

SMALL BUSINESS LEASE GRANT

Sample Application



Small Business Lease Grant

Starting **October 20, 2021**, the Small Business Lease Grant will open to all businesses and nonprofits that are entering new or amended market rate leases.

These organizations can apply for a pair of grants totaling up to **20 percent of annual lease payments**.

Applications will be accepted on a rolling basis to all applicants that meet all eligibility criteria.

Applicants with multiple locations are limited to one application per location. Applicants cannot terminate an existing lease and enter into a new lease for the same square footage in order to pursue this grant.

Two grant awards of 20 percent of the annual lease payments on a minimum 5- year lease term:

Applicant Eligibility

This Grant is open to businesses and nonprofits.

Applicants with multiple locations are limited to one application per location. Applicants cannot terminate an existing lease and enter into a new lease for the same square footage in order to pursue this grant.

Applicants must:

- ▶ Be a commercial business, nonprofit, or operator of an incubator.
- ▶ Meet SBA definition of a Small Business – determined by employee count and NAICS code.
- ▶ Provide a current tax clearance certificate prior to approval.
- ▶ Provide certification from the landlord showing they are current on lease payments.
- ▶ Be in good standing with Department of Labor and Department of Environmental Protection.
- ▶ Certify at time of application that they are not in default of any other NJEDA or State assistance.
- ▶ Certify at application the applicant will pay wages that are the greater of \$15/hour or 120% of the minimum wage rate for the term of the grant agreement (five years). Tipped employees are only required to be paid 120% of minimum wage rate.
- ▶ Commit to remaining in the facility for at least five years.

Lease Eligibility

A lease must meet the following eligibility requirements:

- ▶ Square footage: between 250 to 10,000 square feet – over 10,000 is still eligible however, over 10,000 square feet will not be incentivized. For lease extensions, renewals, or amendments, the applicant must expand or add a minimum of 250 square feet.
- ▶ Must include first-floor (street-level) space. Leases that include two floors are eligible, but must include first-floor (street-level) space.
- ▶ Lease payments can only include the leasing of square footage (equipment cannot be included)
- ▶ Must be a minimum 5-year term.
- ▶ Leases must be executed on or after March 9, 2020 and within 12 months of application.
- ▶ Must be market-rate based on commercial real-estate information

Grant Fee and Exclusions

Grant Fee

Approval Fee: \$100

Payable after EDA approval and prior to execution of the grant agreement.


Exclusions


- ▶ Businesses currently operating under an existing Small Business Lease Assistance Program grant agreement are not eligible to apply, but may opt out of their existing grant agreement to pursue this grant.
- ▶ Grantees that default on lease payments or leave the space during their grant term are no longer eligible for the incentive and must repay any funding they received from the NJEDA.
- ▶ High Tech and Business Incubator members in Not for Profit facilities would not be eligible for independent lease incentives.
- ▶ Landlord cannot have an ownership interest in the applicant.

Sign in

<https://programs.njeda.com/en-US/>

NJEDA Application Center

 | [My Applications](#) | [English](#)

 Sign in

[Register](#)

[Redeem invitation](#)

If you are the first-time user, please click "Register" button on the top.

* User name

* Password

☐ Remember me?

Sign in

[Forgot your password?](#)

If you are a **first-time user**, please click “Register” button on the top

How to Register your Email Address

Please use the below instructions if you are a **first-time user** to register your email address

- 1. **Enter your email, username (can be the same as your email) and password.**
Passwords must contain 1 upper case letter, 1 lower case letter and be at least 8 characters
- 2. **Once information is filled in click “Register”**

PLEASE MAKE SURE TO WRITE-DOWN YOUR USERNAME AND PASSWORD

NJEDA Application Center

[Home](#) | [My Applications](#) | [English](#) | [Sign in](#)

[Sign in](#)

Register

[Redeem invitation](#)

THIS IS NOT AN APPLICATION FOR NJEDA ASSISTANCE. THIS PAGE ALLOWS YOU TO CREATE A USER ACCOUNT THAT YOU WILL USE TO LOG IN TO NJEDA'S PRE-REGISTRATION AND/OR APPLICATION PORTAL.

Register for a new local account

* Email

* Username

* Password

* Confirm password

Register

If after clicking on “Register” you receive the following pop-up, that indicates that your email is already in our system, and you need to request an Invitation Code. Begin by clicking on the blue “OK” button.

Events Page

Clips

Dashboards: Kelly...

MyC

NJEDA Application Center

Sign in

Register

Redeem invitation

Register for a new local account

* Email

kdombrowski@njeda.com

* Username

NJEDAKdombrowski

* Password

.....

* Confirm password

.....

Register

programs.njeda.com says

The email address kdombrowski@njeda.com is already in our system. This may be because you have previously applied for other NJEDA programs. Please click OK to email yourself an invitation code which can be used to access this program application.

OK

NJEDA - Home

My Applications

English

Redeeming an invitation code

1.

NJEDA Application Center

[Home](#) > [Contact - Only Email](#)

Contact - Only Email

Please click the "Send Invitation" button to email yourself an invitation code which can be used to access the application. This code will be sent to the email below.

Email
KDombrowski@njeda.com

Send Invitation

2.

Reply Reply All Forward

CN

CRM NoReply

NJEDA Application Portal - invitation Code

To Kelly Dombrowski

You have been invited to our portal. To redeem your invitation, please click the link below.

<https://njeda.powerappsportals.us/register/?returnurl=%2f&invitation=qwUX9pXrhWL0NABvW15nm05E3QZ1kU1xSP1lwSns9RXVD723wQho1yw7FkzkRILmtAoLRUtxb9vHuKKOXnf-IgXbG4MdL5hu91CbCwuh-U2tzc-Ilk->

NJEDA Portal Team

3.

NJEDA Application Center

[Sign in](#) [Register](#) [Redeem invitation](#)

Sign up with an invitation code

* Invitation code
qwUX9pXrhWL0NABvW15nm05E3QZ1kU1xSP1lwSns9RXVD723wQho1yw7FkzkRILmtA

Register

4.

NJEDA Application Center

[Sign in](#) [Register](#) [Redeem invitation](#)

Redeeming code:
qwUX9pXrhWL0NABvW15nm05E3QZ1kU1xSP1lwSns9RXVD723wQho1yw7FkzkRILmtAoLRUtxb9vHuKKOX3ZroiENf-IgXbG4MdL5hu91CbCwuh-U2tzc-Ilk-

Register for a new local account

* Email
KDombrowski@njeda.com

* Username

* Password

* Confirm password

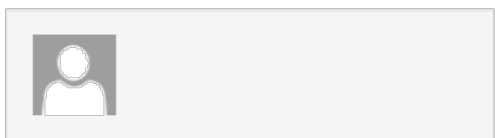
Register

Setting up your Profile

- 1. Once you click Register, you must enter “Your Information”
- 2. First Name, Last Name and Phone Number is Required
- 3. Confirm your email address is correct (this will be the primary way the NJEDA contacts your business)
- 4. Once complete, click “Update”

Home > Profile

Profile



Profile

Security
Change password
Change email
Manage external authentication

Please provide some information about yourself.
If you need language assistance, please send NJEDA your name, spoken language and telephone number to languagehelp@njeda.com

You must complete your profile before using the features of this website.

Your information

First Name *	Last Name *
<input type="text"/>	<input type="text"/>
E-mail	Phone *
<input type="text" value="sample@sample.com"/>	<input type="text"/>
Organization Name	Title
<input type="text"/>	<input type="text"/>
Web Site	
<input type="text"/>	

Update

Confirming your Email

1. Once “Your Information” is complete, you will need to confirm your email.
2. Within the blue box, click on “Confirm Email”
3. An email will be sent to the email address listed.
4. Go to your email and follow the instructions within the email.
5. You MUST confirm your email address, in order to begin the application
6. Once your email is Confirmed you MUST come back into the NJEDA Application Center to begin the application

Home > Profile

Profile



First Last

Profile

Security

Change password

Change email



Manage external authentication

You must complete the email confirmation below before using the features of this site!

ⓘ Your email requires confirmation.

✉ Confirm Email



First Last

Profile

Security

Change password

Change email



Manage external authentication

Confirm E-mail

📧 A Confirmation Email has been sent to your below email account. Please follow the instructions in the email to complete the registration.

E-mail

sample@sample.com

Select Small Business Lease Grant

NJEDA Online Application Center

Welcome to the NJEDA's online application for the NJEDA Online Application Center. We look forward to helping you as you grow your business in New Jersey!

Please DO NOT use Internet Explorer as your browser to complete this application as it is unsupported and may cause delays to your application processing. Alternative browsers include "Microsoft Edge," "Chrome," or "Safari."

Click Here to
Begin



Small Business Lease Grant

Select “Start My Application” – Small Business Lease Grant

Small Business Lease Grant List


Welcome to the NJEDA's online application for the Small Business Leas

To be eligible for this program, you must be a New Jersey business or nonprofit entering into a new or amended lease with a minimum term of five-years. All leases must include street level space. Amended leases or lease extensions must add a minimum of 250 square feet.

Prior to applying, it is recommended that you review program checklist (link to document) and the full program eligibility at <https://www.njeda.com/small-business-lease-grant-program/>.

If you have any questions, please contact NJEDA Small Business Services at smallbusinessservices@njeda.com.

For language assistance, please send NJEDA your name, spoken language and telephone number to languagehelp@njeda.com.

 Create

Click the create button to start application.



Primary Point of Contact

Provide contact information for the Primary Point of Contact for this application.

Is the Primary Point of Contact legally authorized to submit the application on behalf of the applicant company?*

Is the Primary Point of Contact the CEO?*

Is the Primary Point of Contact authorized to speak to the media on behalf of the company?*

* If the answer is “No” to any of the above questions the applicant will have an opportunity to enter this information later in the application

Primary Point of Contact

Throughout the life of a project – from application, to approval, to certification and servicing – NJEDA will need to engage with various members of your team. This section collects contact information for individuals we may need to speak with as part of this project.

Please provide contact information for the primary point of contact within the applicant company that NJEDA will keep updated on the status of this application.

Salutation

Ms.

First Name *

Test

Middle Initial

Test

Last Name *

Test

Suffix

Title *

Test

Email *

test@gmail.com

Email Confirmed *

test@gmail.com

Please be sure the email address you enter is a valid email address, as this will be the primary address by which NJEDA contacts you on the status of this application.

Phone Number

(609) 123-4567

Is the Primary Point of Contact is legally authorized to submit this application on behalf of the applicant company? *

No

Is the Primary Point of Contact the Chief Executive Officer/equivalent officer for North America operations, or equivalent highest-ranking executive for the applicant company? *

No

Is the Primary Point of Contact authorized to speak to the media on behalf of the company? *

No

Primary Contact Address

Authorized Representative

If the Primary Point of Contact is **NOT** the Authorized Representative, the applicant will be prompted to fill out the contact information for the Authorized Representative.

The application must be submitted by an individual who is legally authorized to sign documents on behalf of the applicant company.

Note: If the Primary Point of Contact is the Authorized Representative you will not see this page.

Authorized Representative

This application includes company representations and certification and must be submitted by an individual who is legally authorized to sign documents on behalf of the applicant company.

Salutation

Ms.

First Name *

Test

Middle Initial

Test

Last Name *

Test

Suffix

Title *

Test

Email *

test@gmail.com

Email Confirmed *

test@gmail.com

Phone Number

(609) 123-4567

Would you like the Authorized Representative to receive email communications from NJEDA about the status of your application? *

Authorized Representative Address

Street Address 1 *

1 Test Drive

Street Address 2

Suite, Apt, Floor?

City *

Chief Executive Officer/Owner/Equivalent

If the Primary Point of Contact does not hold this role, please provide the contact information for the CEO, owner, or equivalent highest-ranking executive for the applicant company.

Note: If the Primary Point of Contact is the CEO, owner, or equivalent highest-ranking executive you will not see this page.

Chief Executive Officer/Owner/Equivalent

If the Primary Point of Contact does not hold this role, please provide the contact information for the owner, CEO, or equivalent highest-ranking executive for the applicant company.

Salutation

Ms.

First Name *

Test

Middle Initial

Test

Last Name *

Test

Suffix

Title *

Test

Email *

test@gmail.com

Email Confirmed *

test@gmail.com

Phone Number *

(609) 123-4567

Would you like the Chief Executive Officer/Owner/Equivalent to receive email communications from NJEDA about the status of your application? *

Yes

Chief Executive Officer/Owner/Equivalent Address

Street Address 1 *

1 Test Drive

Street Address 2

Suite, Apt, Floor?

City *

Media Contact

Please indicate if the applicant organization would like designate a Media contact to communicate with a NJEDA representative.

If **YES**, you will be prompted to fill out additional contact information for the Media Contact.

Media Contact

NJEDA often works with an applicant company's public relations or media relations representatives on press releases and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant company's Media Contact that will support on this project.

Would you like to designate a Media Contact? *

Yes

Salutation

Mr.

First Name *

Test

Middle Initial

T

Last Name *

Test

Suffix

Company *

TestLLC

Title *

Manager

Email *

g@gmail.com

Email Confirmed *

g@gmail.com

Phone Number *

(609) 123-4567

Media Contact Address

Street Address 1 *

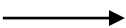
1 Test Drive

Street Address 2

Applicant Organization

Please provide information about the company that is applying for assistance.

If your business operates under a different name, please provide the information here



Application Organization

In this section, we are collecting information about the company that is applying for assistance. We are focused on the primary applicant only. We will collect information on affiliates, parent companies, holding companies, or other related entities in the following sections of the application.

Applicant Organization Name

Applicant LLC

The full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName>.

Applicant Doing Business As (DBA)

Applicant Organization

Does your business operate under a different name?

Applicant Entity Type

Sole Proprietorship

What is the ownership structure of the applicant?

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of the stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey?

No

Date Established

3/17/2020

Please make sure this date matches the date on your entity's formation documents. MM/DD/YYYY

Applicant Country of Incorporation/Formation

United States

Applicant State of Incorporation/Formation *

NJ

Formation Document(s)

Documentation to verify entity applying's name – must provide company formation documents that relate to the entity applying (Articles of Incorporation, Articles of Organization, Certificate of Incorporation, Certificate of Trade Name (filed at county clerk's office-for sole proprietors))

Applicant Organization

Select the entity type from the drop-down menu



Applicant Doing Business As (DBA)

TestLLC

Does your business operate under a different name?

Applicant Entity Type *

Sole Proprietorship

Sole Proprietorship

Partnership

General Partnership

Limited Partnership

Limited Liability Partnership

C Corporation

Subchapter S Corporation

Limited Liability Corporation

Government Body

Nonprofit Organization

Single Member LLC

Other

Applicant Organization

Date Established-please make sure this date matched the date on your entity's formation documents

Upload Company's Formation Document(s).

Documentation to verify entity applying's name – must provide company formation documents that relate to the entity applying.

- **Sole Proprietor:** provide a [Certificate of Trade Name](#) (filed with the County Clerk)
- **LLC:** [Certificate of Formation](#) and [Operating Agreement](#)
- **Corporation:** [Certificate of Incorporation and Bylaws](#)
- **Not-for- Profit:** [Certificate of Incorporation and Bylaws](#)
- **Out of State:** If your business is not registered in the State of NJ you are ineligible for this grant. If your entity was formed out of state but operates within the State of NJ, you must file a Certificate of Authority when registering the business in NJ and provide that certificate.

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of the stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey? *

No

Date Established *

3/19/2020

Please make sure this date matches the date on your entity's formation documents. MM/DD/YYYY

Applicant Country of Incorporation/Formation *

United States

Applicant State of Incorporation/Formation

NJ

Formation Document(s)

Documentation to verify entity applying's name – must provide company formation documents that relate to the entity applying (Articles of Incorporation, Articles of Organization, Certificate of Incorporation, Certificate of Trade Name (filed at county clerk's office-for sole proprietors))

Sole Proprietor: provide a Certificate of Trade Name(https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Trade-Name-Sole-Prop_Redacted.pdf) (filed with the County Clerk)LLC: Certificate of Formation(https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Formation-LLC_Redacted.pdf) and Operating Agreement (https://www.njeda.com/wp-content/uploads/2021/09/Operating-Agreement-LLC_Redacted.pdf) Corporation: Certificate of Incorporation and Bylaws (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Incorporation-Corporation_Redacted.pdf) Not-for- Profit: Certificate of Incorporation and Bylaws (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Incorporation-Not-for-Profit_Redacted.pdf) Out of State: If your business is not registered in the State of NJ you are ineligible for this grant. If your entity was formed out of state but operates within the State of NJ, you must file a Certificate of Authority when registering the business in NJ and provide that certificate.

Document	Files
Formation Document(s)	Add Files Formation Document.docx

Applicant Federal Employer Identification Number (FEIN) *

Applicant Organization

Click the magnifying glass to launch the NAICS search window.

NAICS
In this section, we will collect information about what type of business/organization you are, based on your NAICS Code. To look up your business's NAICS Code, please click the search icon below.

North American Industry Classification System (NAICS) Code *

Please select the magnifying glass to launch the NAICS search window. In the upper right hand of the window there is a search bar. In the search bar, you may enter your NAICS code (if you know it), the type of business you are, or the industry in which your business operates. If your search does not return a result, please try additional terms that describe your business until you return a result.

Please be sure to use the same code that is listed on your most recent business tax filings. For help, please see the [North American Industry Classification System \(NAICS\) U.S. Census Bureau website](#).

Use the search bar to either enter your NAICS code or search the type of business you are, or the industry in which your business operates.

Please be sure the NAICS code identified is the same code that is listed on your most recent business tax filings.

The screenshot shows a 'Lookup records' window with a search bar at the top right. Below the search bar is a table with the following columns: Name, NAICS, NAICS Code, NAICS Sub, NAICS Sector, National, National Code, Second, Industry, Industry Code, Industry Id, and In Se. The table contains three rows of data:

✓	Name ↑	NAICS	NAICS Code	NAICS Sub	NAICS Sector	National	National Code	Second	Industry	Industry Code	Industry Id	In Se
<input type="checkbox"/>	101010 - Not Labeled	Not Labeled	101010	Not Labeled	Not Identified	Not Labeled	101010		101010	Not Labeled	NOT	
<input type="checkbox"/>	111110 - Soybean Farming	Soybean Farming	111110	Crop Production	Agriculture, Forestry, Fishing and Hunting	Soybean Farming	111110		111100	Oilseed and Grain Farming	AGRI	
<input type="checkbox"/>	111120 - Oilseed (except Soybean) Farming	Oilseed (except Soybean) Farming	111120	Crop Production	Agriculture, Forestry, Fishing and Hunting	Oilseed (except Soybean) Farming	111120		111100	Oilseed and Grain Farming	AGRI	

At the bottom of the window are buttons for 'Select', 'Cancel', and 'Remove value'. A page number '1' is visible at the bottom left of the table area.

Applicant Organization

Upload NJ Tax Clearance Certificate

NOTE: This document is not required at the time of application, but will be required prior to approval.

Certificates may be requested through the State of New Jersey's online Premiere Business Services (PBS) portal. Under the Tax & Revenue Center, select Tax Services, then select Business Incentive Tax Clearance. If the applicant's account is in compliance with its tax obligations and no liabilities exist, the Business Incentive Tax Clearance can be printed directly through PBS. CLICK HERE for instructions on how to secure your tax clearance certificate.

If **YES**, please describe the NJEDA assistance and be as specific as possible

Tax Clearance Certificate

Please note this is not required at the time of application, but will be required prior to approval. Certificates may be requested through the [State of New Jersey's online Premiere Business Services \(PBS\) portal](#). Under the Tax & Revenue Center, select Tax Services, then select Business Incentive Tax Clearance. If the applicant's account is in compliance with its tax obligations and no liabilities exist, the Business Incentive Tax Clearance can be printed directly through PBS. [CLICK HERE](#) for instructions on how to secure your tax clearance certificate.

Tax Clearance Certificate

Document	Files
Tax Clearance Certificate Document(s)	<div><div>⊕ Add Files</div></div>

Prior NJEDA Assistance

Has the applicant, or any related parties, previously received NJEDA assistance? *

Yes

Please describe the NJEDA assistance the applicant company previously received. Please be as specific as possible in detailing the programs through which you received NJEDA assistance, the facilities or projects associated with that assistance, the timeframes in which the assistance was provided, and the status of any awards or agreements. *

test test tes.

Diversity, Equity, & Inclusion

This information used in this section will be used for tracking purposes only.

Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your company. The NJEDA will use this information for tracking purposes only.

With which of the following does the majority owner of the applicant organization self-identify (if applicable)?

☐ Minority

☐ Women

☒ Veteran

☐ LGBTQ

☐ Disabled

☐ None of the above are applicable

Please select which of the following State of New Jersey certifications the applicant organization currently holds:

☐ Small Business Enterprise (SBE)

☐ Disadvantaged Business Enterprise (DBE)

☐ Minority-Owned Business Enterprise (MBE)

☐ Woman-Owned Business Enterprise (WBE)

☒ Veteran-Owned Business Enterprise (VOB)

☐ Disabled Veteran-Owned Business Enterprise (DVOB)

☐ None of the Above / I do not wish to identify

DE&I Documentation

Please provide documentation evidencing your entity's certification.

Document	Files
DE&I Documentation	<div><div><div><div></div></div><div>Add Files</div></div><div>DE&I Documentation.docx</div></div>

Additional DE&I Information

In this section, we would like more information about any actions your company has taken or is taking with respect to Diversity, Equity & Inclusion. If these questions are not applicable, you may skip them.

Please describe whether your company's leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled)

The company's team is made up of veterans.

Additional DE&I information
If these questions are not applicable
you may skip them.

Applicant Details

Include all individuals employed on a full-time or part-time basis

Upload a WR-30 or equivalent payroll information.

Annual Gross Revenue must match what is on the most recently filed Federal income tax returns

Upload 3 years of Federal tax returns

Note: if you have been in business less than 3 years, please upload as many years as you have filed.

Applicant Details

Which of the following best describes the applicant? *

Business/Entity that has executed a lease and is or will be occupying and operating from the leased space.

Does the Landlord have any ownership interest in company? *

No

What is the applicant's number of employees, at time of application? *

12

Please include all individuals employed on a full-time or part-time basis.

What is the applicant's number of employees, three months prior to application? *

9

Please include all individuals employed on a full-time or part-time basis.

WR-30 / Other Payroll Information
Please provide your most recent NJ WR-30 form or equivalent payroll information. NJEDA will review this documentation to confirm your number of employees and wages paid to these employees.

Document	Files
WR-30 / Other Payroll Information	<div><div>Add Files</div><div>WR-30.docx</div></div>

What was the applicant's annual gross revenue based upon the business' most recent Federal income tax return filing? *

\$ 120,000.00

Please be sure the amount matches what is on the most recently filed Federal income tax return.

Federal Tax Return
Please ensure that this amount matches the revenue figure on your most recent business tax filing.

If you have been in business less than 3 years, please upload as many years as you have filed.

Document	Files
Federal Tax Return	<div><div>Add Files</div><div>Federal Tax Return.docx</div></div>

Please provide each location in NJ where the applicant is currently located and what functions are performed at each location:

Create

Application Location ID ↓	Address Line 1	City	State	Zip Code
APLOC-00000026	1 Test Drive	To Be Determined	NJ	00001

Applicant Details

Click the “Create” button to provide each location in NJ where the applicant is currently located and what functions are performed at each location

A pop-up box will appear to input the address and functions at this location.

Once saved your location will appear in the below, repeat the process until all Locations in NJ are identified.

Please provide each location in NJ where the applicant is currently located and what functions are performed at each location:

Create

Application Location ID ↓	Address Line 1	City	State	Zip Code
APLOC-00000026	1 Test Drive	To Be Determined	NJ	00001

Location

Please provide each location in NJ where the applicant is currently located and what functions are performed at each location:

Address Line 1 *

1 Test Drive

Address Line 2

Zip Code *

00001

City *

To Be Determined

State *

NJ

Please describe what business functions are performed at this location *

Business functions are provided at 1 Test Drive.

Application Location ID ↓	Address Line 1	City	State	Zip Code
APLOC-00000019	1 Test Drive	To Be Determined	NJ	00001

Lease Information

Provide the address of the leased space.

Which best describes your lease/situation?

- ▶ **New Lease**- This means that was executed for the first time, no later than 12 months prior to the date of this application
- ▶ **New Lease with Prior Lease Terminated**- This means a prior lease was recently terminated and a new lease was executed for the first time, no later than 12 prior to the date of this application
- ▶ **Lease Renewal**- This means an existing lease that may have originally been executed prior to 3/9/2020, but was later renewed, with the renewal happening no later than 12 months prior to the date of this application
- ▶ **Lease Addition**-This means an existing lease that may have originally been executed prior to 3/9/2020, but for which new or additional space was added to that lease and executed no later than 12 months prior to the date of this application

The following questions will change depending on your lease/situation

Lease Information

What is the address of the leased space? (As identified in your executed lease)

Address Line 1 *

1 Test Drive

Address Line 2

NJ Zip Code *

00001

NJ City *

To Be Determined

State *

NJ

Has the lease been fully executed by both the Applicant company and the Landlord? *

Yes

What is the date that the lease was executed? *

3/19/2021

Which best describes your lease/situation? *

New Lease

New Lease (This means that was executed for the first time, no later than 12 months prior to the date of this application)

New Lease with Prior Lease Terminated (This means a prior lease was recently terminated and a new lease was executed for the first time, no later than 12 prior to the date of this application)

Lease Renewal (This means an existing lease that may have originally been executed prior to 3/9/2020, but was later renewed, with the renewal happening no later than 12 months prior to the date of this application)

Lease Addition (This means an existing lease that may have originally been executed prior to 3/9/2020, but for which new or additional space was added to that lease and executed no later than 12 months prior to the date of this application)

What is the total square footage of the lease? *

501

How is the leased space being used? *

Commercial

How many years is the lease for? *

5

Lease Information

Please provide a breakdown of annual lease payment by year.

The payment amounts provided below should be consistent with the information provided on the executed lease document. In the amounts provided below, please only include cost of space.

Do not include other factors such as equipment or percentages of sales that may also be included in the lease. **Only the cost of space will be used in calculating the grant.**

For example, if the lease amount is the same across all 5 years, you may report the same payment amount for each of the five years. However, if your lease fluctuates per year, please indicate the correct amount for each year

Annual Lease Payment

Please provide a breakdown of annual lease payment by year.

The payment amounts provided below should be consistent with the information provided on the executed lease document. In the amounts provided below, please only include cost of space. Do not include other factors such as equipment or percentages of sales that may also be included in the lease. Only the cost of space will be used in calculating the grant.

For example, if the lease amount is the same across all 5 years, you may report the same payment amount for each of the five years. However, if your lease fluctuates per year, please indicate the correct amount for each year.

What is the annual lease payment for Year 1? *

What is the annual lease payment for Year 2? *

What is the annual lease payment for Year 3? *

What is the annual lease payment for Year 4? *

What is the annual lease payment for Year 5? *

Lease Information

Upload a copy of the executed lease agreement and landlord certificate →

Document	Files
Executed Lease	<div><div>ⓘ Add Files</div><div>Executed Lease.docx</div><div></div></div> <p>Please provide a copy of the executed lease for which you are making payments and seeking financial assistance to support these lease payments.</p>
Landlord Certification	<div><div>ⓘ Add Files</div><div>Landlord Certification.docx</div><div></div></div> <p>Please download the landlord certification DOWNLOAD HERE, and have this form signed by your current landlord evidencing that you are currently in good standing with all lease payments, and that the landlord does not have ownership stake in your business entity.</p>

Fully executed lease (must be a minimum 5-year lease term)

- ▶ Executed lease must be signed by the tenant and property owner and must mention:
- ▶ Square footage: between 250 to 10,000 square feet – over 10,000 is still eligible however, over 10,000 square feet will not be incentivized. For lease extensions, renewals, or amendments, the applicant must expand or add a minimum of 250 square feet.
- ▶ Monthly payments must be identified per year to calculate grant award amount
- ▶ Lease must be executed within 12-months of filing NJEDA application to be eligible
- ▶ Lease must incorporate first floor street level space
- ▶ Lease payments can only include the leasing of square footage (equipment cannot be included)

Wage Requirements

Wage Requirements

To be eligible for this grant program, the applicant must certify that it agrees to pay all employees (including full-time and part-time employees) the greater of \$15/hour or 120% of minimum wage for the term of the grant. For tipped employees, the business must pay at least 120% of minimum wage.

The Authority will annually monitor grant recipients for compliance against this requirement, by requiring the grant recipient to provide payroll information for at least the 5-year term of the lease and grant agreement demonstrating that the employees have been paid the required wages. Grant recipients who fail to comply with this requirement are subject to repayment of the grant to the Authority.

☒ **I certify that if my entity is approved for a Lease grant award, following execution of a grant agreement, my entity will be required to pay all employees the greater of \$15/hour or 120% of minimum wage for the full term of the grant, and that tipped employees (if applicable) will be paid 120% of minimum wage. Furthermore, I understand that non-compliance with these wage requirements will result in repayment of the grant to the Authority.**

[Previous](#)[Next](#)

Occupancy Requirements

Occupancy Requirements

Businesses that receive grant funding under the Small Business Lease Grant must commit to remaining in the leased facility for five years after the grant agreement. Non-compliance will result in repayment of the grant to the Authority.

- ☒ **I certify that if my entity is approved for a Lease grant award, following execution of a grant agreement, my entity must remain in the leased space for five years following the grant agreement. Furthermore, I understand that non-compliance with this requirement will result in repayment of the grant to the Authority.**
-

[Previous](#)[Next](#)

Business Details

Business Details

Does the entity conduct or purvey "adult" activities, services, products, or materials?

No

▼

Does entity conduct auctions, bankruptcy sales, fire sales, "lost-our-lease," or similar sales?

No

▼

Is entity a transient merchant (peddler, popup store, itinerant vendor)?

No

▼

Does this entity conduct activities that may constitute a nuisance?

No

▼

Does the entity conduct business for any illegal purposes?

No

▼

Previous

Next

Legal Questionnaire

Please complete the Legal Questionnaire questions and upload supplemental supporting documentation, as necessary. →

Legal Questionnaire

Persons (entities or individuals) applying for NJEDA programs are subject to the Authority's Disqualification/Debarment Regulations (the "Regulations"), which are set forth in [N.J.A.C. 19:30-2.1](#), et seq. Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors. Governmental entities are not required to submit this Legal Questionnaire and may leave it empty.

DEFINITIONS

Notwithstanding any terms defined elsewhere or otherwise herein, the following definitions shall govern in responding to this Legal Questionnaire:

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with the Authority.

Note that any entities or persons fitting these definitions will need to be listed in Part C below.

"Legal Proceedings" means any civil, criminal, or administrative proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

Electronically sign the Legal Questionnaire →

Legal Questionnaire Electronic Signature *

Test

Title *

Manager

Legal Questionnaire Date Signed *

10/13/2021

Previous

Next

Certification of Application

Certification of Application

Eligibility of financial assistance by the New Jersey Economic Development Authority (NJEDA) is determined by the information presented in this application. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

- ☒ **I affirm, represent, and warrant that the information contained in this application and in all associated attachments submitted herewith is to the best of my knowledge true and complete and that the funding applied for herein is not for personal, family, or household purposes.**
- ☒ **I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJEDA which may at its option terminate its financial assistance.**
- ☒ **I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJEDA.**
- ☒ **I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the NJEDA.**
- ☒ **I certify my understanding that an electronic signature of this Application and any Approval Letter or Agreement shall be a binding on the parties.**
- ☒ **I certify that the firm is not in default with any other program administered by the State of New Jersey.**

Fee Acknowledgment

Fee Acknowledgement

☒ I acknowledge that there is a \$100 Approval Fee payable after NJEDA approval and prior to execution of grant. *

[Previous](#)

[Next](#)

Electronic Signature

Electronic Signature

- ☒ I agree to be bound by electronic signatures *
- ☒ I am an Authorized Signer for this organization and I accept the above terms and conditions *

Full Name *

Test T Test

[Previous](#) [Submit](#)

Application Submitted Page

The submission confirmation page will list the application confirmation number. It also states that future communication regarding the application will be sent to the email provided in the application.

Click here to return to the applicant organization's Portals homepage.



Full Application Submitted Page

Thank you for submitting your full application for the NJEDA Main Street Small Business Lease Grant. We appreciate your patience while NJEDA reviews this application.

Your confirmation number is: CAPP-00003194

Any communications on the status of your application will be sent to: test@gmail.com

For questions regarding your Main Street Small Business Lease Grant application, please call or email NJEDA at 1-844-965-1125 or smallbusinessservices@njeda.com

To learn about other NJEDA programs, visit njeda.com

Thank You,
NJEDA

Página de confirmación de aplicación completa

Gracias por enviar su aplicación completa para el subsidio para alquileres para pequeñas empresas de Main Street de la NJEDA. Agradecemos su paciencia mientras la NJEDA procesa esta aplicación.

Su número de confirmación es: CAPP-00003194

Cualquier comunicación sobre el estado de su aplicación se enviará a: test@gmail.com

Si tiene preguntas sobre su aplicación para el subsidio para alquileres para pequeñas empresas de Main Street de la NJEDA, llame o envíe un correo electrónico a la NJEDA al 1-844-965-1125 o smallbusinessservices@njeda.com.

Para conocer sobre otros programas de la NJEDA, njeda.com

Gracias,
NJEDA

Return to homepage

Application Homepage

The applicant will be sent back to the homepage where the applicant organization information is listed, along with the application ID#.

Welcome to the NJEDA's online application for the Small Business Lease Grant.

To be eligible for this program, you must be a New Jersey business or nonprofit entering into a new or amended lease with a minimum term of five-years. All leases must include street level space. Amended leases or lease extensions must add a minimum of 250 square feet.

Prior to applying, it is recommended that you review program [checklist](#) and the full program eligibility at <https://www.njeda.com/small-business-lease-grant-program/>.

If you have any questions, please contact NJEDA Small Business Services at smallbusinessservices@njeda.com.

For language assistance, please send NJEDA your name, spoken language and telephone number to languagehelp@njeda.com.

[+ Create](#)

Common Application ID ↓	Applicant Organization Name	Date Established	Applicant Entity Type	Federal Employer Identification Number (FEIN)
CAPP-00003194	TestLLC	3/19/2020	Sole Proprietorship	987654321



Visit www.njeda.com/small-business-lease-grant
for more information.



@NewJerseyEDA | njeda.com | 609.858.6767

NJEDA