Michigan Strategic Fund and Michigan Economic Development Corporation

Applicant Key Personnel Certification Form

Applicant Entity Legal Name (business entity to receive incentive) _____

Applicant Employer Tax Identification Number (EIN) _____

Applicant entity address

_____

Applicant Key Individuals

List the Applicant's Corporate Company or Partnership Directors, Officers, Partners, and/or Members and managerial employees who hold a pecuniary interest in the business entity of 20% or more – **all must be listed**. A Key Person Questionnaire must be completed for **EACH**. Attach additional pages if necessary.

Name	Title/Role

Certification

I have the authority to submit this form on behalf of the applicant and authorize the MSF, MEDC, AG, CCO, MFO, or any of their designees to perform background checks on the applicant and its key individual(s).

Signature _____ Title _____ Date _____