**Amendment Process:**

* A taxpayer may petition the MSF to amend the project is they determine that the project cannot be completed as approved.
* This application should be completed for all Brownfield Redevelopment MBT Credit amendment requests and submitted to the address listed below, OR sent to [brownfield@michigan.org](mailto:brownfield@michigan.org)
* All amendments MUST be approved by the MSF Board or by the MSF Chairperson (or his/her designee).
* If approved, the applicant will receive a correspondence highlighting the approved changes.

**SUBMISSION REQUIREMENTS FOR AMENDMENT REVIEW & CONSIDERATION**

* Amendment Application, fully completed.
* Proof of eligible property control (if not previously provided or if adding an additional qualified taxpayer).
* Detailed maps of the project showing parcel boundaries, project boundaries, existing and proposed building locations and existing and proposed phases (if approved for or currently amending to a multiphase project).
* Approved Amended Brownfield Plan approving changes to the project (if required).
* Resolution approving the Amended Brownfield Plan (if required).
* Proof of Local support (if the Brownfield Plan was not required to be amended).
* A pro forma may be requested, if deemed necessary.

**APPLICATION SUBMISSION:**

*Submit the amendment form and required attachments to:*

Michigan Strategic Fund

Michigan Economic Development Corporation

Attn: Brownfield Program

300 North Washington Square

Lansing, Michigan 48913

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pre-Approved Project Name/Working Title & Project Number** | | | **Eligible Property Address, City, Village, or Township and County** | | |
|  | | |  | | |
| *(this name should be used consistently in all amendment correspondence)* | | |  | | |
| **Approved Qualified Taxpayer** | 1. Qualified Taxpayer Legal Name *(business entity that received approval letter)* | | | 2. Employer Tax Identification Number (EIN) | |
|  | | |  | |
| DBA/Trade Name *(where applicable)* | | | 3. Type of Amendment Request *(check all that apply)* | |
|  | | | Addition of Qualified Taxpayer(s) *(see Part I & Part III)*  Change in Scope of Approved Project *(see Part II (a) and III)*  Request for additional time under MCL 208.1437(9) *(see Part II (a) & III)*  Request for a Multi-phase Project *(see Part II (a) & (b) & III)*  Other (please explain): | |
| Address (Street/P.O. Box/City, State and Zip Code) | | |
|  | | |
| **AMENDMENT CONTACT INFORMATION** | | | | | |
| **Project Contacts** – The Qualified Taxpayer authorizes MEDC staff to discuss the specifics of this project with these contacts.  Contacts MUST include one company contact and the attorney/consultant contact (if applicable) that the applicant authorized to discuss the amendment with MSF (or their designee). | | | | | |
| Name & Title | | Address | Telephone & Fax | | E-mail Address |
|  | |  |  | |  |
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**PART I: COMPLETE THIS SECTION ONLY IF YOU ARE ADDING AN ADDITIONAL QUALIFIED TAXPAYER(S)**

|  |  |  |
| --- | --- | --- |
| **Amended Qualified Taxpayer #1** | 1. Qualified Taxpayer Legal Name | 2. Employer Tax Identification Number (EIN) |
|  |  |
| DBA/Trade Name *(where applicable)* | 3. Do you Own or Lease the eligible property? |
|  | Own – please provide a copy of the recorded deed  Lease – please provide a copy of the executed lease and a copy of a recorded deed from the lessor. |
| Address (Street/P.O. Box/City, State and Zip Code) |
|  |

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| --- | --- | --- |
| **Amended Qualified Taxpayer #2** | 1. Qualified Taxpayer Legal Name | 2. Employer Tax Identification Number (EIN) |
|  |  |
| DBA/Trade Name *(where applicable)* | 3. Do you Own or Lease the eligible property? |
|  | Own – please provide a copy of the recorded deed  Lease – please provide a copy of the executed lease and a copy of a recorded deed from the lessor. |
| Address (Street/P.O. Box/City, State and Zip Code) |
|  |

|  |  |  |
| --- | --- | --- |
| **Amended Qualified Taxpayer #3** | 1. Qualified Taxpayer Legal Name | 2. Employer Tax Identification Number (EIN) |
|  |  |
| DBA/Trade Name *(where applicable)* | 3. Do you Own or Lease the eligible property? |
|  | Own – please provide a copy of the recorded deed  Lease – please provide a copy of the executed lease and a copy of a recorded deed from the lessor. |
| Address (Street/P.O. Box/City, State and Zip Code) |
|  |

**PART II (a):**

|  |
| --- |
| Provide a descriptive summary of the proposed changes to the project, including changes to the following information:  - Describe the purpose for the amendment request and indicate the specific changes to the original project.  - For a manufacturing project, a description of any changes in the product or service to be provided.  - For retail, commercial, residential or mixed-use projects, a description of any changes to the purpose or use and size.  - Any change in the number of permanent full-time jobs to be added, or changes in hourly wages as a result of the amended project.  - Any change in the total capital investment anticipated and any change in the total eligible investment anticipated.  - For a multi-phase project, provide a clear description of each component being requested and the need to phase the project.  - For a timeline extension, describe why additional time is needed to complete the project.  - The current project status, and if any eligible investment has been completed to date.  - Include the estimated completion date for the project and/or phases. |
|  |
| Provide any additional information that should be considered when reviewing the project: |
|  |
| Has any previous eligible investment occurred at the site prior to this request? Please describe the amount of investment and by whom it was made below: |
|  |

|  |
| --- |
| In the table below, provide current sources of financing for the project and their status:  *To enter information in the embedded Excel table below, double click on the table.* |

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**PART II (b):**

|  |
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| If you are amending the project to a multi-phase project, will you require additional years to complete the entire project?  Yes  No |
| If Yes, how many additional years do you require? |

|  |
| --- |
| **Amended Investment Details** – Note that only investment made by qualified taxpayers or lessees is eligible for a credit. To the extent any investment is reimbursed or subsidized by another party, it will not qualify for a credit. Please identify each qualified taxpayer and the amount and type of eligible investment they intend to make.  **Projects that are not multi-phase projects MUST complete only the “Phase I” portion of the table below.** |
| *To enter information in the embedded Excel table below, double click on the table.* |



**PART III:**

**ORIGINAL QUALIFIED TAXPAYER** (*If Applicable*):

I certify that the information contained in this request and attachments are true and correct to the best of my knowledge. I also certify that this amendment request includes all of the requested changes to be amended from my original approval. I understand that any further amendment requests are subject to the consideration of the MSF (or their designee) at their sole discretion. I further authorize the MSF (or their designee) to contact the designated representative listed below to discuss the specifics of this amendment request. The information provided in this application is subject to audit and verification by the Michigan Department of Treasury and/or the MSF (or its designee).

|  |  |  |
| --- | --- | --- |
| Signature of Qualified Taxpayer | Name and Title (type or print) | Date |
|  |  |  |

**DESIGNATED REPRESENTATIVE:**

|  |  |  |
| --- | --- | --- |
| Signature of Designated Representative | Name and Title (type or print) | Date |
|  |  |  |

**IF THE AMENDMENT REQUEST INCLUDES ADDING A NEW QUALIFIED TAXPAYER(S):**

NEW QUALIFIED TAXPAYER:

I certify that the information contained in this request and attachments are true and correct to the best of my knowledge. I also certify that this amendment request includes all of the requested changed to be amended from the original project approval. I understand that any further amendment requests are subject to the consideration of the MSF (or their designee) at their sole discretion. I further authorize the MSF (or their designee) to contact the designated representative listed below to discuss the specifics of this amendment request. The information provided in this application is subject to audit and verification by the Michigan Department of Treasury and/or the MSF (or its designee).

|  |  |  |
| --- | --- | --- |
| Signature of New Qualified Taxpayer | Name and Title (type or print) | Date |
|  |  |  |

**DESIGNATED REPRESENTATIVE:**

|  |  |  |
| --- | --- | --- |
| Signature of Designated Representative | Name and Title (type or print) | Date |
|  |  |  |