

# New Jersey Manufacturing Voucher Program-Phase 2

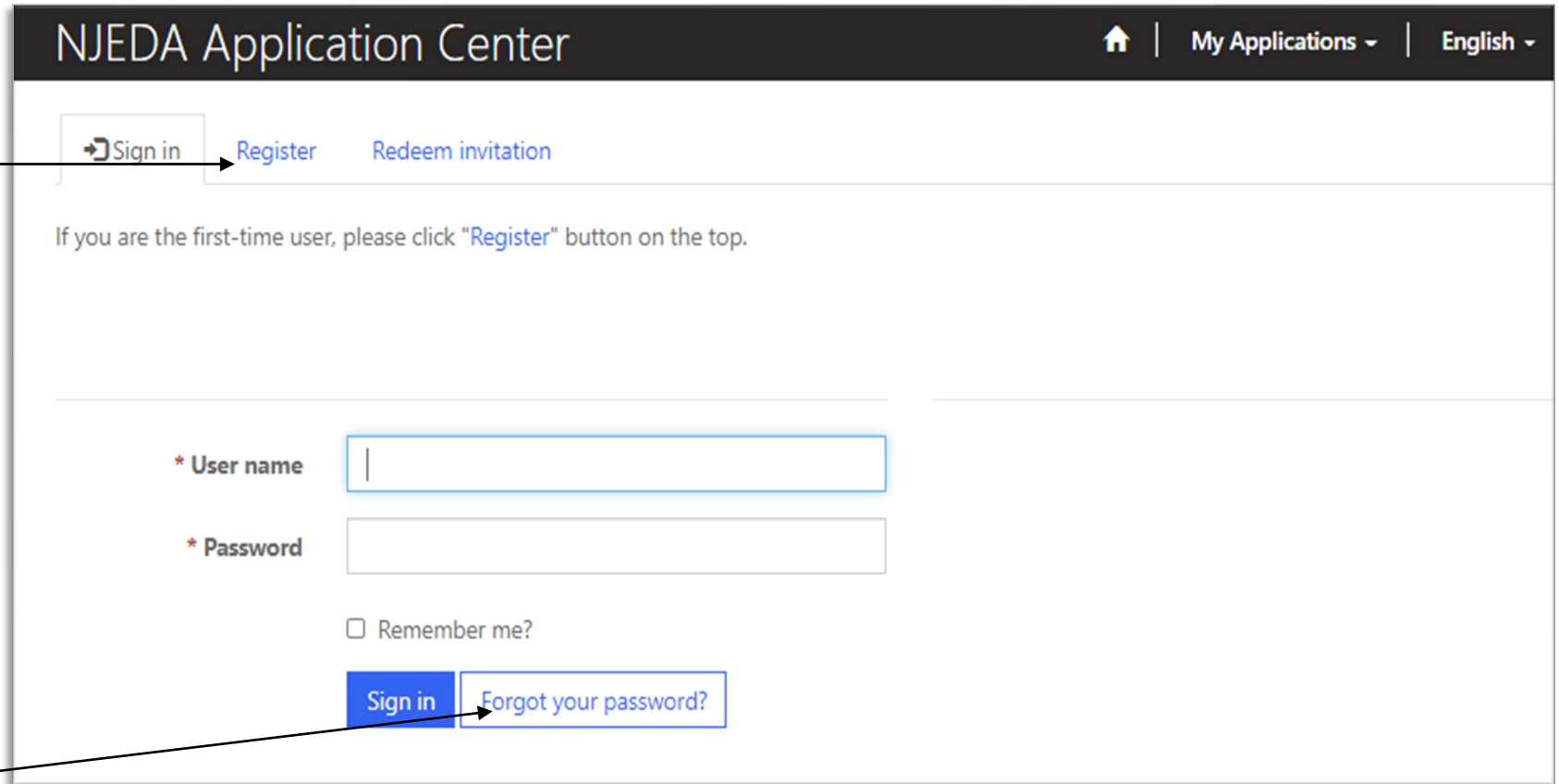
Sample Application



# NJEDA Application Center Sign In Page

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

If this is the first time you are using this portal to apply for an NJEDA product, please click “Register” button on the top.



If you have forgotten your password, simply click on the “Forgot your password?” button and follow the instructions. An email will be sent enabling you to reset. Please note that your Username will be included in the email you receive. Be sure to confirm that you are using the correct username when you sign in.

# How to Register Your Email Address

- 1. Enter your email, username (can be the same as your email) and password.  
Passwords must contain characters from at least three of the following four classes: uppercase, lowercase, digit, and non-alphanumeric (special).
- 2. Once information is filled in click "Register".

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

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

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

Register for a new local account


\* Email

\* Username

\* Password

\* Confirm password

[Register](#)

 PLEASE MAKE SURE TO WRITE-DOWN/  
SAVE YOUR USERNAME AND PASSWORD

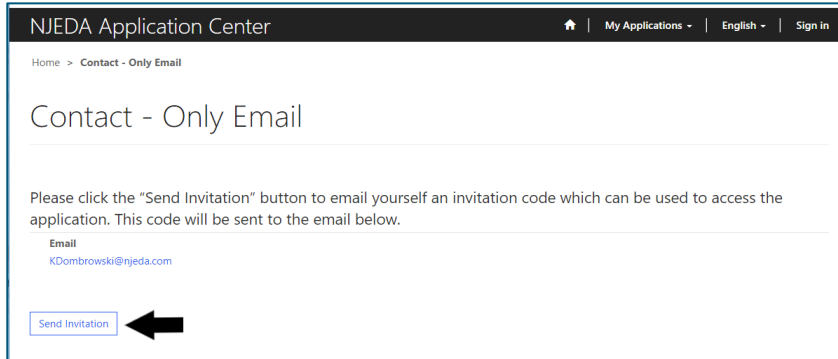
# If Your Email is Recognized By the Application Portal

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

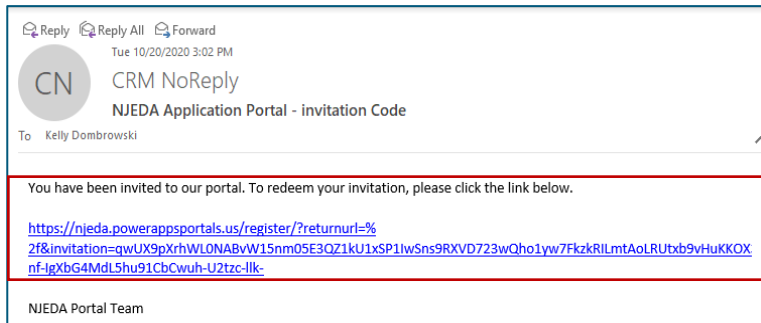
The screenshot shows the NJEDA Application Center registration page. At the top, there are navigation links for "Sign in", "Register", and "Redeem invitation". Below these is the heading "Register for a new local account". The registration form includes fields for "Email" (kdombrowski@njeda.com), "Username" (NJEDAKdombrowski), "Password", and "Confirm password", with a "Register" button at the bottom. A pop-up message from "programs.njeda.com" is overlaid on the form, stating: "The email address kdombrowski@njeda.com is already in our system. This may be because you have previously applied for other NJEDA programs. Please click OK to email yourself an invitation code which can be used to access this program application." A blue "OK" button is visible in the pop-up, with a black arrow pointing to it from the right.

# Redeeming An Invitation Code

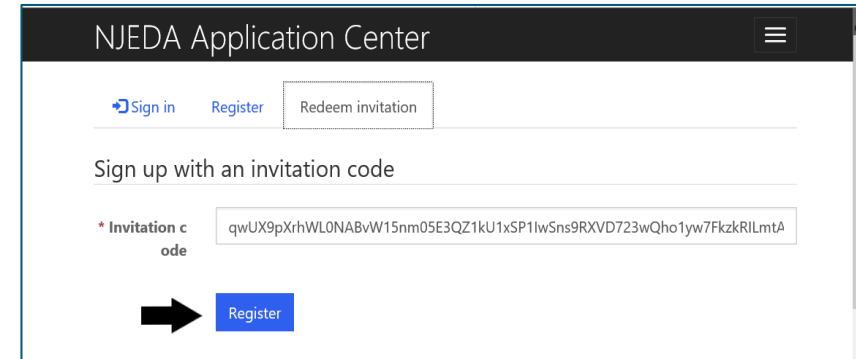
1. Click **SEND INVITATION** to email yourself an invitation code.



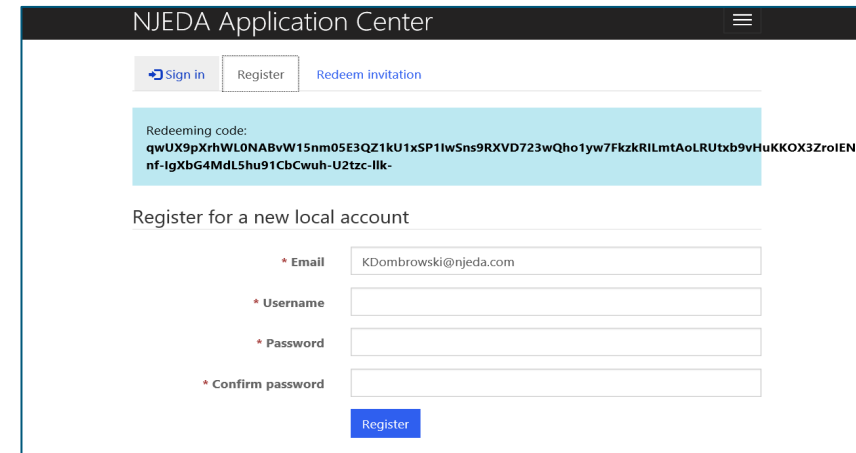
2. Check your email (including junk/spam) for an email from CRMNoReply. **Click the link in that email.**



3. The link from email should send you to this page on the portal. Make sure you are on the Redeem Information tab and **Click REGISTER.**



4. **Fill in the information** requested and **click REGISTER** to complete the process. Remember this username and password – you will need it each time you access the application portal.



# Setting Up Applicant Profile

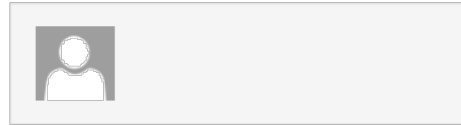
(If Your Email is New and Not Recognized by the Portal)

## Setting up your Profile

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

Home > Profile

## Profile



Profile

### Security

Change password

Change email

Manage external authentication

Please provide some information about yourself.

If you need language assistance, please send NJEDA your name, spoken language and telephone number to [languagehelp@njeda.com](mailto:languagehelp@njeda.com)

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

### Your information

First Name \*

Last Name \*

E-mail

Phone \*

Organization Name

Title

Web Site

Update

# Confirming Email

## Confirming Your Email

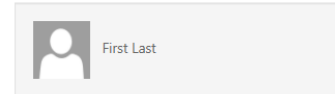
1. Once “Your Information” is complete, you will need to confirm your email.
2. Within the blue box, click on “Confirm Email”.
3. An email will be sent to the email address listed.
4. Go to your email and follow the instructions within the email.
5. You MUST confirm your email address.



Once your email is confirmed please return to the portal to begin your application.

Home > Profile

## Profile



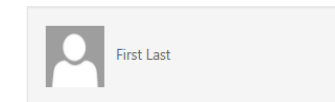
Profile

- Security
  - Change password
  - Change email ⓘ
  - Manage external authentication

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

ⓘ Your email requires confirmation.

✉ Confirm Email



Profile

- Security
  - Change password
  - Change email ⓘ
  - Manage external authentication

## Confirm E-mail

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

E-mail sample@sample.com

## Trouble Logging Into the Portal?



If you are having any issues creating a username or password, redeeming an invitation code, or generally logging into the portal, please call our **Customer Care line (844) 965-1125** and a representative will assist you.



# NJEDA Application Center Sign In Page

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

## NJEDA Online Application Center

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

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

Brownfields Redevelopment Incentive Program

Small Business Improvement Grant Program

Small Business Lease Grant Program

Main Street Micro Business Loan

NJ ZIP Purchaser Phase 2 Application

NJ ZIP Vendor 2 Application

COVID Phase 4 Grant Application

Food Security Planning Grant

MVP Phase 2

Click here to  
begin application



# Language Access

Provide a “Yes/No” response to indicate whether English is your primary language or select “Prefer Not to Answer”.

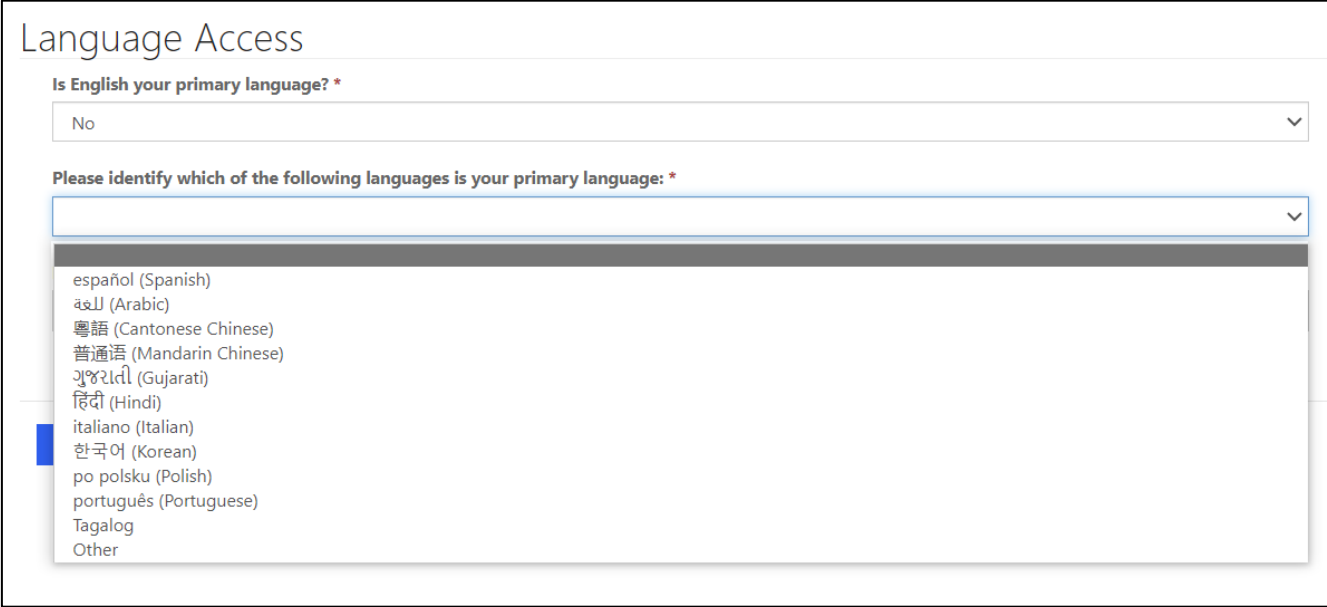


Language Access

Is English your primary language? \*

[Dropdown menu]

Free language assistance services are available to you by sending an email to [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).



Language Access

Is English your primary language? \*

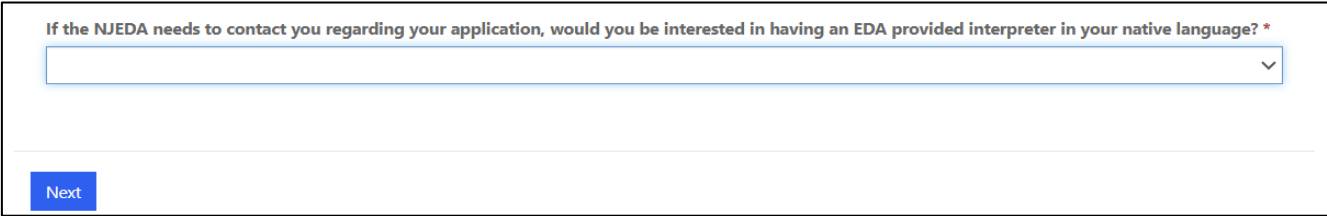
No

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

[Dropdown menu]

- español (Spanish)
- العربية (Arabic)
- 粵語 (Cantonese Chinese)
- 普通話 (Mandarin Chinese)
- ગુજરાતી (Gujarati)
- हिंदी (Hindi)
- italiano (Italian)
- 한국어 (Korean)
- po polsku (Polish)
- português (Portuguese)
- Tagalog
- Other

If the NJEDA needs to contact you regarding your application and you would be interested in having an interpreter in your native language, please answer “No” to “Is English your primary language?” and “Yes” to the question that appears.



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

[Dropdown menu]

Next

# Start Application

Read this information before starting your application.

## Manufacturing Voucher Program Phase 2

WELCOME: New Jersey Manufacturing Voucher Program Phase 2 Application

### Description of Program:

The New Jersey Manufacturing Voucher Program Phase 2 (NJ MVP), offers grants in the form of reimbursement to New Jersey manufacturers. This program aims to facilitate access to essential equipment, enhancing efficiency, productivity, and overall profitability in New Jersey manufacturing.

The New Jersey Manufacturing Voucher Program (NJ MVP) will provide equipment grants sized at 30% – 50% of the cost of the eligible equipment (including installation) up to a maximum award amount of \$250,000. The program will target the State's priority sectors and manufacturers that will purchase equipment that integrate advanced or innovative technologies, processes, and materials to improve the manufacturing of products. The program will also offer bonuses for applicants that are certified women, minority, or veteran owned businesses (WMVB), located in opportunity zone eligible census tracts, purchasing manufacturing equipment manufactured or assembled in New Jersey, as well as bonuses for companies that have a collective bargaining agreement in place. NJ MVP is also committed to supporting small businesses by awarding manufacturers with 100 or less Full Time Equivalent employees (FTE) higher award percentages. Complete applications will be accepted on a rolling basis and remain open until such point that the program is deemed oversubscribed based on funds availability.

### Eligibility:

#### To be eligible, an applicant must:

- Be either a manufacturer in a Targeted Industry or the equipment to be purchased by the applicant company must meet the Advanced Manufacturing definition. See Targeted Industry List and definitions [here](#).
- Provide a NJ Tax Clearance Certificate by the time of approval.
- Provide a purchase quote, order proforma, equipment listing, or other third-party cost validation.
- Operate their businesses in a commercial or industrial zone in New Jersey. Home-based businesses are not eligible for this program.
- Provide a plan to use the requested equipment in their manufacturing process.
- Have a total aggregated project cost (equipment + installation) of at least \$25,000.00.
- At the latest, must order/purchase the specified equipment within thirty (30) days of the effective date of the Closing Agreement.
- Following approval, the company will have 12 months from the effective date of the Closing Agreement to deliver and install the equipment. Applicants may apply for up to two 6-month extensions due to unforeseen delays.
- Projects where a contract has been signed, a purchase order placed, or a deposit made in advance of submitting a MVP paid application **WILL NOT** be considered for funding.
- Is not engaged in prohibited activities.
- Signer of the application must be an authorized signer (an owner, officer or otherwise have the legal authority to bind the business) of the business

In addition to the eligibility parameters already stated above, the applicant must also be in substantial good standing with the New Jersey Department of Labor and Workforce Development (LWD) and NJ Department of Environmental Protection (DEP) at the time of approval to be eligible for NJ MVP – New Jersey Manufacturers Voucher Program. A current tax clearance will also need to be provided prior to approval and maintained through the closing/grant agreement process to demonstrate the applicant is properly registered to do business in New Jersey and in substantial good standing with the NJ Division of Taxation.

Please note: All contracts (including manufactures/supplier agreements) equal or greater to \$2,000 which require installation of equipment are subject to the Authority's affirmative action requirements, N.J.S.A. 34:1B-5.4, and prevailing wage requirements, N.J.S.A. 34:1B-5.1.

Additionally, all contractors and subcontractors must be registered with the Public Works Contractor Registration Act. Information regarding this Act can be found on the NJ Department of Labor's Website.

### Language Assistance:

ATENCIÓN: si habla español, los servicios de asistencia lingüística, gratuitos, están disponibles para usted enviando un correo electrónico a [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov)

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانية متاحة لك عبر إرسال بريد إلكتروني إلى [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov)

注意: 如果您說粵語, 可以透過傳送電子郵件至 [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) 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.gov](mailto:languagehelp@njeda.gov) 免费获取语言协助服务。

ध्यान आपो: જો તમે ગુજરાતી બોલતા હોય તો, તમારા માટે [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) પર ઈ-મેઇલ કરવાથી ભાષા સહાયતા સેવાઓ મફતમાં ઉપલબ્ધ છે.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) 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.gov](mailto:languagehelp@njeda.gov)

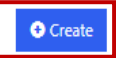
알림: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 이메일 [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) 을 통해 제공됩니다.

UWAGA: Jeśli mówisz po polsku, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e-mail pod adres [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov)

ATENÇÃO: se você falar português, oferecemos serviços de apoio de idioma gratuitos. Envie um e-mail para [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

ATTENTION: Kung nagsasalita ka ng Tagalog, magagamit mo ang libreng mga serbisyonang tulong sa wika sa pamamagitan ng pag-email sa [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

| Common Application ID | Applicant Organization Name | Applicant Entity Type | Federal Employer Identification Number (FEIN) | Application Status | Created On | Full Application Submitted |
|-----------------------|-----------------------------|-----------------------|---|--------------------|------------|----------------------------|
|-----------------------|-----------------------------|-----------------------|---|--------------------|------------|----------------------------|



Click **CREATE** button to start application.

# Primary Point of Contact

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

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

Is the Primary Point of Contact the CEO?\*

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

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

Primary Point of Contact

*Throughout the life of a project – from application, to approval, to 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 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.**

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Email Address Confirmed \*

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

Phone Number and Extension (if available) \*

*To include an extension with your phone number, simply enter the phone number first, followed by the extension.*

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

*Legally authorized representative means one of the following:*

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- 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.

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? \*

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

# Chief Executive Officer/Owner/Equivalent

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

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

### Chief Executive Officer/Owner/Equivalent

*If the primary point of contact does not hold this role, please provide the contact information for the owner, CEO, or equivalent highest-ranking executive for the applicant.*

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Email Address Confirmed \*

Phone Number and Extension (if available) \*

*To include an extension with your phone number, simply enter the phone number first, followed by the extension.*

### Chief Executive Officer/Owner/Equivalent Address

Country \*

Street Address 1 \*

*Please continue typing out your full address (include city, state, etc.) until the correct address appears in the dropdown.*

Street Address 2

*Suite, Apt, Floor, etc.*

City \*  State / Province \*  Zip / Postal Code \*

# Authorized Representative

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

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

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

Please type your full address into the “Street Address 1” box (include city, state, etc.) until the correct full address appears in the dropdown menu underneath, then click on the correct address.

### 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.*

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Email Address Confirmed \*

Phone Number and Extension (if available) \*

*To include an extension with your phone number, simply enter the phone number first, followed by the extension.*

### Authorized Representative Address

Country \*

Street Address 1 \*

*Please continue typing out your full address (include city, state, etc.) until the correct address appears in the dropdown.*

Street Address 2

*Suite, Apt, Floor, etc.*

City \*

State / Province \*

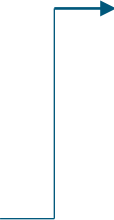
Zip / Postal Code \*

# Consultant Information

While not required, we understand that some applicants may choose to utilize consultants for support on tax credit applications.

**Are you, the applicant company, using a consultant to assist with this application?**

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



Consultant Information

*While not required, we understand that some applicants may choose to utilize consultants for support on tax credit applications. 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.*

Are you, the applicant company, using a consultant to assist with this application? \*

Yes

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Company \*

Title \*

Email \*

Email Confirmed \*

Phone Number

Provide a telephone number

Is the Consultant a Registered Governmental Affairs Agent? \*

# Legal Counsel

If approved for tax credits, 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. However, NJEDA will often work with an applicant’s legal counsel to answer questions on these agreements.

## Would you like to designate a Legal Counsel Contact ?

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



**Legal Counsel**

*If approved for tax credits, 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. However, NJEDA will often work with an applicant's legal counsel to answer questions on these 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

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Company \*

Title \*

Email \*

Email Confirmed \*

Phone Number \*

Provide a telephone number

Is the Legal Counsel a Registered Governmental Affairs Agent? \*



# Accountant Information

NJEDA often works with an applicant company's internal or external accountant to confirm information included in the application and support on project certification and ongoing compliance requirements.

## Would you like to designate an Accountant Contact?

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



**Accountant Information**

*NJEDA often works with an applicant company's internal or external accounts to confirm information included in the application and support on project certification and ongoing compliance requirements. If you would like, please provide the contact information for the applicant company's Accountant that will support on this project.*

**Would you like to designate an Accountant Contact? \***

Yes

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Company \*

Title \*

Email \*

Email Confirmed \*

Phone Number

Provide a telephone number

# Media Contact

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

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

**Media Contact**

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

Would you like to designate a Media Contact? \*

Yes

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Company \*

Title \*

Email \*

Email Confirmed \*

Phone Number

Provide a telephone number

# Applicant Organization (1/3)

Please provide information about the company that is applying for assistance. Ensure that the company name entered in the application matches the legal name registered with the State to prevent any potential issues or delays. If you require assistance, please click the provided link in the application to search for your legal Business Name.

Ensure that the company Entity Type (Corp, LLC, Partnership, Sole Prop, LP...) is correct and matches the registered entity type with the State to prevent any potential issues or delays.

### Applicant Organization

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

**Applicant Organization Name \***

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)**

Does your business operate under a different name?

**Certificate of Alternate Name**

Please provide a Certificate of Alternate Name issued by Division of Revenue and Enterprise Services if you have one. Copies can usually be found on the state business records website [Division of Revenue & Enterprise Services: Business Records Service \(njportal.com\)](https://www.njportal.com).

| Document                      | Files                                    |
|-------------------------------|--|
| Certificate of Alternate Name | <input type="button" value="Add Files"/> |

**Applicant Entity Type \***

What is the ownership structure of the applicant?

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

**Date Established \***

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

### Mailing Address

**Country \***

**Street Address 1 \***

Please continue typing out your full address (include city, state, etc.) until the correct address appears in the dropdown.

**Street Address 2**

**City \***

**State / Province \***

**Zip / Postal Code \***

# Applicant Organization (2/3)

## Upload applicant formation documents.\*

Formation documents can include Articles of Incorporation, Articles of Organization, Certificate of Incorporation, or Certificate of Trade Name.



**Applicant Country of Incorporation/Formation \***  
United States

**Applicant State of Incorporation/Formation \***

**Please upload any formation documents for the Application Organization**  
*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:** Provide a [Certificate of Formation](#) if applicable and / or [Operating Agreement](#) if applicable
- **Corporation:** Provide a [Certificate of Incorporation and Bylaws](#)
- **NonProfit:** Provide a [Certificate of Incorporation and Bylaws](#)
- **Out of State:** If your entity was formed out of state but operates within the State of New Jersey, you must file a [Certificate of Authority](#) when registering the business in New Jersey and provide that certificate.

| Document                | Files                     |
|-------------------------|---------------------------|
| Formation Document(s) * | <a href="#">Add Files</a> |

**Applicant Federal Employer Identification Number (FEIN) \***  
  
*The 9 digit Federal Tax ID number of your organization.*

**Applicant New Jersey Tax ID Number \***

**Applicant Organization's Phone Number and Extension \***  
  
*To include an extension with your phone number, simply enter the phone number first, followed by the extension.*

**Applicant Organization's Website**

Please provide a high-level, 2-3 short paragraph description of the applicant. 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. \*

Provide a high-level description of the applicant company. →

\* Required documentation

# Applicant Organization (3/3)

Click the magnifying glass to launch the NAICS search window.



Lookup records

Search

Choose one record and click Select to continue

| Name   | NAICS                            | NAICS Code | NAICS Sub       | NAICS Sector                               | National                         | National Code | Second | Industry                  | Industry Code | Industry Id |
|--|----------------------------------|------------|-----------------|--|----------------------------------|---------------|--------|---------------------------|---------------|-------------|
| <input type="checkbox"/> 111110 - Soybean Farming                  | Soybean Farming                  | 111110     | Crop Production | Agriculture, Forestry, Fishing and Hunting | Soybean Farming                  | 111110        | 111100 | Oilseed and Grain Farming | AGRI          | 111110      |
| <input type="checkbox"/> 111120 - Oilseed (except Soybean) Farming | Oilseed (except Soybean) Farming | 111120     | Crop Production | Agriculture, Forestry, Fishing and Hunting | Oilseed (except Soybean) Farming | 111120        | 111100 | Oilseed and Grain Farming | AGRI          | 111120      |

Select Cancel Remove value

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

## Upload NJ Tax Clearance Certificate.\*

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.

## Is the applicant involved in religious activities or religiously affiliated?

**IF YES** The NJEDA will need to collect additional information from you if your entity is involved in religious activities or is religiously affiliated.

For a copy of the Religious Activity Questionnaire form [CLICK HERE](#).\*

\* Required documentation

NAICS

North American Industry Classification System (NAICS) Code \*

Search

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

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

Tax Clearance Certificate

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

| Document                                | Files                                    |
|---|--|
| Tax Clearance Certificate Document(s) * | <input type="button" value="Add Files"/> |

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

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

Yes

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

Religious Affiliation Form

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](#), and upload the completed form below.

| Document                     | Files                                    |
|------------------------------|--|
| Religious Affiliation Form * | <input type="button" value="Add Files"/> |

Prior NJEDA Assistance

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

I certify that the firm is not in default with any other program administered by the State of New Jersey. \*

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# Diversity, Equity, and Inclusion (1/2)

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

For this question, we will need this if you are seeking a bonus for any other the following: Stackable 5% Bonuses Available for each of the following

- Minority-Owned (MBE)
- Woman-Owned (WBE)
- Veteran-Owned (VOB)/Disabled Veteran-Owned(DVOB)

Kindly be aware that obtaining and providing proof of the New Jersey Certification is a prerequisite for any of these bonuses that you are seeking.

Diversity, Equity, & Inclusion

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

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

- Minority
- Women
- Veteran
- LGBTQ
- Disabled
- None of the above
- 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 company has taken or is taking with respect to Diversity, Equity & Inclusion. If these questions are not applicable, you may skip them.*

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

Question is not applicable  
 Prefer not to answer

# Diversity, Equity, and Inclusion (2/2)

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 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 any diversity initiatives, programs or plans the applicant organization has established.\*

- Question is not applicable
- Prefer not to answer

### DE&I Initiatives Detail

Please upload any documentation detailing diversity initiatives, if available.

| Document                | Files   |
|-------------------------|---|
| DE&I Initiatives Detail | <a href="#">Add Files</a> <span>Test Doc Upload.docx</span> |

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# State of NJ Certifications

## State of NJ Certifications Upload

Would you like to apply for the 5% bonus available to New Jersey Certified Women, Minority, and Veteran Owned Businesses? \*

Yes ▼

Proof of Certification(s) Selected

| Document                                     | Files                     |
|--|---------------------------|
| Current and valid New Jersey Certification * | <a href="#">Add Files</a> |

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# Organization Information

If **YES**, you will be prompted to upload additional information.

If your company has 50 Full-Time Equivalent (FTEs) or fewer and the answer is YES, kindly visit our webpage at [www.njeda.gov/NJMVP](http://www.njeda.gov/NJMVP) . Complete the Employee Log and submit a WR30 to qualify for an additional 5% Bonus.



## Organization Information

Please list the number of company-wide full-time employees (35+ hours/week) \*

Please list the number of company-wide part-time employees (<35 hours/week) \*

Is the applicant organization a small business? \*

*For the purposes of this application a small business is defined as having equal to or less than 100 Full-Time Equivalent (FTE) employees.*

**FTE is calculated** as full-time employees + 1 additional employee for every 35 part-time hours worked on a weekly basis.  
*IE: Two part-time employees working 15 and 20 hours a week respectively would represent one additional FTE employee.*

**WR-30**

*If the applicant organization uses a PEO (Professional Employer Service), the PEO must write a letter on your behalf indicating the total number of employees it has leased to you that are currently working. This should include both part-time and full-time employee count, as well as calculated FTE.*

| Document | Files  |
|----------|--|
| WR-30 *  | <input type="button" value="Add Files"/> <input type="button" value="Test Doc Upload.docx"/> |

Is the applicant organization a home-based business? \*

*To not be considered a home-based business, the applicant company must operate at a commercial or industrial location.*

\* Required documentation

# Applicant Industry (1/2)

## Applicant Industry

In this section we will collect information that will help determine if the applicant company, project, or applicant's parent company qualifies to be in a Targeted Industry.

Each of these industries has a [specific definition](#), including a description of the industry, examples of types of activities that NJEDA will consider to be part of that industry and activities that NJEDA excludes from that targeted industry.

**Please review the definitions** for any industry that you think might apply to either the applicant company, the primary work associated with the project, or the applicant's parent company (if applicable).

- Advanced manufacturing
- Aviation industry
- Autonomous vehicle research or development industry
- Zero-emissions vehicle research or development industry
- Clean energy industry
- Life sciences industry
- Hemp processing industry
- High technology industry
- Non-retail Food and Beverage

Please identify the targeted industry that you believe most closely matches the activities undertaken by the applicant. If you believe that the applicant meets the definitions of more than one, please select the best fit one and provide additional detail on the other industries in the below narrative description.\*

*Please note if your organization is not in a targeted industry, the requested equipment must be definable as advanced manufacturing equipment.*

Please provide a 1-2 paragraph narrative description explaining how the applicant meets the definition of the chosen targeted industry.\*

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An answer will prompt you to provide additional information.

\* Required documentation

# Applicant Industry (2/2)

Please identify the targeted industry that you believe most closely matches the activities undertaken by the applicant. If you believe that the applicant meets the definitions of more than one, please select the best fit one and provide additional detail on the other industries in the below narrative description. \*

None of the Above ▼

*Please note if your organization is not in a targeted industry, the requested equipment must be definable as advanced manufacturing equipment.*

**Does this equipment integrate advanced or innovative technologies, processes and materials to improve the manufacturing of products? \***

▼

*Examples of advanced manufacturing technologies include additive manufacturing technologies, computer-aided manufacturing, utilization of advanced sensors and robotics to improve production, development of advanced materials to support production, and digital twin development and utilization. This industry also includes firms that manufacture either finished or interim advanced technologies or components.*

*Such activities include research, development, commercialization, and implementation of new manufacturing methods and processes that utilize technology or other innovative methodologies including both physical equipment and software supporting advanced production.*

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# Eligibility and Labor Compliance Information

## Eligibility and Award Information

Describe the project or activity as it relates to the solicited manufacturing equipment. \*

If awarded this grant, please outline the project's timetable, including from the purchase of the equipment through the completion of the project. \*

Have you already purchased any equipment or service from this funding request? \*

Does the equipment installation require construction; for example, if any contracts are issued for Plumbing, Electricians, or Carpenters or any other construction trades? \*

Construction work by an awarded contractor or manufacturer is subject to Prevailing Wage and Contractor Registration. Will the installation of the equipment be performed by you, the vendor, or a hired contractor? \*

Will any site preparation be needed to install the equipment? e.g., building a foundation, removing walls, etc.? \*

I acknowledge that all installation that requires construction also requires proof of registration with NDOL per the Contractor Registration Act. \*

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If the Project is expected to involve construction, reconstruction, demolition, custom fabrication, repair work, or maintenance work, including painting and decorating, with construction costs of \$2,000 or more, using contractors such as **Plumber, Electrician, or Carpenter or any other construction trades for the purpose of installing the equipment**, the Project will be required to comply with the NJ Department of Labor's Public Works Contractor Registration Act, the New Jersey Prevailing Wage Act, and Affirmative Action.

**All construction contracts awarded in New Jersey that require payment of prevailing wage must also provide proof of valid Construction Contractor Registration Certification ("CRC").**

- Avoid loss of incentives, fines and penalties for non-compliance.
  - By following these instructions, you can ensure your construction project, for the purpose of installing the equipment complies with New Jersey's labor and affirmative action regulations.
- Find Resources: Regulations, forms, and guidance documents are available at [www.njeda.com/affirmativeaction](http://www.njeda.com/affirmativeaction).

# Bonuses (1/2)

If **YES**, you will be prompted to upload additional information.

## Bonuses

Do you have at least one current and active collective bargaining agreement in place? \*

Yes

**Proof of Collective Bargaining Agreement**  
*You will need to upload a copy of a currently active Collective Bargaining Agreement which has been executed by all parties in order to receive this bonus.*

| Document                                   | Files                     |
|--|---------------------------|
| Proof of Collective Bargaining Agreement * | <a href="#">Add Files</a> |

Will you be purchasing equipment from a manufacturer or assembler based in New Jersey? \*

This equipment must also be assembled and/or manufactured in NJ.

**Equipment or Service Provider**  
Please provide the following information regarding the New Jersey equipment manufacturer or assembler you plan to use. Please ensure that you submit a copy of their quote or proposal within the "Equipment Information" section of this application.

[Add NJ Provider](#)

| Equipment Name | Provider Street Address 1 | Provider Street Address 2 | Provider City | Provider State | Provider Zip Code |
|----------------|---------------------------|---------------------------|---------------|----------------|-------------------|
|----------------|---------------------------|---------------------------|---------------|----------------|-------------------|

There are no records to display.

By accepting the "Buy from New Jersey Bonus," I confirm that the equipment purchase(s) as it relates to the bonus, will be made directly from a NJ manufacturer/assembler. Vendor changes require immediate NJEDA notification. Bonus subject to eligibility review and possible loss for non-compliance. Distributors and suppliers not eligible. \*

Clicking "Add NJ Provider" will open another fillable field to add additional information. (See next slide)

# Bonuses (2/2)

**Equipment Name \***

*Please match the name given for this equipment on the related quote.*

**Provider Organization Name \***

## Provider Address

**Provider Country \***

**Provider Street Address 1 \***

*Please continue typing out your full address (include city, state, etc.) until the correct address appears in the dropdown.*

**Provider Street Address 2**

**Provider City \***

**Provider State \***

**Provider Zip Code \***

**Provider Phone Number \***

**Provider Website**

---

Save

# Equipment Information (1/2)

## Equipment Information

Please provide the following information about all equipment to be installed using the support of this program. Ensure the equipment name matches the uploaded equipment name listed on your quote.

Add Equipment



Click "Add Equipment" button to provide additional information. (See following slide)

| Name ↓ | Equipment Name | Equipment Cost | Installation Cost |
|--------|----------------|----------------|-------------------|
|--------|----------------|----------------|-------------------|

There are no records to display.

**Total Equipment Cost**

\$ 0.00

**Total Installation Cost**

\$ 0.00

**Total Cost**

\$ 0.00

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# Equipment Information (2/2)

**Equipment Name \***

Please match the name given for this equipment on the related quote.

**Equipment Description \***

### Installation Address

**Installation Address Country \***

**Installation Address Street 1 \***

*Please continue typing out your full address (include city, state, etc.) until the correct address appears in the dropdown.*

**Installation Address Street 2**

**Installation Address City \***

**Installation Address State \***

**Installation Address Zip Code \***

**Is the equipment to be located in a New Jersey Opportunity Zone Eligible Census Tract? \***

*If you are unsure, please check the [mapping tool provided here](#).*



# Prevailing Wage and Affirmative Action

## Prevailing Wage and Affirmative Action

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The Authority's affirmative action requirements, N.J.S.A. 34:1B-5.4, and prevailing wage requirements, N.J.S.A. 34:1B-5.1, shall apply to construction contracts at the production facility undertaken in connection with or as a condition of tax credits received under the program. Nothing in this subsection shall be construed as requiring affirmative action or the payment of prevailing wage for construction commencing more than three years after the Authority has issued the grant.

In addition to the requirements in above the Authority's affirmative action requirements, N.J.S.A. 34:1B-5.4, and prevailing wage requirements, N.J.S.A. 34:1B-5.1, shall apply to productions undertaken with financial assistance received under the New Jersey Manufacturing Voucher Program.

All contractors and subcontractors must be registered with the Public Works Contractor Registration Act. 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.

If you have any questions about these requirements, please contact your NJEDA representative before submitting this application.

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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# 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? \*

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? \*

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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.**

# Applicant Representation

Answering **YES** to each of the following questions will ask for additional information.

## Applicant Representation

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

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

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- 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.

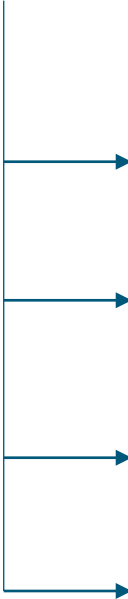
Please indicate which of the following best describes the individual filling out this application? \*

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# Upload Certifications

Only if the individual filling out the application is not an Authorized Representative will the applicant see this page.

Here you will be prompted to download and then upload signed copies of the acknowledgments and certifications listed above.



### Upload Certifications

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

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- 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 following 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.

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

| Document   | Files                     |
|--|---------------------------|
| Legal Questionnaire *  | <a href="#">Add Files</a> |
| Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3 * | <a href="#">Add Files</a> |
| Acknowledgments of Applicant *   | <a href="#">Add Files</a> |
| Certification of Application *   | <a href="#">Add Files</a> |

# Legal Questionnaire (1/3)

If the individual filling out the application is an Authorized Representative then they will proceed through the application's:

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

[Click here](#) to download a full copy of the legal questionnaire.

## New Jersey Economic Development Authority Legal Questionnaire

Applicant Name: Bond Inc.

Please note "Applicant" includes individuals and all types of entities applying for and receiving NJEDA financial assistance, incentives or contracts, including but not limited to: for profit businesses, non-profit organizations, municipalities, counties, colleges, universities and other institutions of higher learning.

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.

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. This includes (however is not limited to):

- entities or persons having an ownership interest in the applicant of 30% or greater;
- entities in which an applicant holds an ownership interest of 30% or greater and are either named in the application and/or agreement or will receive a direct benefit from the financing, incentive or other agreement with NJEDA; and
- other 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 NJEDA.

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

### RELEVANT AFFILIATES

In accordance with the above, please identify any individuals or entities that hold a 30% or more ownership in the applicant:

Are there any individuals or entities that hold a 30% or more ownership interest in the applicant? \*

# Legal Questionnaire (2/3)

### Applicant-Owned Affiliates

In accordance with the above, please identify any entities in which the applicant holds a 30% or more interest, and are either named in the application and/or agreement, or will receive a direct benefit from the financing, incentive, or other agreement with NJEDA.

ADD APPLICANT-OWNED AFFILIATES

Entity ↑ FEIN # - if applicable

There are no records to display.

### Other Affiliates

In accordance with the above, please identify any other entities not already identified that are either named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with NJEDA:

ADD OTHER AFFILIATES

Entity ↑ FEIN # - if applicable

There are no records to display.

### 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 identified 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. \*

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. \*

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

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

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.). \*

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. \*

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

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

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(f), 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.



# Legal Questionnaire (3/3)

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.

**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.

vi. Laws banning anti-competitive dumping of goods.

vii. Anti-terrorist laws.

viii. Criminal laws involving commission of any felony or indictable offense under State or Federal law.

ix. Laws banning human rights abuses.

x. Laws banning the trade of goods or services to enemies of the United States.

## 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 or individual lawsuits alleging violations under the New Jersey Law Against Discrimination. \***

**If the answer to any of the foregoing questions is affirmative, you must provide the following information as an attachment to the application: (i) the case name and court/administrative agency (including jurisdiction and venue) in which such matters were tried or are pending; (ii) the charges or claims adjudicated or alleged; and (iii) status of the matter (e.g. Pending Dismissed following Settlement, Dismissed following Motion, etc.).**

**Please Note:** An Applicant may refer to or attach specific provisions of a 10-K/Q or other filings with the U.S. Securities and Exchange Commission (SEC); however, the Applicant should be aware that different laws apply to disclosures to the Authority. This means that the Authority does not have the same types of materiality thresholds as the SEC. The Applicant is expected to supplement its SEC filings to ensure that all relevant matters are disclosed to the Authority, including any matters that were below the SEC's materiality threshold and any matters that may have occurred after its most recent filing.

**Please Note:** Eligibility is determined based on the information presented in the completed Application. If, at any time while engaged with the Authority the Applicant should become aware of any facts that materially alter or change its answers, or that render any of them incomplete or inaccurate, the Applicant has a duty to promptly report such facts to the Authority in writing. The Authority reserves the right to require additional clarifying or explanatory information from the Applicant regarding the answers given, to ask additional questions not contained in this Legal Questionnaire, and to perform its own due diligence investigations and searches.

| Document                     | Files                     |
|------------------------------|---------------------------|
| Legal Questionnaire Addendum | <a href="#">Add Files</a> |

## CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO RELEASE INFORMATION

This certification shall be signed as follows:

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- 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.

**Legal Questionnaire Electronic Signature \***

**Title \***

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

## CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Program Name: **New Jersey Manufacturing Voucher Program Phase2- Grant**

Applicant Name: **Bond Inc.**

Applicant DBA: **Bond Inc.**

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.

**The NJEDA recognizes that based on a pending legal issue announced on the Department of the Treasury's website [State of NJ - Department of the Treasury - Division of Administration](#), the Department is not currently maintaining a list of entities engaged in prohibited activities in Russia or Belarus. As a result, applicants who are not engaged in prohibited activities in Russia or Belarus may wish to select Option A or applicants who may be engaged in prohibited activities may wish to select Option C and provide a description and/or explanation in the box below.**

### 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 select one appropriate response below 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 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 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

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

|                                     |                  |             |                              |
|-------------------------------------|------------------|-------------|------------------------------|
| Applicant Authorized Representative | Name<br>Jim Bond | Title<br>VP | Applicant FEIN<br>55-5444789 |
|-------------------------------------|------------------|-------------|------------------------------|

E-Signature of Applicant Authorized Representative \*

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# Applicant Certifications

## Applicant Certifications

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

**I, Test Teat, 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. \***

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# Fee Acknowledgement

**Payment by Credit Card:**  
Applicant will be redirected to  
payment page:

Payment Method

Select form of payment: \*

Credit Card 

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\*The NJEDA will not begin review of your application until the application fee has been received.

# Payment Details

## Payment Details

**Applicant Organization Name**

Bond Inc.

**Application Fee Request ID**

FREQ-0011162

**Fee Amount**

\$ 1,000.00

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# Order Section (1/2)



**Order Section**

|                |                     |
|----------------|---------------------|
| Amount         | 1,000.00 USD        |
| Description    | NJEDA CAPP-00036059 |
| Invoice Number | FREQ-0011162        |

**Checkout**

 **Secure**  
Payment

# Order Section (2/2)

| Order Section  |                     |
|----------------|---------------------|
| Amount         | 1,000.00 USD        |
| Description    | NJEDA CAPP-00036059 |
| Invoice Number | FREQ-0011162        |

| Payment                |  |
|------------------------|--|
| PAYMENT CARD           |  |
|                        |  |
| Card Number *          | <input type="text" value="....."/> <a href="#">Change Card</a> |
| Expiration Date(MMY) * | <input type="text" value="...."/>                              |
| CVV2                   | <input type="text" value="456"/>                               |

| Billing Address   |  |  |
|---|--|--|
| Company<br><input type="text" value="Bond Inc."/>           |  |  |
| First Name<br><input type="text" value="Jim"/>              | Last name<br><input type="text" value="Bond"/> |  |
| <input type="text" value="Address1"/>                       |  |  |
| <input type="text" value="Address2"/>                       |  |  |
| <input type="text" value="City"/>                           | <input type="text" value="State/Province"/>    | <input type="text" value="Postal Code"/> |
| <input type="text" value="Country"/>                        |  |  |
| Email Address<br><input type="text" value="sblg@test.com"/> |  |  |
| Phone<br><input type="text" value="(555) 555-5555"/>        |  |  |

**Submit Payment**

# Electronic Signature

Your application will be submitted upon hitting the “Submit” Button.


### 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 \*

I am an Authorized Signer for this organization and I accept the above terms and conditions \*

Full Name \*



[Generate a new image](#)  
[Play the audio code](#)

 Enter the code from the image

# Submission Confirmation Page

The submission confirmation page will list the Applicant’s application confirmation number. All future application communication will be sent to the email provided in the application.

Full Application Submitted Page

Thank you Jim Bond for completing the application for New Jersey Manufacturing Voucher Program- Grant Program.

Your confirmation number is: CAPP-00036059

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

For questions regarding your application, please reach out to program administrators at [njmvp@njeda.gov](mailto:njmvp@njeda.gov)

To learn about other NJEDA programs, visit [njeda.gov](http://njeda.gov)

Thank You,  
NJEDA

Click to “Return to Homepage” to the portal homepage.



Return to homepage