

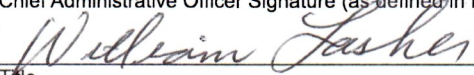
# City, Village, and Township Revenue Sharing and County Incentive Program Certification

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 INFORMATION			
Local Unit Name City Of Ovid		Local Unit County Name Clinton	
Local Unit Code 192029		Contact E-Mail Address mayor@ovidmi.org	
Contact Name William Lasher	Contact Title Mayor	Contact Telephone Number (989) 666-4757	Extension
Website Address, if reports are available online www.ovidmi.org		Current Fiscal Year End Date 12-31-2023	
PART 2: CERTIFICATION			
In accordance with 2023 Public Act 119, the undersigned hereby certifies to Treasury that the above mentioned local unit:			
<ol style="list-style-type: none"> <li>1. Produced a Debt Service Report and a Projected Budget Report;</li> <li>2. Will include in any mailing of general information to our citizens, the internet website address or the physical location where all the documents are available for public viewing in the clerk's office;</li> <li>3. Will use public safety designated payments for local public safety initiatives only;</li> <li>4. Attached the Debt Service Report and Projected Budget Report to this signed certification.</li> </ol>			
Chief Administrative Officer Signature (as defined in MCL 141.422b) 		Printed Name of Chief Administrative Officer (as defined in MCL 141.422b) William Lasher	
Title Mayor		Date 11/21/23	

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