

Filing Instructions – You must file this request form on or before October 15, 2024. Confirm qualifications for filing and provide detailed budget impact statement.

Failure to File – If you do not file by October 15, 2024, your municipality will not be eligible to receive a portion of its 2025 Expenditure Restraint Incentive Program payment prior to the fourth Monday in July 2025.

Questions? – Contact us at lgs@wisconsin.gov

Section 1: Municipality Information			
Co-muni code –	Taxation district <i>(check one)</i> <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Municipality	County
Contact person		Title	
Address			
City		State	Zip
Email		Phone () –	
Section 2: Filing Qualifications			

Check box to confirm the following:

Our municipality:

- Did not timely file the 2023 Expenditure Restraint Incentive Program (ERIP) Worksheet and did not qualify for a 2024 payment
- Timely filed the 2024 ERIP Worksheet and confirmed we qualify for an ERIP payment in 2025 based on the 2025 Shared Revenue Original Estimate
- Is requesting 50 percent of our municipality’s 2025 ERIP payment be distributed early on the third Monday of November in 2024

Note: If your municipality cannot confirm the above statements, it does not qualify to submit this form.

Section 3: General Evaluation Criteria

The following general criteria is used when evaluating local requests for expenditure restraint incentive payments (sec. 79.02, Wis. Stats.). Provide the following information. (use additional sheets, if needed)

1. Provide a detailed description of amount requested and reason for request.
2. Describe how the early payment will enhance the efficiency and effectiveness of municipal operations.

3. Describe what effects, if any, the requested early payment will have on programs or services offered by your municipality.

4. Describe what effects, if any, denial of the requested early payment will have on programs or services offered by your municipality.

5. Describe the financial impact and adjustments to your municipality's budget if the early payment request is denied. Provide details including budget year, specific line items or programs impacted.

6. Email lgs@wisconsin.gov – this early withdrawal request form and attachments, in the order listed below:

- a. Copy of specific resolution (signed by head of government and from the governing body (board or council) requesting the early payment or authorizing the head of government to request an early payment as it relates to the Expenditure Restraint Incentive Program
- b. Formal attestation from the governing body or executive that the early payment is imperative for municipal operations
- c. Documentation of impacted budget(s) and clearly defined line items or programs impacted