## Economic Vitality Incentive Program/County Incentive Program Certification of Unfunded Accrued Liability Plan

Issued under authority of 2013 Public Act 59. Filing is mandatory to qualify for payments.

Each city/village/township/county applying for Unfunded Accrued Liability Plan payments must:

- Certify to the Michigan Department of Treasury (Treasury) that the local unit listed below has produced and made readily available to the public, an Unfunded Accrued Liability Plan. The plan shall be made available for public viewing in the clerk's office or posted on a publicly accessible Internet site as required by 2013 Public Act 59.
- 2. Submit to Treasury an Unfunded Accrued Liability Plan, if selecting Option 1 of Part 2 below.

City/village/township: This certification, along with the Unfunded Accrued Liability Plan, must be received by June 1, 2014, to receive the June and August payments or on or before July 31, 2014, to receive the August payment. Post mark dates will not be considered. For questions, call (517) 373-2697.

County: This certification, along with the Unfunded Accrued Liability Plan, must be received by June 1, 2014, (or the first day of a payment month) in order to qualify for that month's payment. Post mark dates will not be considered. For questions, call (517) 373-2697.

PART 1: LOCAL UNIT INFORMATION					
Local Unit Name		Local Unit County Name			
County of Mecosta		Mecosta			
Local Unit Code		Contact E-Mail Address			
5400		pbullock@co.mecosta.mi.us			
Contact Name	Contact Title			Extension	
Paul E. Bullock	Controller/Adı	ler/Administrator (231) 796-2505			
Website Address, if plan is available online				Date of Last Audited	d Financial Report
co.mecosta.mi.us				12/31/12	
PART 2: STATEMENT OF UNFUNDED A	CCRUED LIABILITIES	S			
Indicate the option that pertains to your local un	it:				
X   1. Unfunded Accrued Liabilities Exist A local unit who has unfunded accrued lia 2013 Public Act 59.	bilities pertaining to pens	sions or other post-em	ployment benefits n	must altach a plan a	as required by
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Completed and signed form (including required attachment, if selected option 1) should be e-mailed to: TreasRevenueSharing@mlchigan.gov

If you are unable to submit via e-mail, fax to (517) 335-3298, or mail the completed form and required attachment (if selected option 1) to:

Michigan Department of Treasury Office of Revenue and Tax Analysis PO Box 30722 Lansing Mi 48909

TREASURY USE ONLY					
EVIP/CIP Eligible	Certification Received	EVIP/CIP Notes			
Y N	· ·				
Final Certification	Plan Received				