



NJ Child Care Facilities Improvement Program – Phase 1

APPLICANT CHANGE IN OWNERSHIP FORM

Please complete this form if you are an Applicant who is in the process of selling your business and would like to continue pursuing this grant. **The new owner must also complete the Ownership Confirmation form, found on the last page of this document.**

Please submit this form along with the documents listed below to your Application Review Processor.

- ✓ **Tax Clearance Certificate** issued within the last 180 days and does not have Department of Environmental Protection as the listed agency.
- ✓ Formation Documents
 - **Sole Propriety:** [Certificate of Trade Name](#)
 - **LLC:** [Certificate of Formation](#) (Short form acceptable) **OR** Operating Agreement
 - **Corporation:** (All Required) [Certificate of Incorporation](#) **AND** A copy of by-laws
 - **Not-for-Profit:** (All Required) [Certificate of Incorporation](#) **AND** IRS determination Letter **AND** A copy of by-laws
 - **If the applicant organization was founded outside of NJ:** Certificate of Authority
 - **PLEASE NOTE:** If the applicant organization was founded outside of NJ, the applicant needs BOTH the Certificate of Authority as well as the document(s) for whichever business type they are.
- ✓ A copy of new DCF license, if applicable (see question below)

A. Ownership Questions:

Current Owner	
CAPP #:	
Organization Name:	
Doing Business As Name:	
Primary Contact Name:	
Primary Contact Phone Number:	
Primary Contact Email:	

New Owner	
Organization Name:	
Doing Business As Name:	
EIN Number:	
Entity Type:	
Primary Contact Name:	
Primary Contact Phone Number:	
Primary Contact Email:	
Date of Expected Sale/Transfer in Ownership	

Has the DCF license transferred to the new owner?

Yes No

If NO, please indicate the reason: _____



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B. Attestation

The applicant and the new owner must understand the implications of continuing the application process if selling the business is imminent since:

- If the EDA determines that the potential new owner is ineligible, the application will no longer be eligible for this grant.
- As for the new owner, if found eligible, they must understand all the requirements of this program. More information can be found at www.njeda.com/child-care-improvement-program including our FAQs.
- If the application is still under review and has not yet been approved, the new owner may update the scope of work for the improvements. Please work with your assigned Grant Processor to make those requested changes and provide the required documents.

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. Your signature below shall serve as evidence that the Applicant also agrees to be bound by electronic signatures.

Previous Authorized Representative Name

New Authorized Representative Name

Previous Authorized Representative Title

New Authorized Representative Title

Previous Authorized Representative Signature

New Authorized Representative Signature

Date

Date

C. Approval Confirmation

DO NOT WRITE BELOW THIS LINE – FOR USE BY NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY ONLY

Reviewed by (Product Operations Team):

Approved by (Child Care Director):

Date:

Date:



Ownership Confirmation

Applicant Name/Business Name:

CAPP#:

To begin the preliminary review of your Child Care Facilities Improvement Application, the information for all individuals and entities that have an ownership percentage in your business is required.

Please provide the information for all owners and entities that have an ownership interest in your business using the fields below. The information provided must be completed in its entirety and accurate and will be verified during the review process.

Owner Name	Owner Type (Individual, Operating Business, Trust, Finance Firm)	SSN	EIN	Percent of Ownership %	Personal Address	Phone Number	Email Address

By signing this form, you are confirming that you are the Authorized Representative for the applicant and authorize the EDA to obtain such information including, but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and/or investors.

Authorized Representative Signature

Date:

Authorized Representative Print Name:

Title: