

Appendix G: Match on Main Background Review Instructions

The Match on Main program requires that the **person managing the incentive** will receive a background check. The person managing the incentive will complete the [General Applicant Certification Form](#) and the [Background Check Disclosure Form](#). Indicated below is the information that must be completed in order to process the forms.

Please use the weblinks above to access each form. These forms should be completed and submitted with the Match on Main application through the online application portal.

Michigan Strategic Fund and Michigan Economic Development Corporation
 General 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 there are no Key Owners, please indicate in the Key Owners section.

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"/>

CERTIFICATION
 I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, COO, 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, COO, or any of their designees to perform background checks on the applicant and its Key Individual(s) and Owner(s).

Signature _____ Title _____ Date _____

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This box should be checked.

This box should be completed with the legal name of the Main Street program.

Ex) Lapeer Main Street is legally Lapeer Downtown Development Authority.

This should be completed to represent how the MS Program identifies its key individuals. It may identify the same person (Main Street ED) for all positions or may list Board Members. If it lists Board Members, we will include all positions except the person managing the incentive in the background check exception memo.

Should say "non-applicable". If blank, can not be processed.

Certification should be completed by the person managing the incentive.

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 Applicant is publicly traded, the applicable entity listed on its Background Check Disclosure Form 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

This box will be completed by the person managing the incentive.

DISCLOSURE

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. If any questions are answered "Yes" please attach details on a separate page.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/>	<input type="checkbox"/>	Taxes. Do you currently owe back tax to any government entity?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Tax Haven. If you are an entity, are you incorporated in a tax haven country, including but not limited to: Bahamas, Bermuda, 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?

The person managing the incentive will answer these questions.

Consent of Applicant

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSE, SCC, or any of their designees, or as required by law. I specifically authorize the MEDC, MSE, 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 _____

Updated April 25, 2019

The person managing the incentive will complete the certification.