Michigan Strategic Fund and Michigan Economic Development Corporation

Applicant Key Personnel Certification Form

Applicant Entity Legal Name (business entity to receive incentive)

Applicant Employer Tax Identification Number (EIN)

_____ _____

Applicant entity address

_____

Applicant Key Individuals

List the Applicant's Corporate Company or Partnership Directors, Officers, Partners, and/or Members and managerial employees who hold a pecuniary interest in the business entity of 20% or more – **all must be listed**. A Key Person Questionnaire must be completed for **EACH**. Attach additional pages if necessary.

Name	Title/Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Certification

I have the authority to submit this form on behalf of the applicant and authorize the MSF, MEDC, AG, CCO, MFO, or any of their designees to perform background checks on the applicant and its key individual(s).

Signature Title Date

_____ _____ _____