

Michigan Strategic Fund and Michigan Economic Development Corporation

Key Person Questionnaire

Must be completed by **EACH** Corporate, Company or Partnership Director(s), Officer(s), Partner(s), and/or Member(s) managerial employees. In addition, list any person(s) who, directly or indirectly, hold a pecuniary interest in the Applicant Company of 20% or more ("Key Persons").

Applicant Entity Legal Name (business entity to receive incentive)

Full first, middle and last name (full middle name MANDATORY)		Date of birth
Residence address	Business phone	Email

Business Integrity

Yes No

Convictions. Have you ever been convicted of, or entered a plea of nolo contendere in, any criminal proceeding other than a minor traffic offense? If yes, please provide details.

Current Charges. Are you currently a defendant in any criminal proceeding, other than a minor traffic offense? If yes, please provide details.

Taxes. Do you currently owe past due taxes to any government entity? If yes, please provide details.

Corporate Bankruptcy. Has any business in which you had an ownership interest, or in which you served as an officer or director, ever been declared bankrupt by a court, or been the subject of a voluntary or involuntary filing of any type of bankruptcy or insolvency? If yes, please provide details.

Agency or Affiliates Proceedings and Civil Litigation. Are you presently, or have you ever been a respondent/defendant in any administrative agency proceedings or civil litigation involving allegations of embezzlement, theft, forgery, bribery, falsification or destruction of records, dishonesty, deception, fraud, misrepresentation, civil conspiracy, breach of contract, unethical or unlawful business practices, false claims, securities violations, or any other claim that may be relevant to determining business integrity? If yes, please attach details on separate page.

Consent and Certification

I consent to the release of information concerning the information contained herein to the Michigan Economic Development Corporation (MEDC), the Department of Attorney General, Michigan Strategic Fund (MSF), or any of their designees. I specifically authorize the MEDC, MSF, or any of their designees, to do a criminal and civil background check on me.

I certify that the information provided in this statement is complete, true and accurate.

Signature

Title

Date
