NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

HUD PROGRAMS

PREVAILING WAGE /AFFIRMATIVE ACTION/ EEO COMPLETION CERTIFICATE

CONSTRUCTION MANAGER/GENERAL CONTRACTOR AND SUBCONTRACTORS

NJEDA PROJECT OWNER/APPLICANT COMPANY NAME

(i.e. Reci	pient of Federal Financial Aid Grant or Loa	n- SANDY)	
PROJEC"	T LOCATION (include Street, City and Zip Co	ode)	
COMPLE	ETION DATE (or substantially complete date)	NJ COUNTY (project loca	ntion) NJEDA PROJECT NO.
US Posta NJ Econo Office of Attn: La P.O. Box	omic Development Authority or Recovery bor Relations Administrator	tor and each Subcontractor (all tiers) of Fax Lorena Young or (609) 278-4627	<i>and submit to:</i> Email lyoung@njeda.com
1. 2. 3.		ially complete. Project have been paid at a rate not less than a tation I have relied on payroll records submitted.	the federal and/or NJ Prevailing Wage rate bed by subcontractors and lower-tier contractors.
CONSTRUCTION MANAGER, OR GENERAL CONTRACTOR	Date Contact Phone Number	(Check one) Construction	nature of Authorized Representative for the Manager General Contractor Print Name and Title Print or Type Company Name of the above
	Email (optional)		Street Address or PO Box of the above City, State and Zip Code of the above
SUBCONTRACTOR	Date		Signature of Authorized Representative
	Contact Phone Number	Print Name and Title Print or Type Company Name	
	Email (optional)	Street Address or PO Box City, State and Zip Code	
	ents received and reviewed by the NJEDA with US Federal and NJ State Labor State	_	
EDA Labor Standards Compliance Officer Name		Signature	Date