

Michigan Strategic Fund and Michigan Economic Development Corporation

General Applicant Certification Form

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

Check if Applicant is a municipality, non-profit organization, or an institution of higher education.

If there are no Key Owners, please indicate in the Key Owners section.

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

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

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 *(full middle name mandatory; if none, please indicate)*

CFO or the similarly situated position in charge of the Applicant's financial affairs

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

COO or the similarly situated position in charge of the Applicant's daily affairs

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

Person responsible for managing the incentive for the Applicant

Full first, middle, and last name *(full middle name mandatory; if none, please indicate)*

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"/>
			<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 _____