



Privately Held Companies

Applicant Company Name:

Applicant EIN:

Applicant's Principal Place of Business Address: (street, city, state, zip)

Contact Person for Applicant: (name, title, email, phone)

Ownership

Any person or entity holding a 20% or greater direct or indirect interest in the Applicant must be disclosed, along with the ownership percentage that person or entity holds.

The direct and indirect interest columns must each total 100%.

For individuals: list the full first, middle, and last name, along with the direct and indirect interest percentages held by that individual. If no middle name, please write "no middle name".

For entities: list the legal name of the entity and the direct and indirect interest percentages held by that entity.

All owners must also complete the Supplemental Form for Ownership.

Owner: Full First, Middle, and Last Name or Company Legal Name	Direct %	Indirect %

This section may be completed separately and attached to this form.



Applicant's Officers

List the officers of the Applicant, or the person whose duties most closely resemble that position. All lines must be completed, even if a name is repeated or if more than one duty is performed by a single person.

Chief Executive Officer:

First Name	Middle Name	Last Name	Date of Birth	Email	
Residential Address		City	State	Zip	Phone

Chief Financial Officer:

First Name	Middle Name	Last Name	Date of Birth	Email	
Residential Address		City	State	Zip	Phone

Chief Operating Officer:

First Name	Middle Name	Last Name	Date of Birth	Email	
Residential Address		City	State	Zip	Phone

Person responsible for managing this incentive:

First Name	Middle Name	Last Name	Date of Birth	Email	
Residential Address		City	State	Zip	Phone



**MICHIGAN ECONOMIC
DEVELOPMENT CORPORATION**

**MICHIGAN ECONOMIC DEVELOPMENT CORPORATION
Background Review Certification and Disclosure Form**

Instructions for completing this form, including a guide to frequently asked questions, can be found at michiganbusiness.org/background

Certification

By signing this Form, I understand that the information contained in and attached to this Form will be used by the Michigan Economic Development Corporation to complete a background review, including, in accordance with the Michigan Strategic Fund Background Review Policy.

The Michigan Strategic Fund Background Review Policy can be found at michiganbusiness.org/background.

Authorized Agent

Title

Signature

Date

Questions regarding this Form? Contact Collin Good (goodc1@michigan.org) for assistance.



Supplemental Form for Ownership - Individual

Applicant Name:

Any person or entity holding a 20% or greater direct or indirect interest in the Applicant must be disclosed, along with the ownership percentage that person or entity holds, as part of the Background Review Certification and Disclosure Form.

Each owner listed on the Certification and Disclosure Form (individual and entity) must complete this Supplemental Form.

First Name:

Middle Name:

(if none, write "no middle name")

Last Name:

Date of Birth:

Email Address:

Phone Number:

Street Address:

City:

State:

Zip:

This Form may be completed separately and attached to the Certification and Disclosure Form.



Supplemental Form for Ownership - Entity

Applicant Name:

Any person or entity holding a 20% or greater direct or indirect interest in the Applicant must be disclosed, along with the ownership percentage that person or entity holds, as part of the Background Review Certification and Disclosure Form.

Each owner listed on the Certification and Disclosure Form (individual and entity) must complete this Supplemental Form.

Entity Name:

Contact Person:

Email Address:

Phone Number:

Entity Street Address:

City:

State:

Zip: