



Michigan Loan Enhancement Program Application Form  
SSBCI 2.0

Primary Name / Address

Company Name	
Address 1	
Address 2	
City	
State	
Zip	
County	
Federal Employer Identification Number	
Year of Incorporation	
<a href="#">NAICS Code</a>	

Economic Development Data

Job Count (FTE) at time of application	
Job Creation (FTE) within 6 months of closing	
Additional job creation (FTE) within 2 years	
Average annual wages of Employees	
Note: Jobs in Michigan Only	

SEDI\* Information

Minority Owned Business (51% or more)	
Woman Owned Business (51% or more)	
Veteran Owned Business (51% or more)	

Lender Information

Lending Institution Name	
Address 1	
Address 2	
City	
State	
Zip	
Regulatory ID Number (FDIC,NCUA, CDFI)	
Federal Employer Identification Number	

Lender Contact Information

Relationship Manager's Name	
Relationship Manager's Phone Number	
Relationship Manager's Email Address	

Applicant Author Information and Certification

Name  
Phone Number  
Email Address


I hereby certify that the information contained in this application and in the exhibits or attachments submitted are true and correct to the best knowledge of the applicant and the undersigned, and are submitted to the Michigan Economic Development Corporation as a basis for determining whether the Michigan Strategic Fund should authorize loan enhancement program request.

Author of this document signature ---->

Date: ____/____/____

Profile [businessloans@Michigan.org](mailto:businessloans@Michigan.org)

\*SEDI =Socially and Economically Disadvantaged Individuals

MICHIGAN ECONOMIC  
DEVELOPMENT CORPORATION

[illegible]**Total**

Key Individuals <sup>3</sup>	
Full Name	
	Chief Executive Officer
	Chief Operating Officer
	Chief Financial Officer
	Person Managing the Incentive

<sup>1</sup> Ownership must add up to 100%. Please use additional lines if needed.

<sup>2</sup>Home address if any owner that holds 20% or more ownership. Or anyone providing a personal guaranty

<sup>3</sup> Each position must list a person even if the same person holds each role

## MEDIA RELEASE

MEDC and the Capital Services Team are interested in promoting the Loan Enhancement Programs through general marketing tools as well as possible press releases. In order to create these marketing materials, the MEDC is requesting support from both parties, including photos of the company that accurately represent the business and that would be suitable to be used in marketing material, a copy of the company logo (.jpeg or .eps), and permission to use the information provided in the lender underwriting for marketing purposes.

The photo should be at a resolution of 300dpi or higher. This resolution is typically seen in any newer model digital camera. Photos obtained from websites or .pdf documents are not acceptable.

I agree to provide the information requested and grant permission for use in media profiles and promotional material as created by MEDC, including the right to copy, distribute, transmit and publicly display the information. I warrant and represent that I own or otherwise control all of the rights to the information.

YES \_\_\_\_\_

NO \_\_\_\_\_

Company Name: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:**

Please include the photos and logo as a separate attachment when this intake form is submitted.

# MEMORANDUM

**To:** Matthew Casby, MSF Fund Manager

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subject:** Michigan Strategic Fund Confidentiality Request

Legal Name of Company: \_\_\_\_\_ (hereinafter the “Company”)

Program: \_\_\_\_\_

Principal address of Company: \_\_\_\_\_

Related Lender(s), Borrower(s), and Guarantor(s):

\_\_\_\_\_  
(hereinafter “Interested Parties to the Proposed Transaction”)

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## **Procedural Background**

The Michigan Strategic Fund (“MSF”) Board may consider a record or portion of a record, material, or other data received, prepared, used, or retained by the Michigan Strategic Fund (“Fund”) or any of its centers in connection with an application to or with a project or product assisted by the Fund or any of its centers or with an award, grant, loan, or investment that relates to financial or proprietary information submitted by the applicant that is considered by the applicant and acknowledged by the board or a designee of the board as confidential and not be subject to the disclosure requirements of the Freedom of Information Act, 1976 PA 442. (“Confidential Material”).

Under MCL 125.2005(10), as amended by Public Act 251 of 2011, the MSF Board may delegate the authority to a designee to consider a request for confidentiality and acknowledge materials as confidential. On July 22, 2014, through Resolution 2014-122, the MSF Board approved the delegation of authority to the MSF Fund Manager to make all decisions with regard to Confidential Material. This memo is being submitted to you for this reason.

## **Request**

Subject to the Company Consent, the Company on behalf of itself or through its consultant or its other agent, makes the following confidentiality request related to information that has not been publicly disseminated or which is unavailable from other sources, the release of which might cause the Company significant competitive harm pursuant to an application to or with a project or product assisted by the Fund (the following, collectively, “Confidential Company Information”):

1. Any portion of any documents or record of any kind containing any of the following business or personal information pertaining to any of the Interested Parties to the Proposed Transaction: Financial statements (including without limitation, income statements, balance sheets, statements of cash flow and profit and loss statements), ratio analysis, appraisals and other appraisal reporting, collateral analysis, accounts receivable aging reports, customer names and lists, tax returns, credit reports, social security or other tax identification numbers, and any analysis, report or record of any kind by or on behalf of any of the Interested Parties to the Proposed Transaction containing any of the foregoing information.

**Recommendation**

MEDC Staff recommends that the Confidential Company Information be considered financial or proprietary information and be acknowledged as confidential subject to the MSF records retention policy (the “Recommendation”).

**Company Consent**

With my signature below, I, on behalf of the Company, hereby provide consent to the MSF to disclose the Confidential Company Information to the MEDC, the Office of the Chief Compliance Officer, State of Michigan departments or agencies, and the Office of the Governor of the State of Michigan, and their respective representatives, contractors, and agents. I certify that I am authorized by the Company to provide such consent (the foregoing, the “Company Consent”).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Michigan Economic Development Corporation****Submitted by:****Reviewed By:**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
MEDC Legal

Title:

**Approval of the Recommendation by:**  
**Michigan Strategic Fund**

# Michigan Strategic Fund Background Certification

## Definitions:

**Applicant:** the entity that will receive the benefit from an incentive with the Michigan Strategic Fund or would receive the benefit of a contemplated incentive.

**Key Owner:** an owner of the Applicant, if applicable, that holds 20% or greater direct or indirect (intentionally distributed) pecuniary or beneficial interest in the Applicant.

**Key Individual:** the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, or the person in an equivalent role, of the Applicant, as well as the Person Responsible for Managing the Incentive. A Key Individual may serve the Applicant in more than one role.

## Certifications:

If the answer to any of the following questions is “yes”, please submit a writing detailing the issue.

1. Have either the Applicant, its Key Owners (if applicable), or its Key Individuals, been convicted of a criminal offense for, or held liable in a civil proceeding, any of the following:

- A. embezzlement
- B. theft
- C. forgery
- D. bribery
- E. falsification or destruction of records
- F. receiving stolen property
- G. violation of state or federal antitrust statutes
- H. the application for or performance of a contract or subcontract with the State of Michigan

No                      Yes

2. Is the Applicant a corporation or an affiliate of a corporation that was incorporated in any of the following countries after September 11, 2001 while maintaining the United States as the principal market for the public trading of the corporation’s stock?

Barbados, Bermuda, British Virgin Islands, Cayman Islands, Commonwealth of the Bahamas, Cyprus, Gibraltar, Isle of Man, the principality of Liechtenstein, the principality of Monaco, the Republic of the Seychelles.

No                      Yes

I, \_\_\_\_\_, certify that I am an authorized agent of \_\_\_\_\_, the Applicant, and further certify that the information contained herein or attached hereto is accurate to the best of the knowledge of the Applicant.

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Authorized Agent Signature

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Date