



Non-Profit Organizations, Municipalities, and Institutions of Higher Education

Applicant Entity Name:

Applicant EIN:

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

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

List the officers of the Applicant Entity, 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.

**First Name**

**Middle Name**

**Last Name**

Chief Executive Officer:

Chief Operating Officer:

Chief Financial Officer:

Person responsible for managing this incentive:

First Name

Middle Name

Last Name

Date of Birth

Email

Residential Address

City

State

Zip

Phone

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](http://michiganbusiness.org/background).

Authorized Agent

Title

Signature

Date

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