

# Financially Distressed Cities, Villages, and Townships (FDCVT) Reimbursement Request

SEE PAGE 3 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. SIGMA Vendor Number
8. Grantee Name			9. Telephone Number	
10. Payment Mailing Address		City	State	ZIP Code
PART 2: EXPENDITURE DETAIL				
A. Budget Category	B. Grant Award Amount	C. Previous Reimbursements	D. Current Request Amount	E. Remaining Balance (=B-C-D)
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. Total				
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** \$ \_\_\_\_\_

Budget Category	Function	Budget Amount	Previous Reimbursements	Current Request Amount	Remaining Balance
Unfunded Accrued Liability – Pension					
Unfunded Accrued Liability – OPEB					
Infrastructure – Repair	9407				
Infrastructure – Replacement	9408				
Equipment – Repair	9409				
Equipment – Replacement	9410				
Long-Term Liabilities					
Short-Term Liabilities					
Shared Services	9411				
Service Upgrade	9412				
Operational Effectiveness	9413				
Total					

Is the grantee on the current revenue sharing withholding list?  Yes  No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Payments will not be processed without expenditure documentation (including but not limited to invoices and proof of payment) and the required signature.

Completed requests along with all documentation can be submitted by:

- Email:** [TreasRevenueSharing@michigan.gov](mailto:TreasRevenueSharing@michigan.gov)
- Fax:** 517-335-3298
- Mail:** 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 (FDCVT) 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. **Project Title:** Short name that was used on the grant application to describe the project.
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. **SIGMA Vendor Number:** Unique identification number assigned by the state of Michigan's SIGMA system, used to issue payments to grantees.
8. **Grantee Name:** The name of the Local Unit that has the authority and the responsibility for the administration of the project 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 11-22: **Entries in this section must be rounded to the nearest dollar.**

**Column A – Budget Category:** These are the approved budget categories from Appendix A of the Grant Agreement.

**Column B – Grant Award Amount:** Enter the grant award amount(s) for each category from Appendix A of the Grant Agreement.

**Column C – Previous Reimbursements:** Enter the total amount reimbursed through previous reimbursement requests for each budget category.

**Column D – Current Request Amount:** Enter the amount being requested for reimbursement for each budget category.

**Column E – Remaining Balance:** Show the remaining balance for each budget category. This is the Budget Amount (Column B) less the Previous Reimbursements (Column C) and less the Current Request Amount (Column D).

**NOTE: YOU MAY SUBMIT NO MORE THAN ONE REQUEST FOR REIMBURSEMENT PER GRANT DURING A CALENDAR MONTH.**

**SUBMIT DOCUMENTATION TO SUPPORT THE INCURRED COSTS INCLUDING COPIES OF THE ORIGINAL INVOICES, PROOF OF PAYMENT, AND ANY OTHER REPORT(S) THAT WOULD SUPPORT THE REQUEST.**

A signed and completed reimbursement request (including attachments) can be submitted by:

**Email:** [TreasRevenueSharing@michigan.gov](mailto:TreasRevenueSharing@michigan.gov)

**Fax:** 517-335-3298

**Mail:** Michigan Department of Treasury  
Office of Revenue and Tax Analysis  
PO Box 30722  
Lansing MI 48909