

# Michigan Strategic Fund and Michigan Economic Development Corporation

## Applicant Certification Form

APPLICANT ENTITY LEGAL NAME *(business entity to receive incentive)*

APPLICANT ENTITY ADDRESS *(include city, state, and zip code)*

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

**Check if Applicant is a municipality, non-profit organization, or an institution of higher education.**  
If box is checked, the Applicant Owners Section does not need to be completed.

**Check if Applicant (or its parent) is publicly traded in the U.S. and files 10K's**  
A parent is the 100% **direct** owner of the Applicant. If box is checked, the Applicant Key Individuals and Applicant Owners Sections do not need to be completed. Provide name of parent, if applicable:

### APPLICANT KEY INDIVIDUALS

List the Applicant's CEO, CFO, COO, and the person(s) responsible for managing the incentive, or the similarly situated position responsible for those duties associated with each role. Each individual listed must also complete a separate Background Check Disclosure Form. **All Applicant Key Individuals must be listed, even if duplicative.**

CEO or the similarly situated position in charge of the Applicant's executive operations
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>

CFO or the similarly situated position in charge of the applicant's financial affairs
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>

COO or the similarly situated position in charge of the applicant's daily affairs
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>

Person responsible for managing the incentive for the applicant
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>

### APPLICANT KEY OWNERS

List each individual or entity, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns either an actual or financial interest in the Applicant. Each Applicant Key Owner with a 20% or greater interest, either direct or indirect, must also complete a separate Background Check Disclosure Form. **Direct AND indirect ownership percentages must each separately total 100%.** Attach a separate sheet if necessary.

Owner Full Legal Name	Direct Ownership Percentage	Indirect Ownership Percentage	Check if owner is publicly traded in U.S.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

### CERTIFICATION

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, CCO, or any of their designees, or as required by law. I have the authority to submit this form on behalf of the Applicant and authorize the MSF, MEDC, AG, CCO, or any of their designees to perform background checks on the applicant and its Key Individual(s) and Owner(s).

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_