

Activation, Revitalization, and Transformation ("ART") Program

Sample Application



Program Overview

The Activation, Revitalization, and Transformation Program (“ART Program”) is a competitive grant program that will proactively deploy \$10 million from the American Rescue Plan's State and Local Fiscal Recovery Funds (ARP SLFRF) to address the impacts of COVID-19.



Real Estate Rehabilitation and Development	Public Space Activation
Minimum award request: \$250,000 Maximum award request: \$3,500,000	Minimum award request: \$250,000 Maximum award request: \$1,500,000

Note: Proposed projects for ART funding must be located in Atlantic City or Newark.




APPLICATIONS WILL OPEN ON TUESDAY MAY 30, 2023 AT 10:00AM

Sample Application

Welcome

Before beginning the application read through the information provided on the welcome page.

Once ready click “Next” to begin the application

**Activation, Revitalization, and Transformation (ART) Program**
ART Program Application

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Welcome: Activation, Revitalization, and Transformation (ART) Program

The Activation, Revitalization, and Transformation Program (“ART Program”) is a competitive grant program that will proactively deploy \$10 million from the American Rescue Plan’s State and Local Fiscal Recovery Funds (ARF SLFRF) to address the impacts of COVID-19. Administered by the NJEDA, the ART program provides a total funding source of \$10 million SLFRF funding from two separate funding sources.

Proposed projects for ART funding must be located in Atlantic City or Newark.

The funding will support two programs:

Real Estate Rehabilitation and Development

The Real Estate Rehabilitation and Development program will support project-specific hard and soft costs that revitalize commercial corridors and incentivize catalytic development. These projects can include: the renovation or restoration of vacant buildings or square feet of vacant space within a partially occupied building, new construction of at least 10,000 square feet on an existing vacant lot, and costs associated with property acquisition.

Public Space Activation

The Public Space Activation program will support the development of permanent place-based infrastructure associated with traditional downtowns, social-zones, outdoor dining, and place-based public spaces. Examples include placemaking, events, public art installations, signage, streetscape improvements, and small business support.

For applicant eligibility criteria and additional program details, please visit the ART website: <https://www.njeda.com/activation-revitalization-and-transformation-art-program/>.

Next >

Save

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IMPORTANT TIP:

Click “Save” in the beginning to create a reusable link that will save your progress as you complete the application.

Program Selection

Please **select one** of the two programs for which you can apply for:

1. Real Estate Rehabilitation and Development

Funding support for project-specific hard and soft costs that revitalize commercial corridors and incentivize catalytic development

Examples:

- Renovation or restoration of vacant buildings or square feet of vacant space within a partially occupied building
- New construction of at least 10,000 square feet on an existing vacant lot
- Costs associated with property acquisition

2. Public Space Activation

Funding support for the development of permanent place-based infrastructure associated with traditional downtowns, social-zones, outdoor dining, and place-based public spaces

Examples:

- Placemaking
- Events
- Public art installations
- Signage
- Streetscape improvements
- Small business support.

Activation, Revitalization, and Transformation (ART) Program Selection

Please select the program for which you are applying: *

If you wish to apply for both programs, you must submit two separate applications.

Does the proposed project mitigate a negative COVID-19 impact in either Atlantic City or Newark? *

☐ Yes

☐ No

Select the city in which your project will be located: *

☐ Atlantic City

☐ Newark

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This program must mitigate a negative COVID-19 impact in either Atlantic City or Newark.

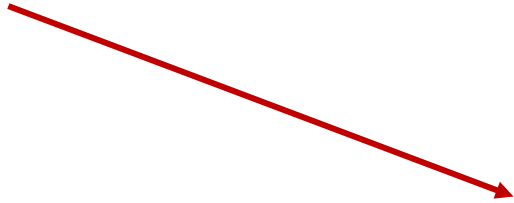
Note: If you wish to apply for both programs, you must submit two separate applications.

Primary Point of Contact

On this page we will collect contact information for the Primary Point of Contact for this application.

Please ensure that the email provided is the correct email for the primary point of contact on this application.

This email will be used for the fee correspondence and any other communications to the applicant team.



Primary Point of Contact

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone Number *



REMINDER

Click “Save” to create a reusable link that will save your progress as you complete the application.

Authorized Representative

If the primary point of contact is not an authorized representative for the food retailer, you will be asked to fill out the contact information for the authorized representative.

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

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone *

Chief Executive Officer/Owner/Equivalent

If the primary point of contact is not Chief Executive Officer/Owner/Equivalent for the business, you will be asked to fill out the contact information for the Chief Executive Officer/Owner/Equivalent.

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

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone

Media Contact

If the primary point of contact is not the media contact for the business, you will be asked if you would like to designate a media contact.

IF YES, you will be asked to fill out the 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 ☐ No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Consultant

Some applicants may choose to utilize consultants for support. While the NJEDA will direct all communications to the primary point of contact, you will be asked if you like to designate a consultant contact who is assisting with this application.

IF YES, you will be asked to fill out the contact information for the media contact.

Please note: Registered Government Affairs Agents will be asked to provide their official Registration Number.

Consultant Information

While not required, we understand that some applicants may choose to utilize consultants for support. While the NJEDA will direct all communications to the primary point of contact, please also provide us with information about any consultants supporting you on this application.

Would you like to designate a consultant contact who is assisting with this application? *

☒ Yes ☐ No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Company *

Title *

Email Address *

Confirm Email Address *

Phone

Are you a Registered Governmental Affairs Agent? *

☒ Yes ☐ No

Government Affairs Registration Number *

Applicant Organization

In this section, we are collecting information about the registered business that is applying for this program.

This page will request applicant organization information including but not limited to...

- Entity Type
- Date Established
- Entity Formation Documents
- Federal Tax Identification Number (FEIN)
- NJ Tax Identification Number
- NAICS Code
- NJ Tax Clearance Certificate (required prior to approval)

If the applicant is involved in religious activities or is religiously affiliated, an additional [Religious Activity Questionnaire](#) will be required.

Applicant 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 may collect information on affiliates, parent companies, holding companies, or other related entities in the following sections of the application.

Applicant Organization Name *

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/COR/BusinessNameSearch/Search/BusinessName>

Applicant Doing Business As (DBA)

Entity Type *

Date Established *

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

☐ Yes ☐ No ☐ NA - Applicant Organization is Government Entity

Mailing Address *

Address Line 1

Address Line 2

City

State

Zip Code

Applicant Country of Incorporation/Formation *

Applicant State of Incorporation/Formation *

Formation Document(s)

Documentation to verify applicant entity'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](#) (filed with the County Clerk)
- LLC: [Certificate of Formation](#)
- Corporation: [Certificate of Incorporation and Bylaws](#)
- Not-for-Profit: [Certificate of Incorporation and Bylaws](#)
- Out of State: 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.

Upload

 or drag files here.

Additional Information

Additional Information

Is the company involved in political or lobbying activities? *

☒ Yes

☐ No

Provide a Political Activity Questionnaire form

Please download and complete this [form](#), then attach it to your application here.

Political Activity Questionnaire *

Upload

 or drag files here.

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If your company is involved in political or lobbying activities, you will need to complete the [Political Activity Questionnaire](#) and upload it to this section of your application.

Cannabis Questionnaire

Cannabis Questionnaire

Has the applicant applied for or been issued a license, including a conditional license, from the New Jersey Cannabis Regulatory Commission (NJ-CRC) to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or does the applicant employ or intend to employ, or is the applicant itself, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

☐ Yes ☐ No

If the applicant is a property owner, developer, or operator of a project: is the property being used or intended for use, in whole or in part, (1) by or to benefit a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service, (2) to employ a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service, (3) by a person or entity that has applied or intends to apply to the New Jersey Cannabis Regulatory Commission (NJ-CRC) for a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service or has applied for certification to be, or intends to employ, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

☐ Yes ☐ No

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New Jersey State law prohibits certain cannabis licensees and certified personal use cannabis handlers' employers from receiving or continuing to receive most financial incentive awards.

Project Overview

Real Estate Rehabilitation and Development

In this section, we would like to learn about the location of your project, your project proposal, and how you plan to impact the community if awarded the grant.

If the project area will include more than one block and lot, please provide a range or click the **+ Add Block and Lot** button for non-contiguous parcels of land.

Use the NJEDA Mapping Tool provided [here](#) and in the application to create and upload your Mapping Tool Report.

Directions for Applicants:

1. Turn on the map Layer called "ART Eligible Areas," and make sure all other colorized layers are off.
2. Find the location of your property using the search bar at the top of the map.
3. Check that the map location is correct.
4. Select the print icon, and using the "Map_Only" layout and "PDF" format, click print.
5. Download and save the PDF for use in your application.

Project Overview

The Real Estate Rehabilitation and Development program will support project-specific hard and soft costs that revitalize commercial corridors and incentivize catalytic development. These projects can include: the renovation or restoration of vacant buildings or square feet of vacant space within a partially occupied building, new construction of at least 10,000 square feet on an existing vacant lot, and costs associated with property acquisition.

Project Name *

Project Location *

City *

State *

Zip Code *

Is the project located in an Opportunity Zone Eligible Census Tract? *

☒ Yes ☐ No

Block and Lot

Block *

Lot *

[+ Add Block and Lot](#)

NJEDA Mapping Tool Report

The NJEDA has provided this [mapping tool](#) to assist potential applicants to determine if proposed projects may be eligible for certain aspects of the program. A project located within an eligible area is not guaranteed participation in the Program, special incentives, or rates.

Please use the mapping tool to search for your project site location. Select the ART icon on the top toolbar for instructions on how to download and save your location map using the Print icon, then upload it here.

or drag files here.

Project Overview (Cont'd)

Real Estate Rehabilitation and Development

- **Project Proposal** (You may use the blank box OR upload your project narrative as a separate document and write "Included as upload" in the box.)

Your response must include the following details:

- total acreage of property
- number of buildings
- square footage
- number of floors
- historic designation (state, local, national)
- condition of the property (vacant, dilapidated, etc.)

- **Project Engagement Plan**

Long-term community impact, neighborhood success

- **Project Impact Description**

COVID-19 impact mitigation, community vision

Note: Applicants must explicitly state the harm that the proposed project will address, and how this expenditure will increase the economic resiliency and vitality of the commercial corridor as we transition from pandemic to endemic.

Project Proposal

Please describe the scope and purpose of your project. If you would prefer to upload a document with your response to this question, you may use the upload button and write "Included as upload" in the box below. *

Project information must include the following: total acreage of property, number of buildings, square footage, number of floors, historic designation (state, local, national), and condition of property (vacant, dilapidated, etc)

Upload

 or drag files here.

Project Engagement Plan

Please explain how this proposal will have a catalytic, long-term impact within your community. Please address how this project will contribute to the success of the neighborhood through events, small business support, and increased foot traffic. *

Project Impact Description

Please explain how your project is addressing the impacts of COVID-19 within the community and how your project contributes to the community's vision. *

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Project Financing

Real Estate Rehabilitation and Development

In this section, we want to ensure your ability to cover the total project costs and plans for completing the project on schedule.

Total Grant Amount Requested must be between \$250,000.00 and \$3,500,000.00. 

Download the [Project Budget template](#) provided in the application and input project costs before uploading as an excel file.

Download the [Project Sources and Uses template](#) provided in the application and identify all current sources and uses of funding for your project before uploading as an excel file.

Note: Grant funds must be expended by December 21, 2026, as per the rules of this program. The project schedule you upload in this section must clearly demonstrate a plan to complete the project prior to this date.

Project Financing

Total Project Cost *

Please account for prevailing wage requirements in the total project cost and project financing gap sections. Be advised that projects utilizing financial assistance for construction related costs are subject to state prevailing wage requirements. The prevailing wage requirement applies to any construction related costs incurred prior to submitting the application, as well as any outstanding construction related costs included in the application that the Applicant anticipates incurring, for which the applicant is seeking financial assistance.

Total Grant Amount Requested *

Please upload a Project Budget *

Upload

 or drag files here.

Note: The project budget must be uploaded as an excel file. A project budget template can be found [here](#).

Please upload your Project Sources and Uses *

Upload

 or drag files here.

The Project Sources and Uses must be uploaded as an excel file. A Project Sources and Uses template can be found [here](#).

Describe all of the project's financing as it currently stands with evidence to support all sources listed in Project Sources and Uses Form provided above, including LOI's, commitment letters from a bank or lender, grant agreements, resolutions, bank statements, new market tax credit award letters, or any other items that would demonstrate proof of funding. *

Upload

 or drag files here.

Please upload a project schedule and explain how the projects will be completed by December 31, 2026. Be sure to include all important milestones that will help ensure the success of this project. *

Upload

 or drag files here.

NOTE: Grant funds must be expended by December 21, 2026, as per the rules of this program.

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*Any commitment letters or letters of support you provide in this section must be explicit in indicating their financial support.

Team Capacity

In this section, we want to understand your team's prior relevant work experience and the competencies on your team that will ensure the success of this project.

Combine current and previous project summaries into a single document and/or use this section to upload multiple work samples.

Combine your organizational chart, project manager resumes, and any additional documents demonstrating the team's capacity into a single document and upload it to this section.

The screenshot shows a web form titled 'Team Capacity' under the heading 'Real Estate Rehabilitation and Development'. The form contains two identical upload sections. Each section has a light gray background with a blue 'Upload' button and the text 'or drag files here.' Below the first upload section, there is a paragraph of text: 'Please supply your organizational chart, project manager resume(s), and any additional documents you'd like to demonstrate the development team's capacity to undertake this project. *'. At the bottom of the form, there are three buttons: a blue '< Back' button, a dark blue 'Next >' button, and a light blue 'Save' button.

Note: If you wish to include multiple uploads for your first response, please be sure that all documents you wish to submit have been successfully uploaded and are appearing in a list format underneath the “Upload” button before moving on to the next section.

Site Control and Activation

Real Estate Rehabilitation and Development

In this section, we will ask you to provide supplemental documentation confirming you will have access to the relevant property for the full length of the project and any other project specific documents you consider missing from your application thus far.

If you own the property, select “Own” from the drop-down menu and an upload field will appear for you to provide documentation evidencing site control or property ownership (i.e. Deed, executed agreement of sale, etc.)

If you do not own the property/site, select “Lease” from the drop down menu and provide documentation evidencing leasing rights.

Complete the Site Infrastructure Plan section by describing the infrastructure readiness of your project site. If you have received any local approvals to complete your project, you will be asked to upload the approvals here.

Note: If you have already engaged with architects, engineers, and/or general contractors and check the corresponding boxes, you will be asked to describe your engagement and have the option to upload renderings, floor plans, cost estimates, and/or any other relevant proof of engagement documents (if applicable).

Real Estate Rehabilitation and Development

Site Control and Activation

Does the applicant own or lease the property? *

Please identify engagement with any of the following entities and provide a description where applicable: *

☐ Architects and Engineers ☐ General Contractors ☐ Not Applicable

Project Site Infrastructure Plan

Please provide information on infrastructure readiness, including any public infrastructure or utility needs associated with the site and describes plan for addressing those needs. *

Have you received any local zoning and/or site plan approvals for your project? *

☐ Yes ☐ No

Before continuing to the next section of the application, please download and carefully review the applicant checklist by clicking on the link in the help text below. If there is anything from this list you did not address or include an attachment for in the questions you've answered thus far, please use the upload button to do so here.

Upload

 or drag files here.

Click [here](#) to download the applicant checklist.

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Save

Project Overview

In this section, we would like to learn about the location of your project, your project proposal, and how you plan to impact the community if awarded the grant.

Project Location City Must Be Either Atlantic City or Newark

Use the NJEDA Mapping Tool provided [here](#), and in the application, to create and upload your Mapping Tool Report.

Directions for Applicants:

1. Turn on the map Layer called "ART Eligible Areas," and make sure all other colorized layers are off.
2. Find the location of your property using the search bar at the top of the map.
3. Check that the map location is correct.
4. Select the print icon, and using the "Map_Only" layout and "PDF" format, click print.
5. Download and save the PDF for use in your application.

Public Space Activation

Public Space Activation

Project Overview

The Public Space Activation program will support the development of permanent place-based infrastructure associated with traditional downtowns, social-zones, outdoor dining, and place-based public spaces. Examples include placemaking, events, public art installations, signage, streetscape improvements, and small business support.

Project Name *

Project Location *

Address Line 1

Address Line 2

City *

State

Zip Code *

New Jersey

Zip Code

Is the project located in an Opportunity Zone Eligible Census Tract? *

☒ Yes ☐ No

NJEDA Mapping Tool Report

The NJEDA has provided this [mapping tool](#) to assist potential applicants to determine if proposed projects may be eligible for certain aspects of the program. A project located within an eligible area is not guaranteed participation in the Program, special incentives, or rates.

Please use the mapping tool to search for your project site location. Select the ART icon on the top toolbar for instructions to download and save your location map using the Print icon, then upload it here.

Upload

 or drag files here.

Project Proposal

Please describe the scope and purpose of your project. If you would prefer to upload a document with your response to this question, you may use the upload button and write "Included as upload" in the box below.

Project Overview (Cont'd)

Public Space Activation

- **Project Proposal** (You may use the blank box OR upload your project narrative as a separate document and write “Included as upload” in the box.)
The narrative should include the following details:
 - Current state of the site on which the project will be located, total acreage and any current structures
 - Proposed project and end use
 - Community impact and how project will grow tax base
 - Number of buildings if any, improvements etc.
 - Analysis of accessibility of site by businesses and residents
- **Project Engagement Plan**
Long-term community impact, neighborhood success
- **Project Impact Description**
COVID-19 impact mitigation, community vision

Note: Applicants must explicitly state the harm that the proposed project will address, and how this expenditure will increase the economic resiliency and vitality of the commercial corridor as we transition from pandemic to endemic.

Project Proposal

Please describe the scope and purpose of your project. If you would prefer to upload a document with your response to this question, you may use the upload button and write "Included as upload" in the box below.

Upload

 or drag files here.

Project Engagement Plan

Please explain how your project is addressing the impacts of COVID-19 within the community and how your project contributes to the community's vision.

Project Impact Description

Please explain how this proposal will have a catalytic, long-term impact on the community. Please address how this project will contribute to the success of the neighborhood through events, small business support, and increased foot traffic. *


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Project Financing

Public Space Activation

In this section, we want to ensure your ability to cover the total project costs and plans for completing the project on schedule.

Total Grant Amount Requested must be between \$250,000.00 and \$1,500,000.00. 

Download the [Project Budget template](#) provided in the application and input project costs before uploading as an excel file.

Download the [Project Sources and Uses template](#) provided in the application and identify all current sources and uses of funding for your project before uploading as an excel file.

Note: Grant funds must be expended by December 21, 2026, as per the rules of this program. The project schedule you upload in this section must clearly demonstrate a plan to complete the project prior to this date.

Project Financing

Total Project Cost *

Please account for prevailing wage requirements in the total project cost and project financing gap sections. Be advised that projects utilizing financial assistance for construction related costs are subject to state prevailing wage requirements. The prevailing wage requirement applies to any construction related costs incurred prior to submitting the application, as well as any outstanding construction related costs included in the application that the Applicant anticipates incurring, for which the applicant is seeking financial assistance.

Total Grant Amount Requested *

Please upload a Project Budget *

Upload

 or drag files here.

Note: The project budget must be uploaded as an excel file. A project budget template can be found [here](#).

Please upload your Project Sources and Uses *

Upload

 or drag files here.

The Project Sources and Uses must be uploaded as an excel file. A Project Sources and Uses template can be found [here](#).

Describe all of the project's financing as it currently stands with evidence to support all sources listed in Project Sources and Uses Form provided above, including LOI's, commitment letters from a bank or lender, grant agreements, resolutions, bank statements, new market tax credit award letters, or any other items that would demonstrate proof of funding. *

Upload

 or drag files here.

Please upload a project schedule and explain how the projects will be completed by December 31, 2026. Be sure to include all important milestones that will help ensure the success of this project. *

Upload

 or drag files here.

NOTE: Grant funds must be expended by December 21, 2026, as per the rules of this program.

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*Any commitment letters or letters of support you provide in this section must be explicit in indicating their financial support.

Team Capacity

Public Space Activation

In this section, we want to understand your team's prior relevant work experience and the competencies on your team that will ensure the success of this project.

Combine current and previous project summaries into a single document and/or use this section to upload multiple work samples.

Combine project manager resumes and any additional documents demonstrating the team's capacity into a single document and upload it to this section.

Public Space Activation

Team Capacity

To demonstrate the capacity of the team, please provide information on any current and previous projects relevant for this project. *

Upload

 or drag files here.

Please supply your project manager resume(s) and any additional documents you'd like to demonstrate the development team's capacity to undertake this project. *

Upload

 or drag files here.

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Note: If you wish to include multiple uploads for your first response, please be sure that all documents you wish to submit have been successfully uploaded and are appearing in a list format underneath the “Upload” button before moving on to the next section.

Site Control and Activation

Public Space Activation

In this section, we want to understand how you plan to activate the public space and engage with the community to meet the goals of the program. For each question, you will have the option to either provide a short response in the corresponding box below or upload a document containing your response.

If you already have access to the project site or if you have started the process of obtaining site access, please also use the upload button to include any supporting documentation.

51 of the 100 total points possible for Public Space Activation are linked to the questions on this page. Please see the Board Memo on the NJEDA ART webpage for more information on scoring criteria.

Public Space Activation

Site Control and Activation

Please describe site use and access. Does your entity have the current ability to use or obtain permission to use the site for the purposes described in the project? *

If you would prefer to upload a document with your response to this question, please do so below and write "Response in upload" in the box above.

Upload

 or drag files here.

Please describe how the use of public space in the area has changed during the pandemic and how this project will have a positive long-term impact on the community. Address how the project will grow the tax base, activate vacant or underutilized space, and contribute to the resiliency of the community. *

If you would prefer to upload a document with your response to this question, please do so below and write "Response in upload" in the box above.

Upload

 or drag files here.

Please describe how this public space will be programmed for recreation and accessibility for all. Be sure to identify how accessibility will be incorporated throughout the entire project. *

If you would prefer to upload a document with your response to this question, please do so below and write "Response in upload" in the box above.

Upload

 or drag files here.

Please describe how the project will benefit nearby businesses. *

If you would prefer to upload a document with your response to this question, please do so below and write "Response in upload" in the box above.

Upload

 or drag files here.

Please describe how this project will be maintained long-term. Identify maintenance plan, funding, the organization that will be responsible, and elaborate on any other anticipated tasks associated with the maintenance of the final product. *

If you would prefer to upload a document with your response to this question, please do so below and write "Response in upload" in the box above.

Upload

 or drag files here.

Prevailing Wage and Affirmative Action Requirements

Construction activities are subject to New Jersey affirmative action and prevailing wage requirements.

In order to proceed with the application, you must acknowledge any construction on this project, undertaken either by the applicant or as a result of this application, is subject to prevailing wage and affirmative action requirements by checking the box.

Prevailing Wage and Affirmative Action Requirements

Construction activities under the Activation, Revitalization, and Transformation (ART) Program are subject to New Jersey affirmative action and prevailing wage requirements. We want to make sure you are aware of this requirement.

Please be aware that construction activities under the Activation, Revitalization, and Transformation Program ("ART Program") are subject to New Jersey affirmative action and prevailing wage requirements. Projects utilizing financial assistance for construction related costs are subject to state prevailing wage requirements. During the eligibility period, each worker shall be paid not less than the prevailing wage rate for the worker's craft or trade, as determined by the Commissioner of the Department of Labor and Workforce Development pursuant to P.L. 1963, c. 150 (N.J.S.A. 34:11-56.25 et seq.) and P.L.2005, c. 379 (N.J.S.A. 34:11-56.58 et seq.). Effective April 1, 2020, contractors and subcontractors for construction contracts that require payment of prevailing wage must provide proof of registration under the Public Works Contractor Registration Act (N.J.S.A. 34:11-56.48 et seq.) The Act does not require proof of registration for such contracts that were awarded prior to April 1, 2020. Information regarding this Act can be found on the NJ Department of Labor's Website.

☐ I acknowledge any construction on this project, undertaken either by the applicant or as a result of this application, is subject to prevailing wage and affirmative action requirements.

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Duplication of Benefits

In this section, we will ask if you have applied for or received any other funds (governments loans/grants, private or bank loans, donations, insurance proceeds, etc.)

IF NO, certify this is correct and proceed to the next page

IF YES, select all the program(s) your business has applied to or received funding for from the list that appears and/or check “Other” to include any other funding sources not covered in the list. For each source, you will need to provide the following information:

- Name of Funding Source
- Program Status: In Process or Approved
- Approved/Applied Date
- Approved/Applied Amount
- Purpose of Funds

Duplication of Benefits Affidavit

This affidavit must be completed by all businesses that are applying for the Activation, Revitalization, and Transformation Program (“ART Program”). Please provide below information about all sources of funds that Applicant has applied for, been awarded and/or received for the same purpose or purposes as the ART Program. The information within this affidavit will provide the NJEDA with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

As an authorized Signor (Owner, CEO, or similar level of officer) for this entity, I hereby state and certify to the United States Federal Government and to NJEDA as follows:

Have you applied for or received any other funds or assistance for this project? *

Sources of funds include, but are not limited to: Federal, State and local loan/grant programs, private or bank loans, gifts or donations, and insurance proceeds.

☐ I certify that there is no Duplication of Benefits and no other government funds were used for expenses detailed in the project.

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Once you’ve provided details for all other assistance applied for and/or received for this project, you will need to certify that there is no Duplication of Benefits and no other government funds were used for expenses detailed in the project.

Diversity Equity and Inclusion

In this section, we would like more information about the diversity of your organization.

Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only.

Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your organization. Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only. Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

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

- ☐ Minority
- ☐ Woman
- ☐ Veteran
- ☐ LGBTQ
- ☐ Disabled
- ☐ None of the above
- ☐ Prefer not to answer

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

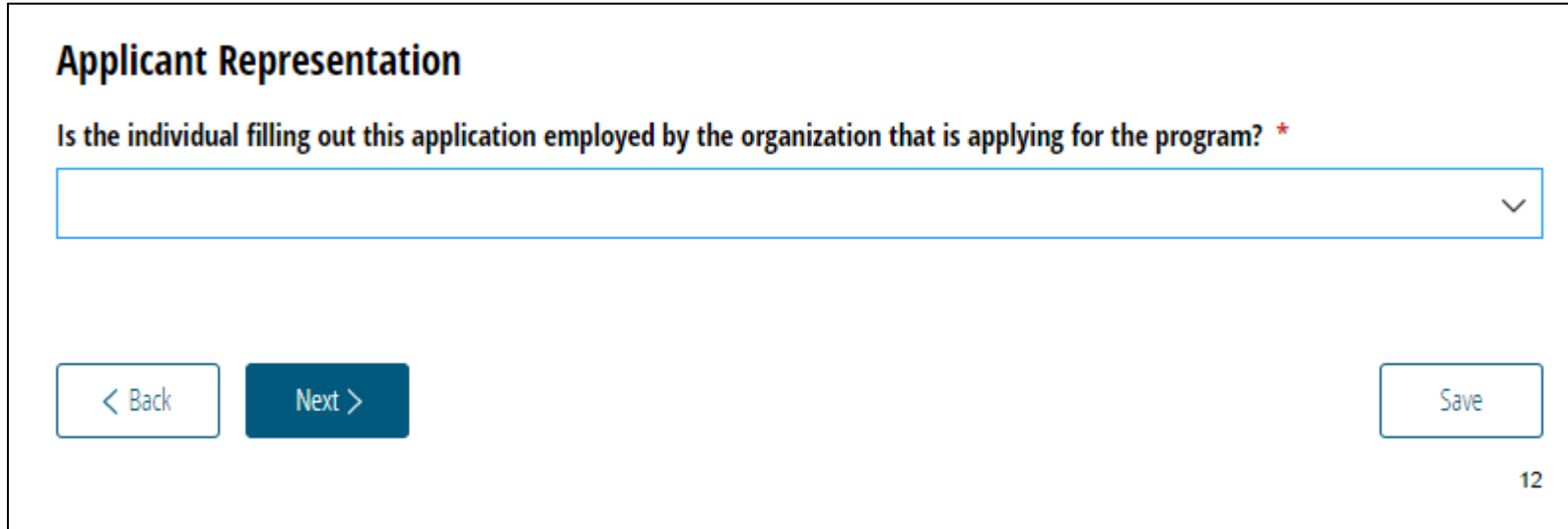
- ☐ Small Business Enterprise (SBE)
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ Minority-Owned Business Enterprise (MBE)
- ☐ Woman-Owned Business Enterprise (WBE)
- ☐ Veteran-Owned Business Enterprise (VOB)
- ☐ Disabled Veteran-Owned Business Enterprise (DVOB)
- ☐ None of the above
- ☐ Prefer not to answer

Additional DE&I Information

In this section, we would like more information about any actions your organization has taken or is taking with respect to Diversity, Equity, and Inclusion

Please describe whether your organization'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). *

Applicant Representation



Applicant Representation

Is the individual filling out this application employed by the organization that is applying for the program? *

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If the individual filling out the application is employed by the organization that is applying for the program AND legally authorized to sign documents on behalf of the applicant company, three additional pages will appear immediately after this page: 1. Legal Questionnaire, 2. Certification of Non-Involvement in Prohibited Activities in Russia or Belarus, and 3. Certification of Application.

If the individual filling out the application is not employed by the organization that is applying for the program or is not legally authorized to sign documents on behalf of the applicant company, the individual will be required to download three PDF forms and upload versions that have been signed and completed by the authorized representative.

Legal Questionnaire*

In this section we will be collecting the Legal Questionnaire.

*This page will only be visible if the individual filling out the application is employed by the organization that is applying for the program and an authorized representative.

Legal Questionnaire

Applicant Name: Test Business Name

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.

Note that this form has recently been modified.
Please review this form in its entirety prior to providing any responses or certifications.

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 company 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.

RELEVANT TIMEFRAMES

Responses should be given based on the following "look-back" periods:

- For civil matters, those that were either pending or concluded within 5 years of the reporting date;
- For criminal matters, those that were either pending or concluded within 10 years of the reporting date;
- For environmental regulatory matters, those that were either pending or concluded within 10 years of the reporting date; and
- For all other regulatory matters, those that were either pending or concluded within 5 years of the reporting date.

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus*

In this section we will be collecting the Certification of Non-Involvement in Prohibited Activities in Russia or Belarus.

Note: This is in addition to the individual entrepreneur's Certification of Non-Involvement in Prohibited Activities in Russia or Belarus.

*This page will only be visible if the individual filling out the application is employed by the organization that is applying for the program and an authorized representative.

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

Program Name: New Jersey Innovation Fellow Application

Applicant Name: Test Business Name

Applicant Doing Business As: Test Business Name

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is engaged in prohibited activities in Russia or Belarus. If the New Jersey Economic Development Authority finds that an Applicant has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

Certification

I, the undersigned, have read and reviewed the Department of the Treasury's List: (<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>) of entities engaged in prohibited activities in Russia or Belarus, and having done so certify (must check one appropriate box and complete the Authorized Signature section below):

- ☐ A. That the Applicant is not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus and is not engaged in prohibited activities in Russia or Belarus. OR
- ☐ B. That I am unable to certify as to "A" above because the Applicant is identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia and/or Belarus. OR
- ☐ C. That I am unable to certify as to "A" above because the Applicant, though not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus, is engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the Applicant's activity in Russia and/or Belarus is set forth below.

If applicable, provide Additional Certification of Federal License

I, the undersigned, certify that Applicant is currently engaged in activity in Russia and/or Belarus, but is doing so consistent with federal law and/or regulation and/or license. Provide a detailed description of how the Applicant's activity in Russia and/or Belarus is consistent with federal law, or is within the requirements of the federal license.

Authorized Signature

Certification of Application*

Certification of Application

PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments and schedules. 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 applicant organization is not in default with any other program administered by the State of New Jersey. *

*This page will only be visible if the individual filling out the application is employed by the organization that is applying for the program and an authorized representative.

Upload Certifications*

Click the orange links to download the 3 forms and then upload versions signed and completed by the authorized representative.

Upload Certifications

The New Jersey Economic Development Authority requires that the following information be completed and signed by one of the following:

- for a corporation, by a principal executive officer at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for a governmental entity, by the contact person (business administrator, manager, mayor, etc.);
- for other than above, by the person with legal responsibility for the application.

Because you have identified that you are not one of the individuals listed above, it is required that you download each of the three forms listed below and have someone who meets this definition for the applicant company fill out and sign each of the forms. Once the forms have been completed and signed, please attach them at the end of this application, along with any other necessary application attachments.

Your application for assistance will not be reviewed until the NJEDA has each of the signed forms from someone who is legally authorized to make these representations on behalf of the applicant company.

[Legal Questionnaire](#)

[Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3](#)
[Application Certifications](#)

Legal Questionnaire *

or drag files here.

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3 *

or drag files here.

Application Certifications *

or drag files here.

*This page will only be visible if the individual filling out the application is NOT employed by the organization that is applying for the program OR is NOT an authorized representative.

Fee Acknowledgement

In this section, you will be asked to acknowledge the \$1,000 non-refundable application fee payable by credit card.

Once you hit submit on an application, an email will be sent to the Primary Point of Contact email with a link and instructions to make the credit card payment.

Fee Acknowledgment

☐ I acknowledge that there is a \$1,000 non-refundable application fee payable to NJEDA prior to this application being deemed complete.

Pay by Credit Card Instructions

Application ID#: ART-009

Amount Due: \$1,000.00

Please read this information carefully.

An email will be sent to shirji@njeda.com. This email will provide instructions and a link to make the credit card fee payment. **The payment must be completed before the NJEDA will begin reviewing the application.**

The email will come from NJEDAFeePaymentRequest@njeda.com. Please check your spam/junk folders if you do not see the email in your inbox.

Under this program, Not-for-profit entities can apply for fee waivers for undue hardships. Fee waivers for Undue hardship can be demonstrated through the nonprofit's most recent 990 form if Revenue Less Expenses (line 19) is less than or equal to \$500,000 and Net Assets/Fund Balances (line 22) is less than or equal to \$1,000,000.

Hardship Waiver Option

☐ I am a not-for-profit entity seeking a fee waiver for undue hardships.

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The payment must be completed before the NJEDA will begin reviewing your application.

***Not-for-profit entities will have the option to apply for a Hardship Waiver Option to waive the \$1,000 application fee. If you are a not-for-profit entity wishing to pursue this option and check the box, you will be required to upload a copy of your organization's most recent 990 form.**

Electronic Signature

Electronic Signature

☒ I agree to be bound by electronic signatures

Full Name *

Title *

Signature *

×

Date *

3/12/2023

draw type

Application Submission

Application Submission

Thank you for your interest in the Activation, Revitalization, and Transformation Program. Your application is now complete.

If you are ready to submit this application to the NJEDA for review, please click the Submit button.

If you would like to make any changes to the application at this point, please click the Back button.

If there is any additional supporting documentation that you would like to provide, please use the upload button below.

or drag files here.

Full Name *

Title *

Date *

4/20/2023

CLICK SUBMIT



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Submit

Save

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Confirmation



Activation, Revitalization, and Transformation (ART) Program

Thank you [redacted] for completing the **Public Space Activation** application for the Activation, Revitalization, and Transformation (ART) Program.

Your Application ID is ART-009.

Any communications on the status of your application will be sent to: Primary Point of Contact Email

For questions regarding your application, please reach out to program administrators.

To learn about other NJEDA programs, visit njeda.com.

Thank You,
NJEDA



[Activation, Revitalization, and Transformation \(ART\) Program - 9](#)



<https://www.njeda.com/activation-revitalization-and-transformation-art-program/>



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