

Michigan State Housing Development Authority
State Historic Preservation Office

MHRP

The Grantee acknowledges that the following personnel are Key Persons of the Grantee:

(1) Name _____
(Print or type Name above line)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(2) Name _____
(Print or type Name above line)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(3) Name _____
(Print or type Name above line)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

Print or Type Grantee Name Above Line

By: _____
Signature Date

Name of Signatory for Grantee: _____
Print/Type Name of Signatory Above Line

Its: _____

Federal Identification Number: _____