NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
OFFICE OF RECOVERY
PREVAILING WAGE /AFFIRMATIVE ACTION/ EEO/ SWMVBEs
COMPLETION CERTIFICATE
CONSTRUCTION MANAGER/GENERAL CONTRACTOR AND SUBCONTRACTORS

NJEDA PROJECT OWNER/APPLICANT COMPANY NAME

(i.e. Recipient of Federal Financial Aid Grant or Loan- SANDY)

PROJECT LOCATION *(include Street, City and Zip Code)*

COMPLETION DATE (or substantially complete date)	NJ COUNTY (project location)	NJEDA PROJECT NO.

Certificate to be completed by the General Contractor and each Subcontractor (all tiers) and submit to:

US Postal Mail		**Fax**		**Email**
NJ Economic Development Authority	**or**	**Lorena Young**	**or**	**lyoung@njeda.com**
Office of Recovery		**(609) 278-4627**		
Attn: Labor Relations Administrator				
P.O. Box 990				
Trenton, NJ 08625-0990				

I/We, the undersign, certify to the New Jersey Economic Development Authority as follows:

1. Construction of the above project is substantially complete.

2. All workers employed in construction of the Project have been paid at a rate not less than the federal and/or NJ Prevailing Wage rate (whichever is higher). In making this certification I have relied on payroll records submitted by subcontractors and lower-tier contractors.

3. We have made good faith efforts to achieve minority and women workforce participation goals and submitted all reports and certificates required by the Authority.

4. We have made good faith efforts to achieve NJ Small /Woman / Minority / Veteran Business Enterprise (SWMVBE) participation goals and submitted all reports and certificates required by the Authority.

CONSTRUCTION MANAGER, OR GENERAL CONTRACTOR	Date	Signature of Authorized Representative for the (Check one) ☐ Construction Manager ☐ General Contractor
	Contact Phone Number	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

All documents received and reviewed by the NJEDA from the Construction Manager/General Contractor and are in compliance in accordance with US Federal and NJ State Labor Standard, Affirmative Action, EEO, and SWMVBE policies, guidelines, and regulations.

EDA Labor Standards Compliance Officer Name	Signature	Date