# 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.

_____    _____

Authorized Agent Signature        Date