City, Village, and Township Revenue Sharing and County Incentive Program Certification

Issued under authority of 2023 Public Act 119. Filing is mandatory to qualify for payments.

Each city/village/township/county applying for City, Village, and Township Revenue Sharing or County Incentive Program payments must:

- 1. Certify to the Michigan Department of Treasury (Treasury) that the local unit listed below:
 - a. Produced and made available to the public a Debt Service Report and a Projected Budget Report as required by 2023 Public Act 119.
 - b. Will include in any mailing of general information to its citizens, the internet website address or the physical location where all the documents are available for public viewing in the clerk's office.
 - c. Must use the public safety designated payments specifically for local public safety initiatives.
- 2. Submit to Treasury a Debt Service Report and a Projected Budget Report.

This certification, along with a Debt Service Report and a Projected Budget Report, **must be received by December 7**, **2023**, (or the first day of a payment month) in order to qualify for that month's payment. Postmark dates will not be considered. For questions, call 517-335-7484.

PART 1: LOCAL UNIT INFOR	RMATION				
Local Unit Name		Local Unit County N	Local Unit County Name		
Kinross Charter Township Local Unit Code		Chippewa Contact E-Mail Address			
					171080
Contact Name	Contact Title	48	Contact Telephone Number	Extension	
Michael Hoolsema	Accountant		(906) 495-5381	104	
Website Address, if reports are available online			Current Fiscal Year End Date		
kinrosstownship-mi.gov			March 31, 2024		
PART 2: CERTIFICATION					
2. Will include in any mail	ce Report and a Projected ing of general information to locuments are available for	o our citizens, th	e internet website address or the	physical	
	esignated payments for loc	■ 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
4. Attached the Debt Serv	vice Report and Projected I	Budget Report to	this signed certification.		
Chief Administrative Officer Signature	(as defined in MCL 141.422b)	Printed Name of Chief Administrative Officer (as defined in MCL 141.422b			
		James R. Moore			
Title /		Date			
Township Supervisor //-1/5-23					

Email the completed and signed form (including required attachments) to: TreasRevenueSharing@michigan.gov.

If you are unable to submit via email, 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