

**MICHIGAN NOW!  
ECONOMIC GROWTH INITIATIVE APPLICATION**

<b>SECTION 1: GENERAL INFORMATION</b>					
<b>A. CONTACT INFORMATION</b>					
(1) CONTACT PERSON AND TITLE		(2) LEGAL NAME OF FIRM			
(3) TELEPHONE NO.	(4) OTHER TELEPHONE NO.		(5) FAX NO.		
(6) E-MAIL		(7) WEBSITE (If applicable)			
(8) STREET ADDRESS (No P.O. Box)		CITY	COUNTY	STATE	ZIP
(9) MAILING ADDRESS OF FIRM (If different from street address)		CITY	COUNTY	STATE	ZIP
<b>B. BUSINESS PROFILE</b>					
(1) DESCRIBE THE PRIMARY ACTIVITIES OF YOUR FIRM					
(2) FEDERAL TAX ID (If any)		(3) FIRM WAS ESTABLISHED ON (Date)		(4) I/WE HAVE OWNED THIS FIRM SINCE (Date)	
(5) METHOD OF ACQUISITION (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Started new business  <input type="checkbox"/> Merger or consolidation  <input type="checkbox"/> Bought existing business                 </div> <div style="width: 45%;"> <input type="checkbox"/> Inherited business  <input type="checkbox"/> Secured concession  <input type="checkbox"/> Other (Explain)  <hr style="width: 100%;"/> </div> </div>					
(6) IS YOUR FIRM FOR PROFIT?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
(7) TYPE OF FIRM (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> Limited Liability Partnership                 </div> <div style="width: 45%;"> <input type="checkbox"/> Limited Liability Company  <input type="checkbox"/> Joint Venture  <input type="checkbox"/> Other, Describe:  <hr style="width: 100%;"/> </div> </div>					
(8) CURRENT NUMBER OF EMPLOYEES		FULL TIME	PART-TIME	TOTAL	
(9) NUMBER OF EMPLOYEES TO BE ADDED AS PART OF MICHIGAN NOW! GROWTH INITIATIVE		FULL TIME	PART-TIME		
(10) NUMBER OF JOBS TO BE ADDED IN MICHIGAN		FULL TIME	PART-TIME	TOTAL	
(11) GROSS RECEIPTS OF THE FIRM FOR THE LAST THREE YEARS			YEAR	TOTAL RECEIPTS \$	

	YEAR	TOTAL RECEIPTS \$
	YEAR	TOTAL RECEIPTS \$



**SECTION 3: CONTROL**

**A. IDENTIFY YOUR FIRM'S OFFICERS AND BOARD OF DIRECTORS** (if additional space is required, attach a separate sheet)

	NAME	TITLE	DATE APPOINTED
(1) OFFICERS OF THE COMPANY	a.		
	b.		
	c.		
	c.		
	e.		
(2) BOARD OF DIRECTORS	a.		
	b.		
	c.		
	d.		
	e.		

(3) DO ANY OF THE PERSONS LISTED IN (1) AND/OR (2) ABOVE PERFORM A MANAGEMENT OR SUPERVISORY FUNCTION FOR ANY OTHER BUSINESS?  NO  YES PERSON \_\_\_\_\_ TITLE \_\_\_\_\_ BUSINESS \_\_\_\_\_ FUNCTION \_\_\_\_\_

(4) DO ANY OF THE PERSONS LISTED IN (1) AND/OR (2) ABOVE OWN OR WORK FOR ANY OTHER FIRM(S) THAT HAS A RELATIONSHIP WITH THIS FIRM: (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  NO  YES FIRM NAME \_\_\_\_\_ PERSON \_\_\_\_\_

NATURE OF BUSINESS RELATIONSHIP

**B. IDENTIFY YOUR FIRM'S MANAGEMENT PERSONNEL WHO CONTROL YOUR FIRM IN THE FOLLOWING AREAS**

(if more than two persons, attach a separate sheet)

	NAME	TITLE
(1) FINANCIAL DECISIONS (Responsibility for acquisition of lines of credit, surety, bonding, supplies, etc.)	a.	
	b.	
(2) ESTIMATING AND BIDDING	a.	
	b.	
(3) NEGOTIATING AND CONTRACT EXECUTION	a.	
	b.	

**B. (CONTINUED) IDENTIFY YOUR FIRM'S MANAGEMENT PERSONNEL WHO CONTROL YOUR FIRM IN THE FOLLOWING AREAS**

(if more than two persons, attach a separate sheet)

(4) HIRING/FIRING OF MANAGEMENT PERSONNEL	a.	
	b.	
(5) FIELD/PRODUCTION OPERATIONS SUPERVISOR	a.	
	b.	
(6) OFFICE MANAGEMENT	a.	
	b.	
(7) MARKETING/SALES	a.	
	b.	
(8) PURCHASING OF MAJOR EQUIPMENT	a.	
	b.	
(9) AUTHORIZED TO SIGN COMPANY CHECKS (for any purpose)	a.	
	b.	
(10) AUTHORIZED TO MAKE FINANCIAL TRANSACTIONS	a.	
	b.	

(11) DO ANY OF THE PERSONS LISTED IN (1) THROUGH (10) ABOVE PERFORM A MANAGEMENT OR SUPERVISORY FUNCTION FOR ANY OTHER BUSINESS?  NO  YES PERSON \_\_\_\_\_ TITLE \_\_\_\_\_ BUSINESS \_\_\_\_\_ FUNCTION \_\_\_\_\_

(12) DO ANY OF THE PERSONS LISTED IN (1) AND/OR (2) ABOVE OWN OR WORK FOR ANY OTHER FIRM(S) THAT HAS A RELATIONSHIP WITH THIS FIRM: (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  NO  YES FIRM NAME \_\_\_\_\_ PERSON \_\_\_\_\_

NATURE OF BUSINESS RELATIONSHIP

**C. DOES YOUR FIRM RELY ON ANY OTHER FIRM FOR MANAGEMENT FUNCTIONS OR EMPLOYEE PAYROLL PAYROLL?**  NO  YES EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>D. FINANCIAL INFORMATION</b>					
<b>(1) BANKING INFORMATION</b>					
NAME OF BANK			PHONE NO.		
ADDRESS			CITY	STATE	ZIP CODE
<b>(2) BONDING INFORMATION:</b> If you have bonding capacity, identify:			BINDER NO.		
NAME OF AGENT/BROKER			PHONE NO.		
ADDRESS			CITY	STATE	ZIP CODE
BONDING LIMIT: AGGREGATE LIMIT \$			PROJECT LIMIT \$		
<b>E. IDENTIFY ALL SOURCES, AMOUNTS AND PURPOSES OF MONEY LOANED TO YOUR FIRM, INCLUDING THE NAMES OF ANY PERSONS OR FIRMS SECURING THE LOAN, IF OTHER THAN THE LISTED OWNER</b>					
NAME OF SOURCE	ADDRESS OF SOURCE	NAME OF PERSON ADMINISTERING THE LOAN	ORIGINAL AMOUNT	CURRENT BALANCE	PURPOSE OF LOAN
1.					
2.					
3.					
<b>F. LIST ALL CONTRIBUTIONS OR TRANSFERS OF ASSETS TO/FROM YOUR FIRM AND TO/FROM ANY OF ITS OWNERS OVER THE PAST TWO YEARS</b> (Attach additional sheets if needed)					
CONTRIBUTION/ASSET	DOLLAR VALUE	FROM WHOM TRANSFERRED	TO WHOM TRANSFERRED	RELATIONSHIP	DATE OF TRANSFER
1.					
2.					
3.					

**G. LIST CURRENT LICENSES/PERMITS HELD BY ANY OWNER AND/OR EMPLOYEE OF YOUR FIRM**  
 (e.g., contractor, engineer, architect, etc.) (Attach additional sheets if needed)

NAME OF LICENSE/PERMIT HOLDER	TYPE OF LICENSE/PERMIT	EXPIRATION DATE	LICENSE NUMBER AND STATE
1.			
2.			
3.			

**H. LIST THE THREE LARGEST CONTRACTS COMPLETED BY YOUR FIRM IN THE PAST THREE YEARS, IF ANY:**

NAME OF OWNER/CONTRACTOR	NAME/LOCATION OF PROJECT	TYPE OF WORK PERFORMED	DOLLAR VALUE OF CONTRACT
1.			
2.			
3.			

**I. LIST THE THREE LARGEST ACTIVE JOBS ON WHICH YOUR FIRM IS CURRENTLY WORKING:**

NAME OF PRIME CONTRACTOR AND PROJECT NUMBER	LOCATION OF PROJECT	TYPE OF WORK	PROJECT START DATE	ANTICIPATED COMPLETION DATE	DOLLAR VALUE OF CONTRACT
1.					
2.					
3.					

**SECTION 4: PARTICIPATION IN MICHIGAN NOW! ECONOMIC GROWTH INITIATIVE**

A. PLEASE EXPLAIN WHY YOU BELIEVE YOUR BUSINESS WILL HELP MEET THE GOALS AND OBJECTIVES OF THE MICHIGAN NOW! ECONOMIC GROWTH INITIATIVE

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B. WOULD YOU BE WILLING TO AGREE TO EXCLUSIVE REAL ESTATE BROKER AGREEMENT WITH NAI FARBMAN?

NO  YES

C. WOULD YOU AGREE TO ALLOW FARBMAN TO INCLUDE YOUR NAME AND/OR COMPANY NAME IN ANY ADVERTISEMENT AND OTHER PROMOTIONAL MATERIALS THAT PROMOTE THE MICHIGAN NOW! ECONOMIC GROWTH INITIATIVE?

NO  YES

**AFFIDAVIT OF CERTIFICATION**

*This form must be signed and notarized for each owner.*

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PRIOR APPROVAL.**

I, \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant firm \_\_\_\_\_ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing Farbman or a related entity to accept this application under the Michigan Now! Economic Growth Initiative, and therefore Farbman or related entities may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to the audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of this application or revocation of a prior approval.

I declare that the information provided in this application and supporting documents is true and correct.

The undersigned hereby acknowledges that this Application is merely an Application to participate in the Michigan Now! Economic Growth Initiative Program. Acceptance of the Application and approval for the program will be memorialized by the execution of a separate definitive agreement in writing pursuant to which the standard terms and conditions of such program will be implemented. Delivery of the Application shall in no way commit Farbman or any of its affiliates to providing the benefits under the Michigan Now! Economic Growth Initiative Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MICHIGAN        )  
  )ss.  
COUNTY OF                 )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, as his/her own free act and deed.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Acting in \_\_\_\_\_ County, Michigan  
My Commission expires: \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor; or (2) each limited partner who owns 20% or more interest and each general partner; or (3) each stockholder owning 20% or more of voting stock; or (4) any person or entity providing a guaranty on the loan.

NAME	BUSINESS PHONE
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RESIDENCE ADDRESS	RESIDENCE PHONE
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CITY, STATE & ZIP CODE

BUSINESS NAME OF APPLICANT/BORROWER

ASSETS		LIABILITIES	
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto) No. Payments \$ _____	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Other) No. Payments \$ _____	\$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Automobile-Present Value	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Net Worth	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

Section 1. Source of Income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)	\$ _____
	\$ _____

**Description of Other Income in Section 1**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 2. Notes Payable to Banks and Others**

(Use attachments in necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds**

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation Exchange	Date of Quotation Exchange	Total Value

**Section 4. Real Estate Owned**

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.**

(Describe, and if any is pledge as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

**Section 6. Unpaid Taxes**

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

**Section 7. Other Liabilities**

(Describe in detail)

**Section 8. Life Insurance Held**

(Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

I authorize Farbman to make inquiries as necessary to verify the accuracy of the statements made and to determine any creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). these statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature:

Date:

Social Security Number:

Signature:

Date:

Social Security Number:

**MICHIGAN NOW! ECONOMIC GROWTH INITIATIVE APPLICATION  
SUPPORT DOCUMENTS CHECKLIST**

In order to complete your application for the Michigan Now! Economic Growth Initiative Application, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Current Business Plan
- Personal Financial Statement (form available with this application)
- Personal tax returns for the past three (3) years, if applicable, for each owner
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Description of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two (2) years
- Year-end balance sheets and income statements for the past (3) years (or life of firm, if less than three (3) years); a new business must provide a current balance sheet
- All relevant licenses, license renewal forms and permits
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- Official Articles of Incorporation (certified by the state official)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation or Articles of Organization and Operating Agreement with any amendments (for LLCs)

## WORK EXPERIENCE RESUME

A COPY OF THIS FORM (OR A SIMILAR DOCUMENT CONTAINING THIS INFORMATION) MUST BE COMPLETED BY EACH OWNER, OFFICER, DIRECTOR AND OTHER PERSONNEL OF THE FIRM IDENTIFIED IN THE APPLICATION. PLEASE TYPE OR PRINT. DO NOT LEAVE ANYTHING BLANK. MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

NAME OF APPLICANT'S COMPANY		YOUR NAME/TITLE		
	NAME AND LOCATION OF SCHOOLS ATTENDED	YEARS ATTENDED	DIPLOMA/DEGREE	COURSES OF STUDY/MAJOR
EDUCATIONAL OR VOCATIONAL TRAINING				
COLLEGES AND UNIVERSITIES				
OTHER TRAINING				
<b>EMPLOYMENT RECORD</b>				
PLEASE LIST ALL OF YOUR WORK EXPERIENCE, STARTING WITH YOUR MOST RECENT EMPLOYMENT. PROVIDE A DETAILED DESCRIPTION OF REGULARLY ASSIGNED, ONGOING, DUTIES, FOR EACH JOB. ATTACH ADDITIONAL SHEETS IF NECESSARY.				
EMPLOYER		JOB TITLE		
STREET ADDRESS		CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT	SUPERVISOR'S NAME		AVERAGE HOURS PER WEEK	
<b>DESCRIPTION OF YOUR DUTIES</b>				

LIST UNION LICENSES, PROFESSIONAL REGISTRATIONS, ETC., WHICH ARE IN YOUR NAME

EMPLOYER

JOB TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF EMPLOYMENT

SUPERVISOR'S NAME

AVERAGE HOURS PER WEEK

**DESCRIPTION OF YOUR DUTIES**

LIST UNION LICENSES, PROFESSIONAL REGISTRATIONS, ETC., WHICH ARE IN YOUR NAME

EMPLOYER

JOB TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF EMPLOYMENT

SUPERVISOR'S NAME

AVERAGE HOURS PER WEEK

**DESCRIPTION OF YOUR DUTIES**

LIST UNION LICENSES, PROFESSIONAL REGISTRATIONS, ETC., WHICH ARE IN YOUR NAME

LIST ANY ADDITIONAL EXPERIENCE/INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

**CERTIFICATION: I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.**

**RESUME ATTACHED?**  YES  NO

SIGNATURE

SOCIAL SECURITY NO.

DATE