit Name		Local Unit County Name	Local Unit Code	Last Four D	igits of FEIN	Vendor Customer No.	
Payment Mailing Address		City		State		ZIP Code	
Contact Name		Con	Contact Title				
Contact E-Mail Address		Contact Telephone Number			Extension		
	D VENDOR SELECTED OF GOVERNMENT	BY THE CITY, VILL	AGE, TOWNSHI	P, COUNT	Y, OR RE	GIONAL	
Munetrix			Forecast5				
<b>PART 3: FINANCIA</b>	L DATA ANALYTIC TOO	L LICENSING AGR	EEMENT INFOR	MATION			
Start Date	End Date	Len	gth of Agreement		Total Cost \$		
PART 4: REQUIRE	ATTACHMENTS						
Attached	Items Required to be Submitted to the Michigan Department of Treasury						
A signe	A signed "Licensing Agreement" from either Munetrix or Forecast5.						
A copy	A copy of the invoice with the cost of the financial data analytic tool identified.						
	A copy of the canceled check(s) or ACH information (bank statement(s)) supporting the payment of the invoice.						
PART 5: CERTIFICA	ATION						
the above mentione agreement, on or b Budget approved fir and that all expendi	2018 Public Act 207, the ed city, village, township efore December 1, 2018 ancial data analytic tool tures have been made by partment of Treasury.	o, county, or regiona 8, with one of the N vendors; that all of the	al council of gove lichigan Departm ne information in	ernment hat lent of Tec this reques	as entered hnology, N it is comple	I into a licensing Management and ete and accurate;	
	ignature (as defined in MCL 141.42	Printed Name of Chi	ef Administrative Officer		Da	te	
	ned form (including requirueSharing@michigan.g	•	ould be e-mailed	io:			
Heaskeven	ueonaring@inicingan.g	JUV					

If you are unable to submit via e-mail, fax to 517-335-3298 or mail the completed form and required attachments to:

Michigan Department of Treasury Revenue Sharing and Grants Division PO Box 30722 Lansing MI 48909

For questions, call 517-373-2697.

TREASURY USE ONLY							
Certification Received	eceived Licensing Agreement Received Invoice Received		Payment Support Received				
Notes:							

## Instructions for Form 5568, Financial Data Analytic Tool Reimbursement Request

#### **PART 1: LOCAL UNIT INFORMATION**

**Local Unit Name:** The name of the city, village, township, county, or regional council of government requesting reimbursement under the Financial Data Analytic Tool Reimbursement Program.

**Local Unit County Name:** The county name that the city, village, township, or county is located in. Regional councils of government may leave the local unit county name field blank.

**Local Unit Code:** The <u>revenue sharing local unit code</u> of the city, village, township, or county requesting reimbursement from the Michigan Department of Treasury. Regional councils of government may leave the local unit code field blank.

Last 4 Digits of FEIN: Enter the last four digits of the city's, village's, township's, county's, or regional council of government's Federal Employer Identification Number (FEIN).

**Vendor Customer No.:** If known, enter the SIGMA customer account number for the city, village, township, county or regional council of government.

**Payment Mailing Address:** Street number and name, including suite number if applicable, of the city, village, township, county, or regional council of government.

**Contact Name:** Full name of the individual that can answer any questions for the city, village, township, county, or regional council of government regarding the reimbursement request.

Contact Title/Contact E-Mail Address/Contact Telephone Number/Extension: Information for the contact person that can answer any questions regarding the reimbursement request.

# PART 2: APPROVED VENDOR SELECTED BY THE CITY, VILLAGE, TOWNSHIP, COUNTY, OR REGIONAL COUNCIL OF GOVERNMENT

The vendors that have been approved by the Michigan Department of Technology, Management and Budget for reimbursement are Munetrix and Forecast5. Check the appropriate box for the vendor which the city, village, township, county, or regional council of government has entered into a licensing agreement.

### PART 3: FINANCIAL DATA ANALYTIC TOOL LICENSING AGREEMENT INFORMATION

**Start Date:** Indicate the date the licensing agreement starts (i.e. the date that the city, village, township, county, or regional council of government can start using the financial data analytic tool under the current licensing agreement).

**End Date:** Indicate the date the licensing agreement ends (i.e. the date that the city, village, township, county, or regional council of government will no longer be able to use the financial data analytic tool under the current licensing agreement).

**Length of Agreement:** Number of years the city, village, township, county, or regional council of government is authorized to use the financial data analytic tool under the current licensing agreement.

**Total Cost:** The city's, village's, township's, county's, or regional council of government's total cost of the financial data analytic tool being used under the signed current licensing agreement with the approved financial data analytic tool vendor.

### **PART 4: REQUIRED ATTACHMENTS**

Check each box related to the required attachment that the city, village, township, county, or regional council of government is submitting to the Michigan Department of Treasury.