

**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY**  
OFFICE OF RECOVERY  
**PREVAILING WAGE /AFFIRMATIVE ACTION/ EEO/ SWMVBES**  
**COMPLETION CERTIFICATE**  
**SUBRECIPIENT AND GENERAL CONTRACTOR**

**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)

--

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

*Completion Certificate to be completed by the Subrecipient/Borrower and General Contractor and submit to:*

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

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.

<b>SUBRECIPIENT OR SBL BORROWER</b>	<hr/>	<hr/>
	Date	Signature of Authorized Representative for Subrecipient or Borrower
	<hr/>	<hr/>
	Contact Phone Number	Print Name and Title
	<hr/>	Print or Type Company Name of Subrecipient or Borrower
<hr/>	<hr/>	Street Address or PO Box of Subrecipient or Borrower
Email (optional)	<hr/>	City, State and Zip Code of Subrecipient or Borrower
<b>CONSTRUCTION MANAGER OR GENERAL CONTRACTOR</b>	<hr/>	<hr/>
	Date	Signature of Authorized Representative (Check one) <input type="checkbox"/> Construction Manager <input type="checkbox"/> General Contractor
	<hr/>	<hr/>
	Contact Phone Number	Print Name and Title
	<hr/>	Print or Type Company Name
<hr/>	<hr/>	Street Address or PO Box
Email (optional)	<hr/>	City, State and Zip Code

All documents have been received and reviewed by the NJEDA and are in compliance in accordance with Federal and NJ State Labor Standard, Affirmative Action, EEO, and SWMBE policies, guidelines, and regulations.

NJEDA Labor Standars Compliance Officer Name	Signature	Date
--	-----------	------