

Economic Vitality Incentive Program Certification of Employee Compensation

Issued under authority of Public Act 63 of 2011. Filing is mandatory to qualify for payments.

Each city/village/township applying for Employee Compensation payments must:

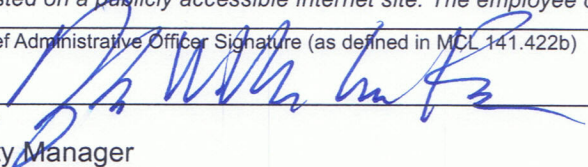
1. Certify to the Michigan Department of Treasury (Treasury) that the local unit listed below has developed an employee compensation plan that the local unit intends to implement with any new, modified, or extended contract or employment agreements for employees not covered under contract or employment agreement. The plan shall be made available for public viewing in the clerk's office or posted on a publicly accessible Internet site.
2. Submit to Treasury an employee compensation plan.

This certification, along with the employee compensation plan, **must be received by May 1, 2012** (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 City of Grant	
Local Unit Code 622015	Local Unit County Newaygo
Contact Name Doug La Fave	Contact Telephone Number (231) 834-7904

PART 2: CERTIFICATION

<i>In accordance with Public Act 63 of 2011, the undersigned hereby certifies to Treasury that by May 1, 2012, the above mentioned local unit has developed an employee compensation plan and has made the plan available for public viewing in the clerk's office or posted on a publicly accessible Internet site. The employee compensation plan is attached to this signed certification.</i>	
Chief Administrative Officer Signature (as defined in MCL 141.422b) 	
Title City Manager	Date 8/3/11

Completed and signed forms (including required attachments) should be e-mailed to: TreasORTA@michigan.gov

If you are unable to submit via e-mail, mail the completed form and required attachments to:

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

Treasury Use Only		
EVIP Eligible	Certification Received	EVIP Notes
Y N	Plan Received	



280 S. Maple St. P.O. Box 435 Grant, MI 49327

City of Grant Employee Compensation

Health Insurance/Vision and Dental:

Health Insurance Plan: High deductible HMO- HSA-Priority Health

Single: \$2,000/\$4,000 deductible Rx Copay: \$10 Generic, \$40 Brand

Double/Family: \$4,000/\$8,000 deductible Rx Copay: \$10 Generic, \$40 Brand

Employee Premium Contribution: Single: 20%. Double/Family: 25%

Vision/Dental Plan: None. \$500 HSA contribution for full time eligible employees for vision and dental

Employer HSA Contribution: \$2,000 for full time eligible employees

Retirement:

Retirement Plan: Defined Contribution 457(b) plan

Employer Contribution: 6% of full time eligible employee wages

City of Grant Employee Compensation is available at: <http://www.cityofgrantmi.com/transparency.html>
Or in person at City Hall, 280 S. Maple St, Grant, MI 49327