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

Issued under authority of 2019 Public Act 56. Filing is mandatory to qualify for reimbursement.									
PART 1: LOCAL UNIT INFORMATION					Local Unit Codo	Loot Four	Digita of EEIN	Vendor Customer No.	
Local Unit Name		Local Unit County Name		Local Unit Code	Last Four Digits of FE		vendor Customer No.		
Daymant Mailing	Address		City			Ctata		ZIP Code	
Payment Mailing	Address		City			State		ZIP Code	
Contact Name				Cont	ant Title				
Contact Name	ontact Name			Contact Title					
Contact F Mail Address				Contact Telephone Number			T E	Extension	
Contact E-Mail Address			Contact relephone Number		-		Kension		
DADT 2. AD	DDOVED VENDO	D CELECTED I	BY THE CITY I	/// /	/ILLAGE, TOWNSHIP, COUNTY, OR REGIONAL			CIONAL	
			BY THE CITY,	VILL	AGE, IOWNSHII	, COUN	IY, OR RE	GIONAL	
CO	OUNCIL OF GOVE	EKNIMENI							
					1_				
Munetrix				Forecast5					
DADT 2. FIA	LANCIAL DATA A	NALVIIC TOOL	LICENCING	CD	CEMENT INCODE	AATION			
Start Date	NANCIAL DATA A	End Date	LICENSING F		EEMENT INFORT th of Agreement	WATION	Total Cost		
Start Date		Life Date		Leng	ui oi Agreement		\$		
DART 4: DE	CHIDED ATTACL	IMENTO							
PARI 4: RE	QUIRED ATTACH	TIVIENTS							
Attached	Items Required to be Submitted to the Michigan Department of Treasury								
	A signed "Licensing Agreement" from either Munetrix or Forecast5.								
	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						ayment of the		
	invoice.								
PART 5: CE	RTIFICATION								
		olic Act 56, the u	ındersianed he	rehv	certifies to the M	lichigan [	Denartmen	t of Treasury that	
In accordance with 2019 Public Act 56, the undersigned hereby certifies to the Michigan Department of Treasury that the above mentioned city, village, township, county, or regional council of government has entered into a licensing									
agreement, on or before December 1, 2018, with one of the Michigan Department of Technology, Management and									
Budget approved financial data analytic tool vendors; that all of the information in this request is complete and accurate;									
and that all expenditures have been made by December 31, 2019, and filed according to accounting procedures set forth									
	igan Department o	•	December 61, 2	_0 10	, and med docord	ing to doo	ounting pro	50000105 500 101111	
	ive Officer Signature (as o		Pb) Printed Name (	of Chie	f Administrative Officer		D:	 ate	
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A		in ali india a manani in		\ _!					
•	and signed form (		•	) sno	uid be e-mailed to	<b>)</b> :			
TreasRevenueSharing@michigan.gov									

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 517-335-7484.

TREASURY USE ONLY									
Certification Received 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.