

Michigan Strategic Fund and Michigan Economic Development Corporation

Applicant Certification Form

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

APPLICANT ENTITY ADDRESS

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.

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 fill out a Disclosure Form. All fields below should be completed, 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)</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)</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)</i>

Person responsible for managing the incentive for the applicant
Full first, middle, and last name <i>(full middle name mandatory)</i>

APPLICANT OWNERS

List **all actual and beneficial owners** of the Applicant and the percent ownership interest of each. If the space provided below is not sufficient, attach an additional sheet. Each owner with an actual or beneficial interest of 20% or greater must also complete a Disclosure Form.

Owner Full Legal Name	Actual Ownership Percentage	Beneficial Ownership Percentage	Check if owner is publicly traded

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 _____