

Michigan Strategic Fund and Michigan Economic Development Corporation Background Check Disclosure Form

A Background Check Disclosure Form must be completed by the **Applicant** AND each of the **Applicant's Owners** with a direct or indirect ownership interest of 20% or greater AND each of the **Applicant's Key Individuals** listed on the Applicant Certification Form. However, if the publicly traded box is checked on the Applicant Certification Form, only the Applicant (or only its parent, when listed) must complete this form.

Only one box should be completed

If being completed on behalf of an ENTITY		
Entity Name	Employer Tax ID Number (EIN)	
Principal Place of Business Address (include city, state, and zip code)	Primary Contact Name	Primary Contact Email
If being completed by an INDIVIDUAL		
Full first, middle and last name (full middle name mandatory; if none, please indicate)		Date of Birth
Residence Address, if individual (include city, state, and zip code)	Business Phone	Email

BUSINESS INTEGRITY

Please provide answers to all the following questions below. If being completed as an individual, "you" refers to you. If being completed on behalf of an entity "you" refers to the entity. For any question answered "Yes," attach details on a separate page.

Yes

No

Business Integrity. Are you presently, or have you ever been a respondent/defendant in any administrative agency proceedings, civil litigation, or criminal proceedings involving allegations of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violations of state or federal antitrust statutes, or any other claim that may be a reflection on your business integrity?

Taxes. Do you currently owe past due taxes to any government entity?

Incident to a State Contract. Have you ever been convicted of a criminal offense incident to the application for or performance of a state contract or subcontract?

Tax Haven. If you are an entity, are you incorporated in a tax haven county, including, but not limited to: Barbados, Bermuds, British Virgin Islands, Cayman Islands, Commonwealth of the Bahamas, Cyprus, Gibraltar, Isle of Man, the principality of Liechtenstein, the principality of Monaco, or the Republic of the Seychelles?

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 specifically authorize the MEDC, MSF, or any of their designees, to do a criminal and civil background check on me, or the entity I represent. I certify that the information provided in this statement is complete, true and accurate. If I am completing this form on behalf of an entity, I certify that I have authority to bind that entity.

Signature _____

Title _____

Date _____