

MCSSA/MCSSCET

INVITES YOU TO PARTICIPATE:

ANNUAL TRAINING CONFERENCE AND BUSINESS MEETING

SEPTEMBER 16 - 18, 2024

**GREAT WOLF LODGE
TRAVERSE CITY, MI**



**ASSEMBLING THE PUZZLE
OF MENTAL HEALTH**



Michigan County Social Services Association

DEAR MCSSA MEMBER,

WE ARE EXCITED TO INVITE YOU TO THE 2024 MCSSA/MCSSCET ANNUAL TRAINING CONFERENCE AND BUSINESS MEETING! THIS HIGHLY ANTICIPATED EVENT WILL BE TAKING PLACE FROM SEPTEMBER 16TH TO THE 18TH AT THE GREAT WOLF LODGE IN TRAVERSE CITY.

EARLY CHECK-INS ARE AVAILABLE FOR SUNDAY, SEPTEMBER 15TH AT SPECIAL CONFERENCE RATES. REGULAR HOTEL CHECK-IN BEGINS ON SEPTEMBER 16TH AT 4:00 PM. THE CONFERENCE SIGN-IN DESK WILL OPEN AT 12:00 PM ON MONDAY, SEPTEMBER 16TH, TO CONVENIENTLY SIGN IN AND COLLECT YOUR CONFERENCE MATERIALS.

AS AN ORGANIZATION, MCSSA HAS A LONG-STANDING TRADITION OF EXCELLENCE AND SERVICE TO THE STATE OF MICHIGAN. WE INVITE YOU TO JOIN US IN CELEBRATING OUR SHARED COMMITMENT TO EMPOWERING INDIVIDUALS THROUGHOUT THEIR LIFE JOURNEYS. THE PRESIDENT'S BANQUET, A HIGHLIGHT OF THE CONFERENCE, WILL BE A MEMORABLE OCCASION TO HONOR OUR ACCOMPLISHMENTS AND RECOGNIZE THE CONTRIBUTIONS OF OUTSTANDING INDIVIDUALS WITHIN OUR COMMUNITY.

THIS YEAR'S CONFERENCE THEME IS "ASSEMBLING THE PUZZLE OF MENTAL HEALTH." AS PUBLIC SERVANTS, WE SEE THE SELFLESS OUTPOURING YOU TURN TOWARDS YOUR COMMUNITIES. WE HOPE YOU'LL SPEND THE CONFERENCE WITH US IDENTIFYING THE PIECES THAT MAKE UP THE WHOLE PICTURE OF WELL-BEING: YOUR OWN MENTAL WELLNESS, AS WELL AS YOUR TEAM'S, AND THE MENTAL HEALTH OF THOSE WHOM YOU SERVE. YOU DON'T HAVE TO SOLVE THIS ALONE.

AS PART OF THIS YEAR'S CONFERENCE, WE ARE EXCITED TO PEICE TOGETHER THE PRESIDENT'S CHALLENGE: *BRINGING CARE TO OUR COMMUNITY*. WE HAVE SET A GOAL FOR EACH ATTENDEE TO BRING SELF-CARE GOODS TO DONATE TO SAFE HARBOR. THIS CHALLENGE PROVIDES AN OPPORTUNITY FOR US TO COME TOGETHER AND MAKE A MEANINGFUL IMPACT ON THE LIVES OF THOSE IN NEED WITHIN OUR COMMUNITY BY PROVIDING RESOURCES TO STIMULATE PHYSICAL AND MENTAL WELL-BEING. LET'S UNITE IN GENEROSITY AND COMPASSION TO SUPPORT THIS WORTHY CAUSE!

PLEASE TAKE A MOMENT TO MARK YOUR CALENDAR AND SECURE YOUR REGISTRATION FOR THIS EXTRAORDINARY EVENT. REGISTER TODAY TO ENSURE YOUR PARTICIPATION AND ACCESS TO ALL THE ENRICHING SESSIONS AND NETWORKING OPPORTUNITIES. WE WILL CONTINUE TO KEEP YOU INFORMED OF ADDITIONAL DETAILS AND UPDATES AS THE CONFERENCE DATE APPROACHES.

THANK YOU FOR YOUR ONGOING SUPPORT, AND WE LOOK FORWARD TO SEEING YOU DURING THE MCSSA/MCSSCET ANNUAL TRAINING CONFERENCE AND BUSINESS MEETING!

SINCERELY,

GRENAE DUDLEY, PH. D
MCSSA PRESIDENT

BOB VANDERZWAAG
MCSSA VICE-PRESIDENT

FEATURED SPEAKER:
DR. KATHY BAILEY - GVSU

SPEAKERS INCLUDE:
DWAYNE HAYWOOD
DEMETRIUS STARLING
AND MORE TBA

THERE WILL BE A WELCOME RECEPTION
ON MONDAY EVENING FROM 5:00 - 6:30 PM
SPONSORED & HOSTED BY: THE FREDERICK GROUP

PLEASE REGISTER BY JULY 1ST TO BE ENTERED IN A
EARLY BIRD DRAWING!

REMEMBER:
PARTICIPATE IN THE PRESIDENT'S CHALLENGE!
THIS YEAR WE WILL BE DONATING TO:

SAFE HARBOR
[HTTPS://WWW.GTSAFEHARBOR.ORG/](https://www.gtsafeharbor.org/)

Requested Donations for Safe Harbor

- CHAPSTICK CLASSIC ORIGINAL
- CREST CAVITY REGULAR TOOTHPASTE
- MOISTURIZING SHAMPOO FOR ALL HAIR TYPES
- NOURISHING BODY WASH
- MEN AND WOMEN STICK DEODORANT
- SKINTIMATE SHAVE GEL FOR WOMEN/ EDGE SHAVE GEL FOR MEN
- DISPOSABLE RAZOR, SENSITIVE SKIN
- HOTHANDS HAND & TOE WARMERS
- DETANGLING HAIRBRUSH-WET BRUSH
- TOILET PAPER
- BREATHE RIGHT NASAL STRIPS EXTRA STRENGTH FOR SENSITIVE SKIN, DRUG FREE
- WOMEN'S COTTON BRIEF UNDERWEAR-X LARGE, LARGE, MEDIUM, SMALL SIZE
- MEN'S CREW NECK UNDERSHIRT- X LARGE, LARGE, MEDIUM, SMALL SIZE
- MEN'S UNDERWEAR BOXERS, X LARGE, LARGE, MEDIUM, SMALL
- LED FLASHLIGHT KEYRING
- EARBUDS HEADPHONES FOR IPHONE, ANDROID & MP3 PLAYER
- COTTON WASH CLOTHS & BATH TOWELS - WHITE
- 40-45-GALLON HEAVY DUTY TRASH BAGS
- GALLON FOOD STORAGE BAGS
- SIMPLE GREEN HEAVY-DUTY CLEANER, GALLON SIZE
- LAUNDRY PODS
- POWDER FREE DISPOSABLE GLOVES (MEDICAL EXAM GLOVES) X LARGE, LARGE, MEDIUM
- SLEEPING BAGS, ADULT SIZE - ALL WEATHER

2024 ANNUAL CONFERENCE SCHEDULE

TENTATIVE

"Assembling the Puzzle of Mental Health"

MONDAY, SEPTEMBER 16, 2024

11:00-12:00 PM - NEW MEMBER
ORIENTATION

12:00-12:45 PM - REGISTRATION

12:45-1:00 PM - WELCOMING REMARKS -
PRESIDENT GRENAE DUDLEY

1:00-3:00 PM - SPEAKERS TBA

3:00-3:15 PM - REFRESHMENT BREAK

3:15-5:00 PM - SPEAKERS TBA

WELCOME RECEPTION - SPONSORED &
HOSTED BY THE FREDERICK GROUP
EVENING - DINNER ON YOUR OWN

TUESDAY, SEPTEMBER 17, 2024

7:30-8:30 AM - REGISTRATION AND
BREAKFAST

7:30-8:30 AM - REGISTRATION

8:30-10:15 AM - FEATURED SPEAKER, DR.
BAILEY, GVSU

10:15-10:30 AM - REFRESHMENT BREAK

10:30-11:30 AM - RESUME PRESENTATION
BY DR. BAILEY

11:30-12:30 PM - LUNCH

12:30-1:00 PM - ANNUAL BUSINESS MEETING

1:00-3:15 PM - CONCLUSION OF
PRESENTATION BY DR. BAILEY

3:15-4:15 PM - REFRESHMENT BREAK &
DISTRICT MEETINGS

5:30-6:00 PM - RECEPTION - CASH BAR

6:00 PM - PRESIDENT'S BANQUET

WEDNESDAY, SEPTEMBER 18, 2024

7:30-8:30 AM - REGISTRATION AND
BREAKFAST

8:30-9:15 AM - SAFE HARBOR

9:15-10:15 AM - SPEAKER TBA

10:15-10:30 AM - REFRESHMENT BREAK

10:30-11:30 AM - DEMETRIUS STARLING &
DWAYNE HAYWOOD

11:30-12:00 PM - CONFERENCE CONCLUSION
- CHAIR BOB VANDERZWAAG'S SUMMARY &
PRESIDENT GRENAE DUDLEY CLOSING
REMARKS



AUCTION



MCSSCET SCHOLARSHIP FUNDRAISER

SILENT AUCTION

SEPTEMBER 16-18, 2024

GREAT WOLF LODGE, TRAVERSE CITY

THE SILENT AUCTION HAS PROVEN TO BE A LOT OF FUN OVER THE PAST SEVERAL YEARS, WITH OUR MEMBERS LOOKING FORWARD TO THE AUCTION EVERY YEAR. IT'S A GREAT OPPORTUNITY TO PURCHASE GIFTS FOR SOMEONE YOU LOVE OR FOR YOURSELF! THANKS TO YOUR GENEROSITY, WE HAVE BEEN ABLE TO AWARD OVER \$45,000 IN SCHOLARSHIPS THROUGHOUT THE YEARS!

THE SCHOLARSHIP SELECTION COMMITTEE IS ASKING EACH COUNTY AND/OR INDIVIDUAL MEMBER TO BRING AT LEAST ONE DONATED ITEM FOR AUCTION TO THE CONFERENCE. PLEASE DO NOT SEND IT TO THE MCSSA OFFICE. THE SILENT AUCTION WILL BE HELD THROUGHOUT THE ENTIRETY OF THE CONFERENCE, WITHIN THE MEETING SPACE. HIGH BIDDERS MUST PAY FOR AND PICK UP THEIR ITEMS AFTER THE CLOSE OF BIDDING ON WEDNESDAY BEFORE LEAVING THE CONFERENCE.

PLEASE NOTIFY THE MCSSA OFFICE BY SEPTEMBER 6, 2024, BY CALLING 517-371-5303, OR EMAILING MCSSA@MCSSA.COM, OF THE ITEM(S) YOU AND/OR YOUR COUNTY WILL BE DONATING, SO THAT A COMPLETE LISTING OF ALL DONATIONS CAN BE DISTRIBUTED AT THE CONFERENCE. PLEASE INCLUDE A DETAILED DESCRIPTION OF YOUR DONATION. IN PREVIOUS YEARS, WE HAVE OFFERED EVERYTHING FROM A WEEKEND AT ONE OF YOUR COUNTY'S FINEST RESORTS OR BED-AND-BREAKFAST LOCATIONS TO LOCALLY AND PERSONALLY HANDCRAFTED ITEMS, AS WELL AS GIFT CERTIFICATES. ALL ARE WELCOMED AND DESIRED.

THANKS TO YOUR GENEROUS SUPPORT, THE SCHOLARSHIP FUND CONTINUES TO GROW AND PROVIDE INCREASED BENEFITS TO OUR YOUNG ADULTS AS THEY STRIVE TO COMPLETE THEIR EDUCATION IN THE HUMAN SERVICES FIELD OR THAT PERTAINING TO A MEDICAL CARE FACILITY.

THERE ARE THREE DIFFERENT WAYS TO HAVE FUN AND SUPPORT THE SCHOLARSHIP FUND: YOU CAN WIN THE 50/50 RAFFLE, HAVE THE WINNING BID FOR AN AUCTION ITEM, AND CONTRIBUTE FINANCIALLY BY COMPLETING THE DONATION PORTION ON YOUR CONFERENCE REGISTRATION FORM.

THANK YOU FOR YOUR SUPPORT!

RESERVATION INSTRUCTIONS FOR GREAT WOLF LODGE



THE GREAT WOLF LODGE HAS A BLOCK OF ROOMS THEY ARE HOLDING FOR MCSSA/MCSSCET. ATTENDEES MUST MAKE THEIR OWN RESERVATIONS BY DIRECTLY CALLING THE HOTEL AT 866-962-9653.

THE ROOM RATE IS \$85.00 PLUS \$14.99 MANDATORY RESORT FEE & ALL APPLICABLE TAXES & FEES. THIS PACKET CONTAINS A TAX EXEMPT FORM TO PROVIDE TO THE HOTEL.

CHECK-IN IS AT 4 PM AND CHECK-OUT IS AT 11 AM.

THE ROOM BLOCK WILL BE AVAILABLE UNTIL AUGUST 15, 2024

PLEASE NOTIFY THE HOTEL THAT YOU ARE RESERVING FOR THE MCSSA/MCSSCET CONFERENCE AND PROVIDE THEM THE BLOCK OFFER CODE: 2409MCSSA



3575 N. US 31 S.
TRAVERSE CITY MI 49684

2024 MCSSA/MCSSCET ANNUAL BUSINESS MEETING & TRAINING CONFERENCE REGISTRATION

SEPTEMBER 16-18, 2024

PAID REGISTRATIONS MUST BE RECEIVED by AUGUST 30, 2024

COUNTY(IES) BEING REPRESENTED: _____

NAME: _____

POSITION: _____

PHONE #: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

GUEST'S NAME: _____

SPECIAL MEAL ACCOMMODATIONS: _____

ALLERGIES: _____

TYPE OF MEMBERSHIP (CHECK ONE):

BOARD MEMBER _____ MDHHS _____ LIFE MEMBER _____

**CANCELLATIONS MUST BE MADE
PRIOR TO AUGUST 30, 2024. THERE
WILL BE NO REFUNDS AFTER THIS
DATE.**

**PLEASE MAKE CHECK PAYABLE TO:
MCSSCET
115 W. ALLEGAN, STE. 200
LANSING, MI 48933**

FEDERAL ID NO.: 38-2703537

**REGISTER BY JULY 1ST, 2024 TO BE ENTERED INTO A "EARLY BIRD DRAWING"
WINNER WILL BE ANNOUNCED AT THE CONFERENCE. MUST BE PRESENT TO WIN.**

THE LAST DAY TO REGISTER OR REQUEST A REFUND IS AUGUST 30, 2024.

REGISTRATION FEES:

- THE FULL CONFERENCE REGISTRATION FEE INCLUDES ALL SESSIONS, BUSINESS MEETING, MEALS ON TUESDAY AND WEDNESDAY, THE PRESIDENT'S BANQUET, AND ALL REFRESHMENTS. THE FEE IS: \$295 FOR MEMBERS; \$320 FOR NON-MEMBERS; \$0 FOR ACTIVE LIFE MEMBERS* NOT SERVING ON A COUNTY BOARD; \$200 FOR SPOUSE/GUEST OF ACTIVE LIFE MEMBER.
- MONDAY, SEPT. 16 ONLY: \$100 MEMBERS/\$120 NON-MEMBERS.
- TUESDAY, SEPT. 17 ONLY (INCLUDES BREAKFAST, LUNCH, PRESIDENT'S BANQUET, REFRESHMENTS): \$190 MEMBERS/\$220 NON-MEMBERS.
- WEDNESDAY, SEPT. 18 ONLY (INCLUDES BREAKFAST AND REFRESHMENTS): \$100 MEMBERS/\$120 NON-MEMBERS.
- PRESIDENT'S BANQUET ONLY: \$60.

*ACTIVE LIFE MEMBERS IS DEFINED AS: AN INDIVIDUAL PARTICIPATING IN COMMITTEE WORK IN THE LAST 3 YEARS, LIFE MEMBERS ARE THOSE THAT ARE NOT PART OF THE MDHHS COUNTY BOARD OR A STAFF MEMBER.

MEALS INCLUDED IN FULL CONFERENCE REGISTRATION FEE:

MONDAY: SNACKS & REFRESHMENTS

TUESDAY: BREAKFAST BUFFET, SNACKS & REFRESHMENTS, LUNCH BUFFET

TUESDAY EVENING: PRESIDENT'S BANQUET - BUFFET DINNER

WEDNESDAY: BREAKFAST BUFFET, SNACKS & REFRESHMENTS

FULL CONFERENCE REGISTRATIONS:

TOTAL COST

MEMBER	# _____	X \$295	
NON-MEMBER	# _____	X \$320	
SPOUSE/GUEST OF MEMBER	# _____	X \$200	
ACTIVE LIFE MEMBER	# _____	X \$0	= \$ _____

ONE DAY CONFERENCE REGISTRATIONS:

MONDAY, SEPT. 16

MEMBER	# _____	X \$100	
NON-MEMBER	# _____	X \$120	= \$ _____

TUESDAY, SEPT. 17

MEMBER	# _____	X \$190	
NON-MEMBER	# _____	X \$220	= \$ _____

WEDNESDAY, SEPT. 18

MEMBER	# _____	X \$100	
NON-MEMBER	# _____	X \$120	= \$ _____

PRESIDENTS BANQUET:

*Price for only attending banquet.

Banquet is included in full conference & Tuesday cost.

# _____	X \$60	= \$ _____
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SCHOLARSHIP FUND DONATION:

= \$ _____

TOTAL AMOUNT DUE MCSSCET:

Credit Card Fee = \$10

= \$ _____

PLEASE MAKE CHECKS PAYABLE TO:

MCSSCET

**115 W. ALLEGAN, STE. 200
LANSING, MI 48933**

CREDIT CARD PROCESSING FEE = \$10

TO PAY VIA CREDIT CARD CALL:

517-371-5303

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to

TRAVEL VOUCHER FOR NON-STATE EMPLOYEE

Michigan Department of Health and Human Services

DATE: May 20, 2024

TO: BSC Directors County
Directors District Manager

FROM: Dwayne A. Haywood
Director, Economic Stability Administration (ESA)

SUBJECT: Travel Reimbursement for MCSSA Travel

County Directors

- Please use SIGMA Travel and Expense
- Use Accounting Template 491XX9181; Unit 1N Object 4001
- Please use comment section and reference “MCSSA Travel”

Non-State County Employees

- Payee must be registered in SIGMA to receive payment. If they need to register, they can go to the following website:
<https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>
- Please use the attached MDHHS-5628 form to submit a request for reimbursement. There are instructions for each of the fillable on the second page of the attachment.
- Use Accounting Template 491XX9181; Unit 1N Object 4001
- The State reimburses \$.655 per mile – this is the premium rate approved for private vehicles. Enter your number of miles in Travel information and the rate. The form will calculate your reimbursement.
- When completing the form, please do not change any of the prepopulated areas other than the mileage rate.
- Please use comment section and reference “MCSSA Travel”
- When complete, please sign and return to your local MDHHS County Director.

Please contact Dwayne Haywood (Haywoodd2@michigan.gov) with questions.

TRAVEL VOUCHER FOR NON-STATE EMPLOYEE

Michigan Department of Health and Human Services

DOCUMENT INFORMATION (For MDHHS Accounting Use Only)

Code	Unit	ID	Pre-Audit By	Entered By	Approved By
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DOCUMENT INFORMATION

Case Name

HEADER INFORMATION

Document Description
Extended Description (if applicable)

VENDOR INFORMATION

Vendor/Customer/Grantee Number	Vender/Customer/Grantee Legal Name	Address Code
Vendor/Customer/Grantee Address Line 1		Vendor/Customer/Grantee Address Line 2
City	State	Zip Code
Single Payment <input type="checkbox"/> Yes <input type="checkbox"/> No		Vendor Type <input type="checkbox"/> Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Relative Family

ACCOUNTING INFORMATION

Invoice Number				For MDHHS Accounting Services Only	
BFY	Accounting Template	Line Amount	Unit	DOBJ	Total
1		0.00			\$0.00
2		0.00			\$0.00
3		0.00			\$0.00
4		0.00			\$0.00
					\$0.00

TRAVEL INFORMATION

Start Date of Travel						End Date of Travel					
Date	Destinations	Depart Time	Return Time	Number of Miles	Mileage Rate	Mileage Account	Lodging	Non-Taxable	Taxable	Other	Daily Total
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
Column Total				0.0		0.00	0.00	0.00	0.00	0.00	0.00

PROGRAM INFORMATION

Check all that apply

<input type="checkbox"/> ES FR	<input type="checkbox"/> MYOI-Chaffee	<input type="checkbox"/> SFSC Fam Supp	<input type="checkbox"/> CCF	<input type="checkbox"/> MA Trans
<input type="checkbox"/> YIT	<input type="checkbox"/> MYOI JCYOI	<input type="checkbox"/> SFSC Plac Prev	<input type="checkbox"/> SWF	<input type="checkbox"/> Donated Funds
<input type="checkbox"/> SWBC	<input type="checkbox"/> SFSC Adopt	<input type="checkbox"/> SFSC Reun	<input type="checkbox"/> DSS (bulk only)	<input type="checkbox"/> Volunteer Services
<input type="checkbox"/>	<input type="checkbox"/> Other		<input type="checkbox"/> IV-E	

Print Name of Preparer	Signature of Preparer	Date
Print Authorized/Approval Name of MDHHS Employee	Signature of Authorized/Approval Name of MDHHS Employee	Date
Print Authorized/Approval Name of MDHHS Employee	Signature of Authorized/Approval Name of MDHHS Employee	Date

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

INSTRUCTIONS FOR COMPLETION OF MDHHS-5628

Michigan Department of Health and Human Services

Incomplete or improperly completed forms may be returned to the preparer for completion. For questions on completing this form please refer to the instructions below, email MDHHS-Travel@michigan.gov.

Document Information (For MDHHS Accounting Use Only) - To be completed by the MDHHS Accounting staff.

Code: SIGMA document code (GAX, PRC, etc.).

Unit: Payment section unit code.

ID: Document ID number (i.e., 170000000056).

Pre-Audit By: Individual auditing the document prior to entry into SIGMA.

Entered By: Individual entering the document into SIGMA.

Approved By: Individual approving the payment in SIGMA.

Document Information - To be completed by the preparer (if applicable).

Case Name: Case name from the appropriate system (i.e., Bridges).

Header Information - To be completed by the preparer.

Document Description: Reason for the payment request.

Extended Description (if applicable): Additional information needed for the payment request.

Vendor Information - To be completed by the preparer.

Vendor/Customer/Grantee Number: Number from SIGMA VCUST table.

Vendor/Customer/Grantee Legal Name: Name from SIGMA VCUST table.

Address Code: Number associated with the address where the payment is to be sent. This is found on the VCUST table.

Vendor/Customer/Grantee Address Line 1: Address where the payment is to be sent. This is found on the VCUST table.

Vendor/Customer/Grantee Address Line 2: Additional information regarding the address. This is found on the VCUST table (if applicable).

City: City where the payment is to be sent. This is found on the VCUST table.

State: State where the payment is to be sent. This is found on the VCUST table.

Zip Code: Zip Code where the payment is to be sent. This is found on the VCUST table.

Single Payment (Y/N): If this payment needs to be paid alone to the vendor. This payment will not be consolidated with other payments disbursed on the same day to the vendor.

Vendor Type (Y/N): Place a check mark in the type of vendor that is getting the payment.

Accounting Information - To be completed by the preparer.

Accounting Template: Chart of account element used to identify the expenditure.

Line Amount: Amount needed for that chart of account element.

Unit: Identifies the unit charged for the expenditure.

Dept. Object: For MDHHS Accounting use only. Leave blank. . Travel Information - To be completed by the preparer.

Start Date of Travel: First date of travel.

End Date of Travel: Last date of travel.

Date: Exact date of travel.

Destinations: List all travel destinations include begin and end stops. Must include street address, city, state. Include verifiable

map print showing destinations.

Depart Time: Time when leaving beginning destination.

Return Time: Time when returning to beginning destination.

Number of Miles: Number of miles traveled.

Mileage Rate: Rate of reimbursement. Must coincide with State of Michigan Travel policy.

Mileage Amount: Number of miles * Mileage rate. Will calculate automatically.

Lodging: Amount for any lodging. Must coincide with State of Michigan Travel policy.

Non-Taxable: Meals if travel includes overnight stay. Must provide itemized receipt.

Taxable: Meals if travel is same day. Must provide itemized receipt.

Other: Any other charges supported by a receipt. (i.e., Parking, bridge fare, toll). If a parking meter was used note with PM.

Daily Total: Mileage amount+Lodging+Non-Taxable+Taxable+Other. Will calculate automatically.

Program Information (Check All that Apply) - To be completed by the preparer.

Name of Preparer: Individual preparing the document.

Authorized/Approval Name of MDHHS Employee: Authorized name/signature of employee authorizing payment. Must coincide

with program policy and/or PAL policy. The amount being approved for payment is the amount located in the Accounting Information Section.

Authorized/Approval Name of MDHHS Employee: Second Authorized name/signature of employee authorizing payment. Must coincide with program policy and/or PAL policy. The amount being approved for payment is the amount located in the

Accounting Information Section.

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE Check one of the following:

- A. One-Time Purchase
Order or Invoice Number: _____
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate
Expiration Date (maximum of four years): _____

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address
Great Wolf Lodge, 3575 N. US 31 S. Traverse City MI 49684

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.
2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: _____
2. For Resale at Retail. Enter Sales Tax License Number: _____
3. Direct Pay -Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

The following exemptions DO NOT require the purchaser to provide a number:

4. Agricultural Production. Enter percentage: _____%
5. Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6. Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7. For Resale at Wholesale.
8. Industrial Processing. Enter percentage: _____%
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
Rolling Stock purchased by an Interstate Motor Carrier.
11. Other (explain): _____
12. _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name		Type of Business (see codes on page 2) 5	
Business Address		City, State, ZIP Code	
Business Telephone Number (include area code)		Name (Print or Type)	
Signature	Title	Date Signed	

Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption* (Form 3372)

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. All fields must be completed; however, if provided to the purchaser in electronic format, a signature is not required. All claims are subject to audit. The purchaser must ensure eligibility of the exemption claimed; a purchaser who improperly claims an exemption is liable for tax, penalty, and interest, with limited exceptions.

Sellers: Michigan does not issue "tax exempt numbers" and a seller is not permitted to rely on a number in lieu of a valid exemption claim. Sellers are required to maintain proper records of exempt sales, including exemption forms or the same information in another format. Records may be kept electronically. If the exemption certificate is received in electronic format, a signature is not required. A seller who does not comply with these requirements may be liable for tax, penalty, and interest. See Revenue Administrative Bulletin 2016-14 for more information. All claims are subject to audit.

SECTION 1:

A) Choose "One-Time Purchase" and include the invoice number this certificate covers.

B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser. Parties do not need to renew this blanket exemption claim as long as the recurring business relationship exists.

C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there may be a period of more than 12 months between sales transactions. This option is best when purchaser and seller anticipate more than one exempt transaction before the expiration date but do not have or may not maintain a recurring business relationship.

SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

SECTION 3:

Check the box that applies and, if applicable, provide the required information. The exemptions listed are the most common. If the exemption you are claiming is not listed, check "Other" and enter the qualifying exemption.

SECTION 4:

Purchaser must complete Section 4. A signature is only required if a paper form is used; in that case, the purchaser should sign and provide their title (for example, Purchasing Manager, President, Owner). For Type of Business, enter the number from the following list that best describes the purchaser's business.

01	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3), 501(c)(4), or 501(c)(19)
07	Retail	16	Other (enter code and write in business type)
08	Church		
09	Transportation		