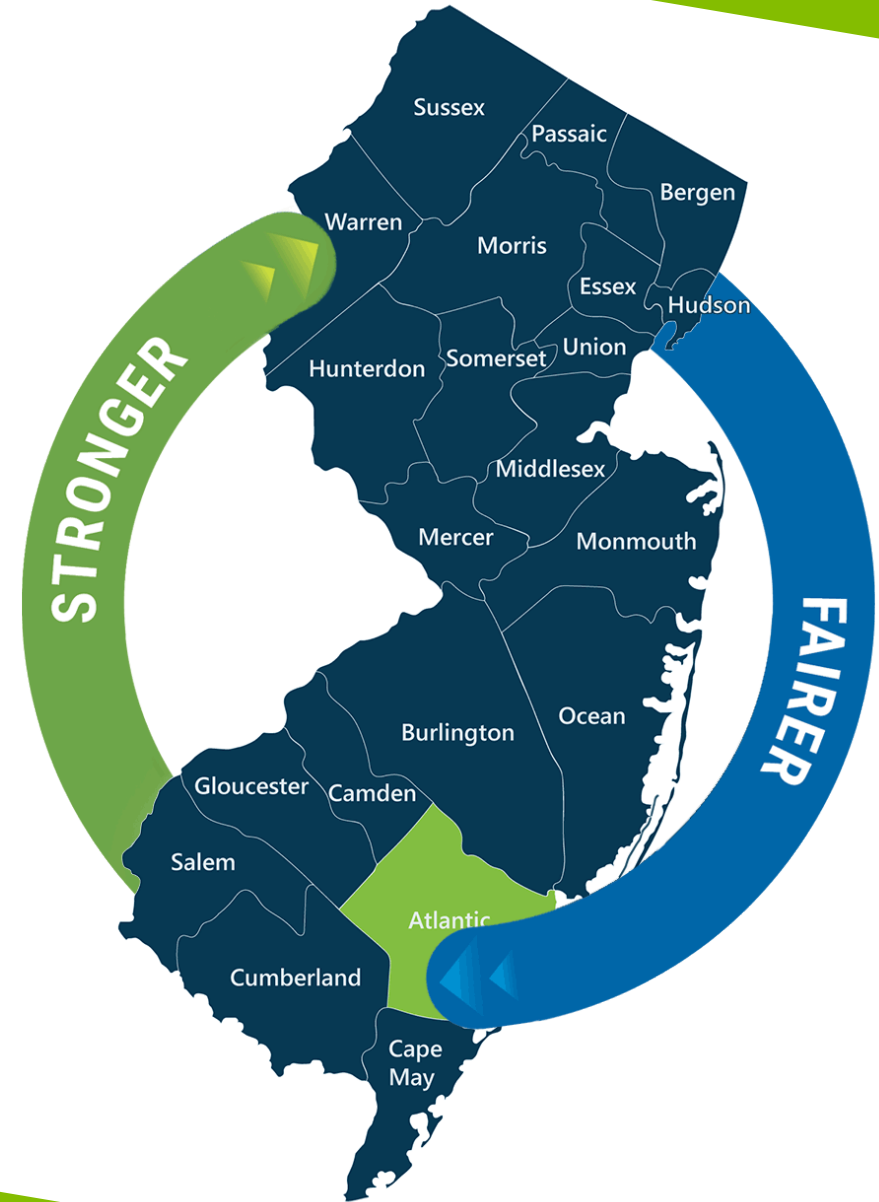


New Jersey Innovation Evergreen Fund: Qualified Investment Application

May 2023



Welcome: New Jersey Innovation Evergreen Program: Qualified Business Application

Program Description

The New Jersey Innovation Evergreen Fund Program forms a platform to facilitate private sector engagement that will raise and invest capital in qualified New Jersey-based companies and promote strategic collaboration in the state's innovation economy. Proposed Qualified Businesses may access up to \$5,000,000 of program investment capital for equity investments, or \$6,250,000 for State certified women or minority businesses, New Jersey university spin-offs, or businesses that utilize intellectual property developed at a New Jersey university that is core to its business model. All program investments will be matched by an investment from a Qualified Venture Firm that will manage the Authority's capital through a special purpose vehicle. Qualified Business applications will be reviewed by staff on a rolling basis and will be presented to the Board of the Authority for approval.

Each program investment will be matched by an investment from Qualified Venture Firms that will manage the Authority's capital through special purpose vehicles established and managed by the Qualified Venture Firms. Qualified Investment applications will be submitted by Qualified Venture Firms and will be reviewed by Authority staff on a rolling basis. All Qualified Investments must be approved by the Board of the Authority.

The Qualified Investment application consists of two parts. First, the Authority will collect information about the Qualified Venture Firm to ensure the firm continues to meet program requirements. Next, the Qualified Venture Firm will submit information about the company seeking investment capital. The application contains fillable PDF forms that may be completed by the proposed Qualified Business, to be submitted by the Qualified Venture Firm. In all cases the CEO of the proposed Qualified Business must attest to the truthfulness of the Qualified Business application materials. Venture firms may apply for a Qualifying Investment after receiving designation as a Qualified Venture Firm, or in conjunction with an application for approval as a Qualified Venture Firm.

Funding and strategic support for the program will come from the sale of New Jersey Corporation Business Tax (CBT) credits. The State of New Jersey will sell up to \$300 million in aggregate CBT credits, via competitive auctions to eligible corporations. Program tax credit purchasers will be connected to the State's innovation economy, including program Qualified Venture Firms and Qualified Businesses, through the purchasers' participation in the New Jersey Innovation Evergreen Advisory Board and through strategic commitments that support the innovation ecosystem of New Jersey. Applicants may view available program capital to invest in new Qualified Businesses on the [program's website](#), which will be posted upon the receipt of initial investment capital from program tax credit purchasers and updated by Authority staff on an ongoing basis.

Before you begin the application: Please be prepared to provide the relevant documentation as noted on the [Required Document Checklist](#).

Qualified Business Eligibility Information:

To meet the requirements of a Qualified Business under the New Jersey Innovation Evergreen Fund Program, potential investment capital recipients must meet various eligibility criteria contained in the [program regulations](#), and explained in the [program board memorandum](#), including but not limited to:

- Qualified Businesses must operate a place of business in New Jersey
- At least at least 50 percent of the Qualified Business's full-time employees must reside in the State, or at least 50 percent of the business's payroll for full-time employees must be paid to individuals living in the State
- Qualified Business must be engaged primarily in one of the program targeted industries, which include advanced transportation and logistics, advanced manufacturing, aviation, autonomous vehicle and zero-emission vehicle research or development, clean energy, life sciences, hemp processing, information and high technology, finance and insurance, professional services, film and digital media, non-final point of sale retail food and beverage businesses, including food innovation, and other innovative industries that disrupt current technologies or business models
- Qualified Businesses must demonstrate they are a "high-growth" business, as described in the program's [Qualified Investment Evaluation](#) section of the program board memorandum and FAQ
- Qualified Businesses must agree to remain in New Jersey throughout the required compliance period as described in the [program regulations](#)

Qualified Venture Firm Eligibility Information:

To be eligible to apply for a Qualifying Investment, Qualified Venture Firms must demonstrate continued compliance with various eligibility criteria contained in the [program regulations](#), and explained in the [program board memorandum](#), including but not limited to:

- Qualified Venture Firms must continue to employ at least two full-time investors with the authority to direct investment capital with at least five years of money management experience (each) at the time of application
- Qualified Venture Firms must continue to demonstrate at least \$10,000,000 in assets under management at the time of application
- Qualified Venture Firms must at least match the Qualified Venture Firm's Active Fund's investment into the proposed Qualified Business

Language Assistance:

ATENCIÓN: si habla **español**, los servicios de asistencia lingüística, gratuitos, están disponibles para usted enviando un correo electrónico a languagehelp@njeda.com.

languagehelp@njeda.com: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانية متاحة لك عبر إرسال بريد إلكتروني إلى

注意: 如果您說粵語, 可以透過傳送電子郵件至 languagehelp@njeda.com 免費獲取語言協助服務。

注意: 如果您說普通話, 可以通过发送电子邮件至 languagehelp@njeda.com 免費获取语言协助服务。

ध्यान आपो: જો તમે ગુજરાતી બોલતા હોય તો, તમારા માટે languagehelp@njeda.com પર ઈ-મેઈલ કરવાથી ભાષા સહાય સેવાઓ મફતમાં ઉપલબ્ધ છે.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो languagehelp@njeda.com पर ईमेल द्वारा, आप के लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं।

ATTENZIONE: se parla **italiano**, può usufruire gratuitamente di servizi di assistenza linguistica scrivendo all'indirizzo languagehelp@njeda.com

알림: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 이메일 languagehelp@njeda.com을 통해 제공됩니다.

UWAGA: Jeśli mówisz **po polsku**, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e-mail pod adres languagehelp@njeda.com.

ATENÇÃO: se você falar **português**, oferecemos serviços de apoio de idioma gratuitos. Envie um e-mail para languagehelp@njeda.com.

ATTENTION: Kung nagsasalita ka ng **Tagalog**, magagamit mo ang libreng mga serbisyong tulong sa wika sa pamamagitan ng pag-email sa languagehelp@njeda.com.

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New Jersey Innovation Evergreen Program: Qualified Investment Application

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Application Part One (Qualified Venture Firm)

The following section of application contains information about the Qualified Venture Firm, and will allow applicants to demonstrate continued compliance with various program eligibility criteria. Venture firms may apply for program investment capital after approval as a Qualified Venture Firm under the program, or in conjunction with an application for approval as a Qualified Venture Firm.

Qualified Venture Firm Application ID

This is provided upon submitting a Qualified Venture Firm Application. Submission of a Qualified Venture Firm Application is required to continue with this application.

Has the applicant organization already been approved to be a Qualified Venture Firm by the NJEDA Board? *

Selecting “No” indicates that a prospective Qualified Venture Firm is applying in co-application to a submitted, but not yet approved, Qualified Venture Firm Application.

This allows reviewers to reference information provided in the co-applicant Qualified Venture Firm Application allowing pages 5-11 of this application to be skipped.



Primary Point of Contact

Throughout the life of a project – from application, to approval, to closing, and to certification/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.

NOTE: It is highly recommended that the primary point of contact be the individual that is currently filling out this application. If the primary point of contact is different than the individual that is currently filling out the application, the primary point of contact individual should select 'No' on the POC question below and then fill in the proceeding CEO Contact page to receive future correspondence about this application.

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Selecting “No” on these 3 questions shows “Authorized Representative”, “CEO”, and “Media” contact pages respectively.

Title *

Email Address *

Confirm Email Address *

Phone Number *

→ **Is the primary point of contact legally authorized to submit this application on behalf of the applicant company? ***

Yes 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? ***

Yes No

→ **Is the primary point of contact authorized to speak to the media on behalf of the company? ***

Yes No

Primary Point of Contact Address *

▾

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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 *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

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

Yes No

Authorized Representative Address *

test

Address Line 2

test

New Jersey

00000

United States



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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 *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

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

Yes No

Chief Executive Officer/Owner/Equivalent Address *

test

Address Line 2

test

New Jersey

00000

United States



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Legal Counsel

If approved, NJEDA will utilize form contractual documents, such as an approval letter and a commitment agreement. Applicants will have limited opportunity to request non-standard modifications of the agreements. If you would like, please provide the contact information for the applicant company's legal counsel that will support on this project. This contact may be either internal or external counsel.

Would you like to designate a legal counsel contact? *

Yes No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Selecting "No" hides rest of fields on page.



Company *

Test

Title *

Test 5

Email Address *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

Is the legal counsel contact a Registered Government Affairs Agent? *

Yes No

Government Affairs Registration Number *

Test222

Would you like the listed legal counsel contact to receive email communications from NJEDA about the status of your application? *

Yes No

Legal Counsel Address *

test

Address Line 2

test

New Jersey

00000

United States 

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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

Selecting "No" hides rest of fields on page.



Title *

Test

Email Address *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

Media Contact Address *

test

Address Line 2

test

New Jersey

00000

United States 

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Applicant Organization

In this section, we are collecting information about the organization 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 *

Test Org

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)

Test Org

Entity Type *

General Partnership

Date Established *

3/9/2023

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 *

test

Address Line 2

test

New Jersey

00000

Applicant Country of Incorporation/Formation *

United States

Applicant State of Incorporation/Formation

New Jersey

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.



Test Document.pdf

32.3 KB



Applicant Federal Employer Identification Number (FEIN) *

Applicant New Jersey Tax ID Number *



Applicant Organization's Phone Number *

Applicant Organization's Website

Please provide a high-level, 2-3 short paragraph description of the applicant company. This may include the type of business you are involved in, your company's mission statement, the markets or customer base the company serves, and any other information about your business that the NJEDA should understand to review your application. *

Please upload a Tax Clearance Certificate from the NJ Division of Taxation here. *

or drag files here.

 [Test Document.pdf](#) 32.3 KB  

Certificates may be requested through the State of New Jersey's online [Premier 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.

Selecting "No" hides upload field.






Is the applicant involved in religious activities or is religiously affiliated? *

Yes No

Please note that this requires additional questions to determine eligibility of the requested financial assistance.

Religious Affiliation Form *

or drag files here.

 [Test Document.pdf](#) 32.3 KB  

The NJEDA will need to collect additional information from you if your entity is involved in religious activities or is religiously affiliated. Please download the religious activity questionnaire form. [DOWNLOAD HERE](#).

Selecting "No" hides rest of fields on page.



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

Yes No

Please list the entities who have received this assistance. *

Test Org 2

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

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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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Selecting “Minority” shows next 2 fields.



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 indicate the majority owner's race(s): *

- Black or African American
- American Indian and Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer not to answer

Please select the ethnicity or ethnicities that the majority owner most closely identifies with: *

- Black
- East Asian (e.g. Chinese, Korean)
- Latino/a/x or Hispanic
- Middle Eastern/ Northern African (e.g. Egyptian, Iranian)
- North American Aboriginal, Alaska Native, First Nations, Metis, or Inuit
- South Asian (e.g. Thai Vietnamese)
- Other
- 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).

- Question is not applicable
- Prefer not to answer

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

- Question is not applicable
- Prefer not to answer

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

- Question is not applicable
- Prefer not to answer

Please upload any documentation detailing diversity initiatives, if available.

or drag files here.

Language Assistance

Selecting "Yes" hides next field.



Is English your primary language? *

No

Selecting "No" hides next field.



If the NJEDA needs to contact you regarding your application, would you be interested in having an EDA provided interpreter in your native language? *

Yes

Please identify which of the following languages is your primary language: *

한국어 (Korean)

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Venture Firm Application (Firm Organization)

In this section of the application, applicants will provide more detailed information and supporting documentation about the venture firm organization. This information will be used to ensure applicants continue to meet the requirements to be certified as a Qualified Venture Firm under the program. Please ensure answers are sufficiently detailed and valid verification documents are supported to enable NJEDA staff to conduct a thorough review to determine eligibility, as noted in the required **document checklist**. If you have any questions about required supporting documentation, or program eligibility, please contact program staff by submitting an email to NJIEF@NJEDA.com prior to submitting an application.

1. List the names and roles of all full-time investors at the firm that are employed to direct investment decisions. *

2. Cite the number of years of professional money management experience of each named individual, which shall be either professional money management experience or significant angel investment experience. *

To be significant, angel investment experience shall consist of \$100,000 of aggregate investments and two investments per year.

3. Cite the total assets under management by the firm, listing all funds managed or controlled by the firm, and the total assets managed by each fund. *

Total assets under management will be calculated as the sum of equity capitalization, net assets, or written commitments of cash and cash equivalents.

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Venture Firm Application (Investment Request)

In this section of the application, applicants will provide more detailed information and supporting documentation about the proposed investment.

1. Cite the requested investment amount from the program for an equity investment into the proposed Qualified Business *

\$1,000,000.00

2. Cite the amount of equity investment the Qualified Venture Firm will make to co-invest alongside the New Jersey Innovation Evergreen Fund. *

\$1,000,000.00

Qualified Venture Firms must match or exceed program capital with their own equity investment into the proposed Qualified Business out of the Qualified Venture Firm Active Fund.

3. Cite the name, size, and inception date of the fund that will be co-investing alongside the New Jersey Innovation Evergreen Fund in the proposed Qualified Business. *

Test

The fund that will be co-investing alongside the New Jersey Innovation Evergreen Fund in the proposed Qualified Business is considered the Qualified Venture Firm Active Fund under the program.

4. Has the venture firm completed its investment in the proposed Qualified Business? *

Yes

Qualified Venture Firms must at least match program capital with their own investment into the proposed Qualified Business. Venture firms may apply for program capital within 90 days of completing an investment in the business, or prior to completing an investment in the business, so long as the firm has at least secured a draft term sheet for investment. Note, in all cases an executed stock purchase agreement must be submitted prior to the disbursement of NJEDA funds.

Selecting “Yes” shows entry field for date of investment on next page.

Selecting “No” shows request to confirm the firm has at least secured a draft term sheet for investment. →

Cite the date of investment. *
5/16/2023

5. Does the firm's current investment into the proposed Qualified Business represent the first financing round the firm has invested in the business? *
Yes

Firms that have previously invested in a prior financing round of the proposed Qualified Business are not eligible for program capital to invest in a subsequent financing round of the business.

6. Does the Qualified Venture Firm plan to reserve capital for follow-on investments into the proposed Qualified Business? *
Yes

Describe the amount of capital to be reserved for follow-on investments into the proposed Qualified Business and any related reserve policy applicable to such reserve. *
\$1,000,000.00

The Evergreen Fund will reserve capital for follow-on investments in lock-step proportion with the Qualified Venture Firm up to a limit of \$5,000,000 for most investments over a 12-month period, or up to \$8,250,000 for businesses that 1) are certified by the State as a "minority business" or a "women's business", 2) utilize intellectual property core to its business model and was developed at a New Jersey-based college or university, or 3) are considered a university spin-off business.

7. Please provide the investment analysis conducted by the Qualified Venture Firm to support the firm's investment decision. *
Test

8. Are any members of the senior management team of the Qualified Venture Firm owners of a management company of a venture firm that has completed any investments with the NJIEF this calendar year? *
Yes

Please list the name(s) of the relevant venture firm(s). *
Test

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Selecting "No" hides next field. →

Selecting "No" hides next field. →

Undue Financial Advantage Test

The NJIEF program statute dictates no undue financial advantage shall inure to a tax credit purchaser due to its participation in this program. During the twelve-month period after the approval of the award of tax credits to a program tax credit purchaser, the Authority shall not approve a qualified investment or follow-on investment to a venture firm that is managed; beneficially owned, through rights, options, convertible interests, or otherwise, more than 15 percent of the voting securities or other voting ownership interests; or whose direction of investments are controlled by a program tax credit purchaser. **Qualified Venture Firms must disclose all entities that beneficially own or control the firm.**

Qualified Venture Firms will be considered controlled by a program tax credit purchaser if the tax credit purchaser controls or otherwise influences venture firm investment decisions. They will be considered beneficially owned by a tax credit purchaser if a program tax credit purchaser beneficially owns, through rights, options, convertible interests, or otherwise, more than 15 percent of the voting securities or other voting ownership interests.

1. Is the applicant Managed, Controlled, or Beneficially Owned, by any company that purchased program tax credits? *

Companies that Manage, Control, or Beneficially Own the Applicant

⊗ Company 1

Name of Company *

Relationship to Firm *

+ Add Company

2. Please list the names of individuals or entities with ownership, through rights, options, convertible interests, or otherwise, of the venture firm; that manage the venture firm; or that have rights to control the direction of investments of the venture firm. *

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Selecting "No" hides rest of fields on page.



Sister Agency Check

Does the applicant have any permits, approvals, obligations, or responsibilities with any sister agency? Sister agencies include: New Jersey Department of Labor and Workforce Development, the Department of Environmental Protection, and the Department of Treasury.

Selecting "No" hides rest of fields on page.



Yes

List all the New Jersey Department of Labor and Workforce Development, the Department of Environmental Protection, and the Department of Treasury permits and approvals or obligations and responsibilities which the applicant is associated with or has an interest in.

✕ Sister Agency 1

Relevant State Entity *

New Jersey Department of Labor and Workforce Development

Relevant Corporate Entity Name *

Test

Relevant Corporate Entity EIN *

11-1111111

Program Interest Number or Licensing Number *

1111111111111111

The 9 digit Federal Tax ID number of given organization.

Description of relevant permit and approval or obligation and responsibilities *

Test

+ Add Sister Agency

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New Jersey Innovation Evergreen Program: Qualified Investment Application

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Application Part Two (Qualified Business)

The following section of the application collects general information about the proposed Qualified Business. While the entire application is submitted by the Qualified Venture Firm, in relevant instances, the application includes downloadable and fillable PDF documents the Qualified Venture Firm may download, share with the proposed Qualified Business for completion, and upload to the Application. **Before you complete the application:** Qualified Venture Firms should collect relevant documentation from the proposed Qualified Business as noted on the [Required Document Checklist](#). If you have any questions about required supporting documentation or program eligibility, please contact program staff by submitting an email to NJIEF@NJEDA.com prior to submitting an application.

Please Note: Completion of this portion of the application requires agreement from the proposed Qualifying Business to input information on their behalf.

Does the Qualified Venture Firm plan to input answers directly on behalf of the Qualified Business applicant? *

→

Selecting "No" in this field enables upload of proposed Qualified Business information via signed pdf forms.

PLEASE NOTE: When filling in Qualified Business information all references to "Applicant" or "Applicant Organization" in these sections relate to the Qualified Business applicant.

Selecting "No" hides pages 16-23 and allows the upload of the relevant information via pdf forms signed by an authorized representative of the proposed Qualifying Business.

Qualified Business Certifications

The forms below require signatures by authorized representatives at different levels within the proposed Qualified Business. Instructions describing the signing authorized representative required are provided above the form download fields.

As these forms require the certification of application content, their upload is not being requested until the end of the Qualified Business portion of this application. They are being provided here for Qualified Venture Firm awareness when communicating with the proposed Qualified Business.

The New Jersey Economic Development Authority requires that the following information be completed and signed by one of the following individuals within the proposed Qualified Business:

- 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.

[Sister Agency Check](#)

[Legal Questionnaire](#)

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

[Application Confirmations](#)

The New Jersey Economic Development Authority requires that the following information be completed and signed by signed by the proposed Qualified Business Chief Executive Officer, or equivalent officer for North American Operations.

[CEO Certifications](#)

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New Jersey Innovation Evergreen Program: Qualified Investment Application

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Qualified Business - Primary Point of Contact

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Selecting “No” on these 3 questions shows “Authorized Representative”, “CEO”, and “Media” contact pages respectively.

Title *

Email Address *

Confirm Email Address *

Phone Number *

→ **Is the primary point of contact legally authorized to submit this application on behalf of the applicant company? ***

Yes 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? ***

Yes No

→ **Is the primary point of contact authorized to speak to the media on behalf of the company? ***

Yes No

Primary Point of Contact Address *

<input type="text" value="test"/>	<input type="text" value="New Jersey"/>	<input type="text" value="00000"/>	<input type="text" value="United States"/> ▾
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Qualified Business - 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 *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

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

Yes No

Chief Executive Officer/Owner/Equivalent Address *

test

Address Line 2

test

New Jersey

00000

United States



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Qualified Business - 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 *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

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

Yes No

Chief Executive Officer/Owner/Equivalent Address *


test

Address Line 2

test

New Jersey

00000

United States 

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Qualified Business - Applicant Organization

PLEASE NOTE: When filling in Qualified Business information all references to "Applicant" or "Applicant Organization" in these sections relate to the Qualified Business applicant.

In this section, we are collecting information about the organization 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 *

Test Org 2

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)

Test Org 2

Entity Type *

Limited Liability Partnership

Date Established *

4/9/2023

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 *

test

Address Line 2

test

New Jersey

00000

Applicant Country of Incorporation/Formation *

United States

Applicant State of Incorporation/Formation

New Jersey

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.



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32.3 KB



Applicant Federal Employer Identification Number (FEIN) *

Applicant New Jersey Tax ID Number *




Applicant Organization's Phone Number *

Applicant Organization's Website

Please provide a high-level, 2-3 short paragraph description of the applicant company. This may include the type of business you are involved in, your company's mission statement, the markets or customer base the company serves, and any other information about your business that the NJEDA should understand to review your application. *

Please upload a Tax Clearance Certificate from the NJ Division of Taxation here. *

or drag files here.

 [Test Document.pdf](#) 32.3 KB  

Certificates may be requested through the State of New Jersey's online [Premier 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.

Selecting “No” hides upload field.





Is the applicant involved in religious activities or is religiously affiliated? *

Yes No

Please note that this requires additional questions to determine eligibility of the requested financial assistance.

Religious Affiliation Form *

or drag files here.

 [Test Document.pdf](#) 32.3 KB  

The NJEDA will need to collect additional information from you if your entity is involved in religious activities or is religiously affiliated. Please download the religious activity questionnaire form. [DOWNLOAD HERE](#).

Selecting “No” hides rest of fields on page.



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

Yes No

Please list the entities who have received this assistance. *

Test Org 2

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



New Jersey Innovation Evergreen Program: Qualified Investment Application

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Qualified Business - 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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Qualified Business - 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.

Selecting "Minority" shows next 2 fields.



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 indicate the majority owner's race(s): *

- Black or African American
- American Indian and Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer not to answer

Please select the ethnicity or ethnicities that the majority owner most closely identifies with: *

- Black
- East Asian (e.g. Chinese, Korean)
- Latino/a/x or Hispanic
- Middle Eastern/ Northern African (e.g. Egyptian, Iranian)
- North American Aboriginal, Alaska Native, First Nations, Metis, or Inuit
- South Asian (e.g. Thai Vietnamese)
- Other
- 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).

- Question is not applicable
- Prefer not to answer

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

- Question is not applicable
- Prefer not to answer

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

- Question is not applicable
- Prefer not to answer

Please upload any documentation detailing diversity initiatives, if available.

or drag files here.

Language Assistance

Selecting "Yes" hides next field.



Is English your primary language? *

No

Selecting "No" hides next field.



If the NJEDA needs to contact you regarding your application, would you be interested in having an EDA provided interpreter in your native language? *

Yes

Please identify which of the following languages is your primary language: *

한국어 (Korean)

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Qualified Business - Detailed Application Information

In this section of the application, applicants will provide more detailed information and supporting documentation about the proposed Qualified Business. This information will be used to ensure applicants continue to meet the requirements to be certified as a Qualified Business, as described in the program's [Qualified Business Requirements](#). Please ensure answers are sufficiently detailed and include valid verification documents to enable NJEDA staff to conduct a thorough review to determine eligibility, as noted in the [Required Document Checklist](#).

Does the proposed Qualified Business occupy a place of business in New Jersey? *

Qualified Businesses must maintain a place of business in New Jersey.

New Jersey Location

⊗ Location 1

Address of New Jersey place of business. *

Description of place of business. *

Number of full-time employees at this location. *

+ Add Location

Number of full-time employees of the proposed Qualified Business based in the United States. *

Only businesses that employ fewer than 250 full-time employees based in the United States are eligible to receive program capital.

Do at least 50% of full-time employees of the proposed Qualified Business reside in New Jersey? *

Qualified Businesses must either demonstrate at least 50% of full-time employees reside in New Jersey or at least 50% of the business's payroll go to employees that reside in New Jersey.

Does at least 50% of proposed Qualified Business's payroll go to employees that reside in New Jersey? *

Does the proposed Qualified Business operate in a program targeted industry? If so, please select the most relevant industry. *

Please describe how the proposed Qualified Business is engaged in the targeted industry, including a description of primary existing or expected revenue streams and expenses. *

Is the proposed Qualified Business a State certified "minority business" or "women's business", a university spin-off or does the proposed Qualified Business utilize intellectual property that is core to its business model and was developed at a NJ-based college or university? *

Qualified businesses that meet any of the classifications noted above may qualify for program investments of up to \$8,250,000, which exceeds the program standard limit of \$5,000,000.

Please select the most relevant classification. *

Selecting "No" hides next field.





New Jersey Innovation Evergreen Program: Qualified Investment Application

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Qualified Business High-Growth Test

Qualified businesses must meet one of the program's high-growth tests. Venture firms must certify that the business is either growing revenues, customers, or valuation by 25% annually. For businesses with less than one year of revenues and customers that are raising third-party equity capital for the first time, the Authority may accept firm's forward-looking projections for revenue, customer, or valuation growth. Responses must be corroborated with supporting documentation as noted on the **Required Document Checklist**.

Please describe the pre-money valuation of the proposed Qualified Business contemplated in the current financing round and the pre-money valuation of the proposed Qualified Business used in its most recent prior financing round. *

Please describe the revenues of the proposed Qualified Business recorded in the most recent reporting period and the year-over-year revenue growth rate. *

Please describe the number of customers recorded in the most recent reporting period and the year-over-year customer growth rate. *

Selecting “No” hides rest of page.



Does proposed Qualifying Business have less than one year of revenue growth, less than one year of customer growth, and has not previously raised third-party equity capital? *

Businesses that have less than one year of revenue and customers and that have not previously raised third-party equity capital may meet the program's high-growth requirement through Qualified Venture Firm base case projections used in the firm's own underwriting process.

Selecting “No” hides next field.



Do the base case projections prepared by the Qualified Venture Firm indicate the proposed Qualified Business will grow revenues by an annual growth rate of at least 25% over the next three to five years? *

Please describe the base-case revenue projections over the next three to five years used by the Qualified Venture Firm in the firm's own underwriting process, including relevant investment analysis. *

Selecting “No” hides next field.



Do the base case projections prepared by the Qualified Venture Firm indicate the proposed Qualified Business will grow customers by at least 25% over the next three to five years? *

Please describe the base-case customer projections over the next three to five years used by the Qualified Venture Firm in the firm's own underwriting process, including relevant investment analysis. *

Selecting “No” hides next field.



Do the base case projections prepared by the Qualified Venture Firm indicate the proposed Qualified Business will grow valuation by at least 25% over the next three to five years? *

Please describe the base-case valuation projections over the next three to five years used by the Qualified Venture Firm in the firm's own underwriting process, including relevant investment analysis. *



New Jersey Innovation Evergreen Program: Qualified Investment Application

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Required Document Checklist

Please upload all relevant documentation requested on the [Required Document Checklist](#) for the New Jersey Innovation Evergreen Fund program. These documents will be used to verify applicant responses to ensure applicants meet the program's minimum requirements, as described in the program's [Qualified Venture Firm Requirements](#) and [Qualified Business Requirements](#). While some documents will be required from all applicants, the applicability of other documents will depend on applicant responses, as indicated in the checklist. The NJEDA may accept valid alternative forms of supporting documentation beyond those suggested through the checklist.

For the avoidance of doubt, the application should include supporting documentation on behalf of the Qualified Venture Firm and the proposed Qualified Business. If you have any questions about required supporting documentation or program eligibility, please contact program staff by submitting an email to NJIEF@NJEDA.com prior to submitting an application.

Upload Supporting Documents

or drag files here.

 [Test Document.pdf](#)
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On review of the document checklist, all requested documentation has been provided.

The New Jersey Economic Development Authority requires that the following information be completed and signed by one of the following individuals within the proposed Qualified Business:

- 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.

[Sister Agency Check](#)




[Legal Questionnaire](#)

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

[Application Confirmations](#)

Sister Agency Check *

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Legal Questionnaire *

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 [Test Document.pdf](#) 32.3 KB  

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

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 [Test Document.pdf](#) 32.3 KB  

Application Confirmations *

or drag files here.




 [Test Document.pdf](#) 32.3 KB  

The New Jersey Economic Development Authority requires that the following information be completed and signed by signed by the proposed Qualified Business Chief Executive Officer, or equivalent officer for North American Operations.


[CEO Certifications](#)

CEO Certifications *

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Applicant Representation

 **PLEASE NOTE:** This section and all sections beyond this point are relevant to the Qualified Venture Firm representative filling out this application and their respective Qualified Venture Firm.

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

Yes

Is the individual filling out this application one of the following:

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

Yes

Please indicate which of the following best describes the individual filling out this application? *

Principal Executive Officer at or above the minimum level of Vice President

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Selecting “No” or N/A here or below indicates that the primary applicant cannot legally represent their organization.



In this case, they are given forms representing the following sections, with instructions requesting an authorized representative fill and sign them.

Legal Questionnaire

Applicant Name: [Test]

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.

Note that in cases where Applicant has previously submitted and certified a legal questionnaire to the Authority, the Applicant may refer to its prior legal questionnaire and report only those matters that are new or have changed in status since the date of last reporting.

Part A. Past Proceedings

Has Applicant, or any officers or directors of Applicant, or any Affiliates of Applicant, been found or conceded or admitted to being guilty, liable or responsible in any Legal Proceeding, or conceded or admitted to facts in any Legal Proceedings that demonstrate responsibility for any of the following violations or conduct? (Any civil or criminal decisions or verdicts that have been vacated or expunged need not be reported.)

1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract. *

No

2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty. *

No

3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C.874). *

No

4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision. *

No

5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.). *

No

6. To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor. *

No

7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries. *

No

8. Debarment by any department, agency, or instrumentality of the State or Federal government. *

No

9. Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below:

(i) No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).

(ii) The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.

(iii) No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actually or appearance of a conflict of interest.

(iv) No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.

(v) No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

No

10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million.

(i) Laws banning or prohibiting discrimination or harassment in the workplace.

(ii) Laws prohibiting or banning any form of forced, slave, or compulsory labor.

(iii) The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other "Whistleblower Laws" that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.

(iv) Securities or tax laws resulting in a finding of fraud or fraudulent conduct.

(v) Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.

(vii) Laws banning anti-competitive dumping of goods.

(viii) Anti-terrorist laws.

(ix) Criminal laws involving commission of any felony or indictable offense under State or Federal law.

(x) Laws banning human rights abuses.

(xi) Laws banning the trade of goods or services to enemies of the United States.

No

Part B. Pending Proceedings

11. To the best of your knowledge, after reasonable inquiry, are Applicant, or any officers or directors of Applicant, or any Affiliates, a party to pending Legal Proceedings wherein any of the offenses or violations described in questions 1-10 above are alleged or asserted against such entity or person? With respect to laws banning or prohibiting discrimination or harassment in the workplace, please provide only information pertaining to any class action lawsuits. *

Part C. Applicable Affiliates

Please provide a list of all entities or persons considered to be "Affiliates" of Applicant based upon the above definitions.

Do you have affiliates to report? *

Certification of Legal Questionnaire and Authorization to Release Information

This certification shall be signed as follows:

- 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.

I hereby represent and certify that I have reviewed the information contained in this Legal Questionnaire, and that the foregoing information is true and complete under penalty of perjury. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I further agree to inform the New Jersey Economic Development Authority of any changes in the foregoing information which may occur prior to execution of any agreement with the Authority, and so long as any such agreement is in effect. Failure to disclose relevant matters may render the Applicant ineligible for the financial benefits sought and may subject the Applicant to disqualification, debarment, suspension, or referral to the office of the state's Attorney General.

The undersigned, on behalf of the Applicant, understands and acknowledges that information and documents provided to the New Jersey Economic Development Authority: (1) are subject to public disclosure during deliberations of the Authority at public meetings regarding the application and as set forth in the minutes of the Authority's public meetings; and (2) are subject to public disclosure under certain laws, including, but not limited to, the Open Public Records Act, N.J.S.A. 47A:1-1 et seq., and the common law right-to-know.

Electronic Signatures

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

Full Name *

Title *

Legal Questionnaire Date Signed *

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New Jersey Innovation Evergreen Program: Qualified Investment Application

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

Program Name: New Jersey Evergreen Program: Qualified Investment Application

Applicant Name: Test

Applicant Doing Business As:

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):

Certification *

- 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.

Additional Certification

Authorized Signature

I understand that if the above statements are willfully false, I shall be subject to penalty.

Name of Applicant Authorized Representative

Test 2 Test 2

Applicant FEIN or Taxpayer ID

00-000000

Signature *



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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, Test 2 Test 2, 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. *

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Certification of Application Continued

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, Test 2 Test 2, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

I certify that the Qualified Venture Firm is in substantial good standing, or if a compliance issue exists, has entered into an agreement, with the respective department with the Department of Labor and Workforce Development, the Department of Environmental Protection, and the Department of the Treasury. *

I certify that any projections or forecasts provided to the Authority are prepared in good faith and are based upon assumptions which the Qualified Venture Firm managing individual concludes, in light of the circumstances in which they are made, are reasonable. *

I certify that I have reviewed the application information submitted and that the information contained in the application is true and accurate under penalty of perjury. *

The Qualified Venture Firm agrees to submit to the Authority any valuations of the equity capitalization and net assets completed subsequent to the valuation included in its most recent financial statements and through the date the determination for certification is made and as may be required by the Authority; *

The Qualified Venture Firm agrees to publicize participation in the program and authorize the Authority to publicly disclose the name of the firm as a participant in the program. *

The Qualified Venture Firm certifies that management fees will not be used for expenses that may trigger prevailing wage and affirmative action requirements. *

I certify that if the Qualified Venture Firm has made its initial investment in the proposed Qualifying Business, there has been no material adverse change in the business, finances, or operations of the proposed Qualifying Business since the date of such investment. *

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Electronic Signature

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

I agree to be bound by electronic signatures

Full Name *

Test tTest

Title *

Test

Signature *



draw type

Date *

5/15/2023



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Application Submission

Thank you for your interest in the New Jersey Evergreen Program. Your Qualified Investment 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 *

test test

Title *

Test

Date *

3/17/2023

