

SMALL BUSINESS IMPROVEMENT GRANT



Small Business Improvement Grant

Starting **February 10, 2022**, the Small Business Improvement Grant will open to businesses and nonprofits that have made building improvements or purchased new furniture, fixtures and equipment.

Grant funding will reimburse eligible entities up to **50 percent of** total eligible project costs incurred on or after March 9, 2020, but no more than 2 years prior to the application date. Maximum grant amount is \$50,000.

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

Applicants are limited to one application per Employer Identification Number (EIN). Applicants operating from multiple locations under a single EIN are limited to one application under the sole EIN but may pool project costs from multiple locations into a single application.

Home-based businesses may only use the grant as reimbursement for new equipment purchased.

Applicant Eligibility

This Grant is open to both businesses and nonprofits, but all applicants must meet the eligibility requirements as defined below.

Applicants must:

- ▶ Rent or own and operate from the facility. **Landlords are not eligible under this program.**
- ▶ Meet SBA's definition of a Small Business, which is determined by employee count and NAICS code.
- ▶ Improvement costs must be at least \$5,000, and that cost must have been incurred on or after March 9, 2020 and commenced no more 2 years prior to date of application.
- ▶ Provide a WR-30 or equivalent payroll documentation, as well as a current tax clearance certificate prior to grant approval.
- ▶ Be in good standing with Department of Labor, and Department of Environmental Protection.

Applicant Eligibility Continued

- ▶ Applicant entity must certify at time of application that it is not in default of any other NJEDA or State assistance.
- ▶ Projects with costs over \$50,000 must comply with Green Building Standards for lighting and mechanical work.
- ▶ Applicant entity must certify at time of application that it will commit to the wage and occupancy requirements of the program. Entities receiving grants of up to \$25,000 must meet these commitments for at least 2 years from date of grant approval. Entities receiving grants of greater than \$25,000 must meet these requirements for at least 4 years from date of grant approval.
 - ▶ **Wage Requirement:** Business must commit to paying each full-time and part-time employee the greater of \$15/hour or 120 percent of the minimum wage. For tipped employees, the business must pay at least 120 percent of the minimum wage.
 - ▶ **Occupancy Requirement:** Business must commit to remaining in the location for which it made business improvements and received grant funding. For grants of up to \$25,000 the applicant must occupy for for at least 2 years from date of grant approval and for grants greater than \$25,000 the applicant must meet these requirements for at least 4 years from date of grant approval

Non-compliance with these commitments will result in repayment of the grant to the NJEDA.

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

NJEDA Application Center

Home | My Applications | English

Sign in Register Redeem invitation

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

* User name

* Password

Remember me?

Sign in Forgot your password?

If you 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

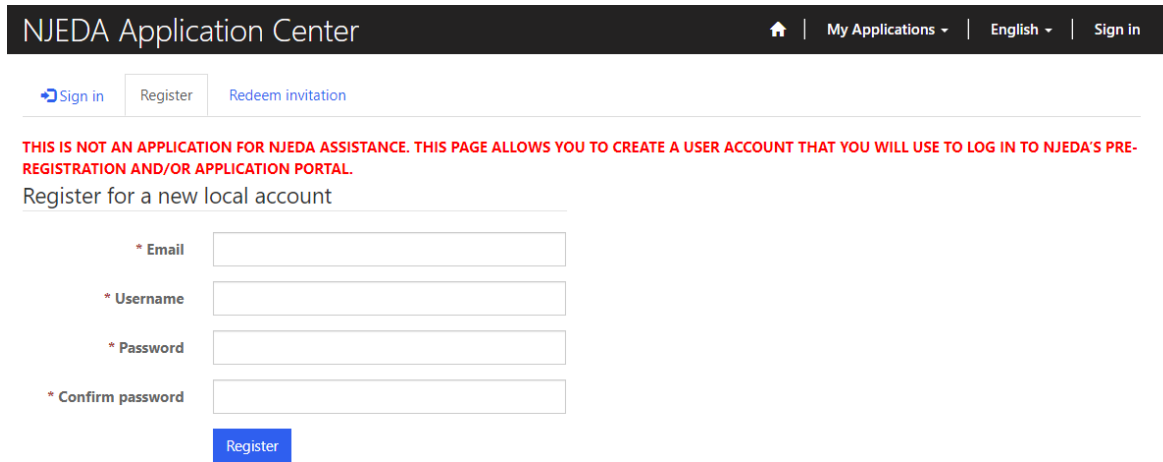
How to Register Your Email Address

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”

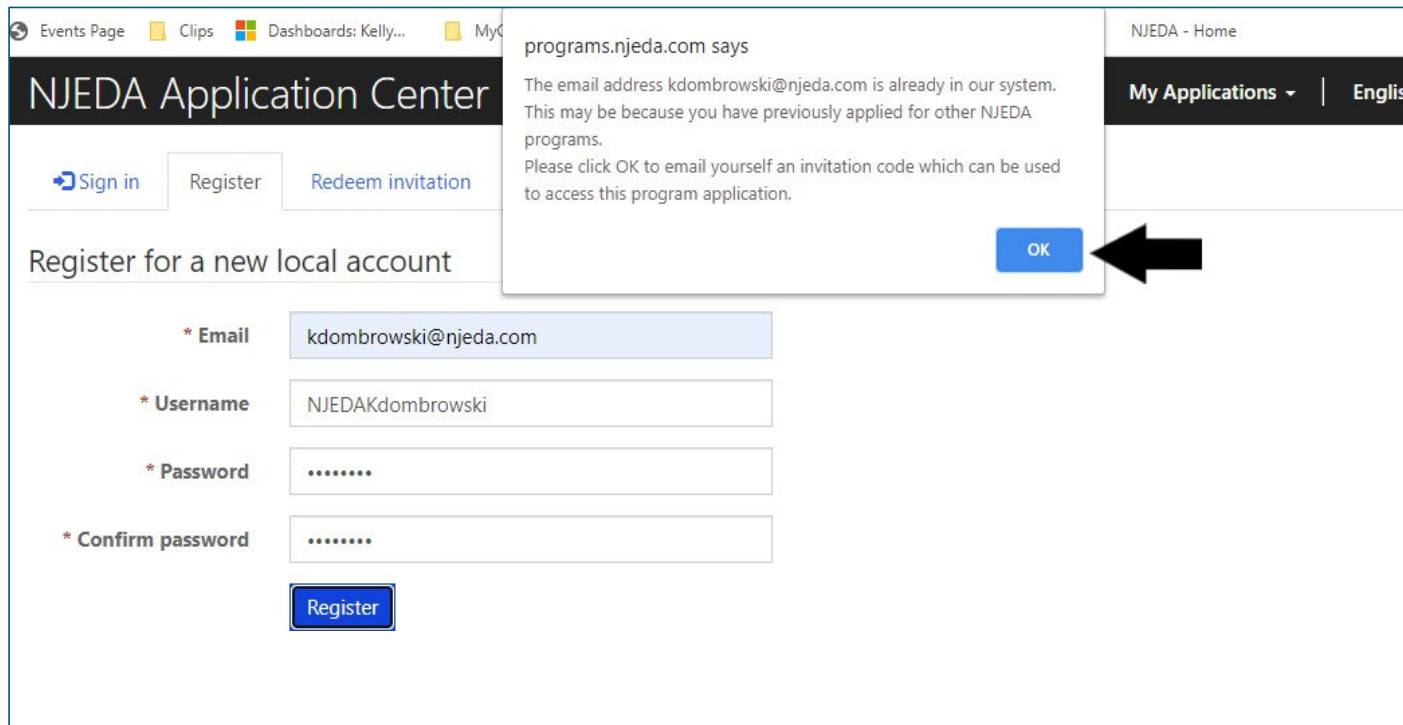
PLEASE MAKE SURE TO WRITE-DOWN YOUR USERNAME AND PASSWORD



The screenshot shows the NJEDA Application Center registration interface. At the top, there is a dark navigation bar with the text "NJEDA Application Center" on the left and a home icon, "My Applications", "English", and "Sign in" on the right. Below this is a white bar with three buttons: "Sign in" (with a back arrow), "Register" (highlighted), and "Redeem invitation". A red warning message states: "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." Below the warning, the text "Register for a new local account" is followed by four input fields: "* Email", "* Username", "* Password", and "* Confirm password". A blue "Register" button is positioned below the last field.

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.



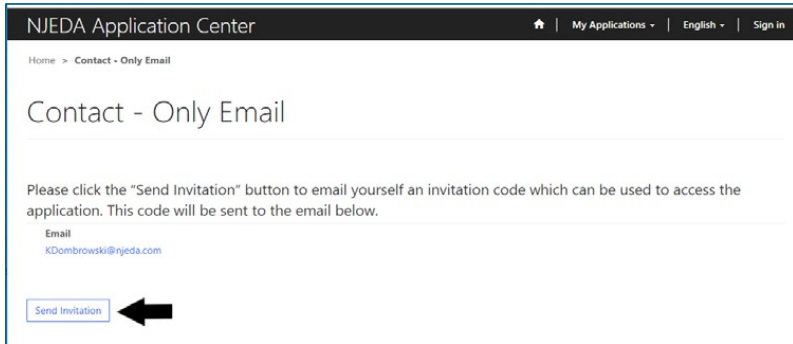
The screenshot shows the NJEDA Application Center registration page. The page title is "NJEDA Application Center" and it includes links for "Sign in", "Register", and "Redeem invitation". The main heading is "Register for a new local account". The registration form contains the following fields:

- * Email: kdombrowski@njeda.com
- * Username: NJEDAKdombrowski
- * Password:
- * Confirm password:

A blue "Register" button is located below the form. A pop-up message from "programs.njeda.com" is displayed over 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 present in the pop-up, with a black arrow pointing to it.

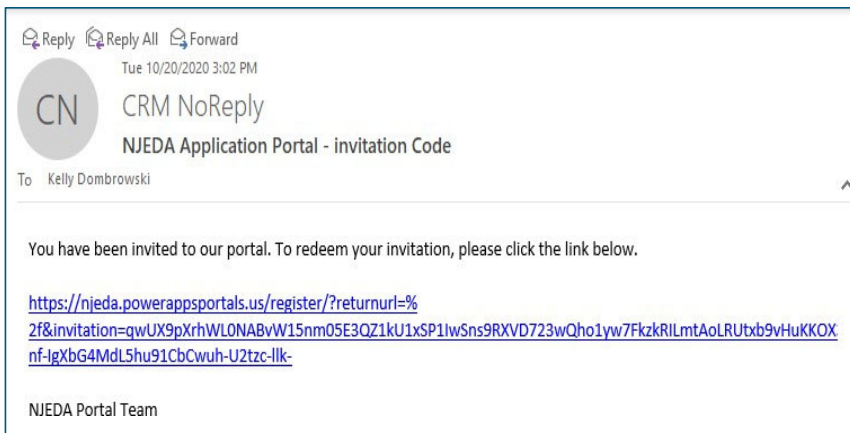
Redeeming An Invitation Code

1.



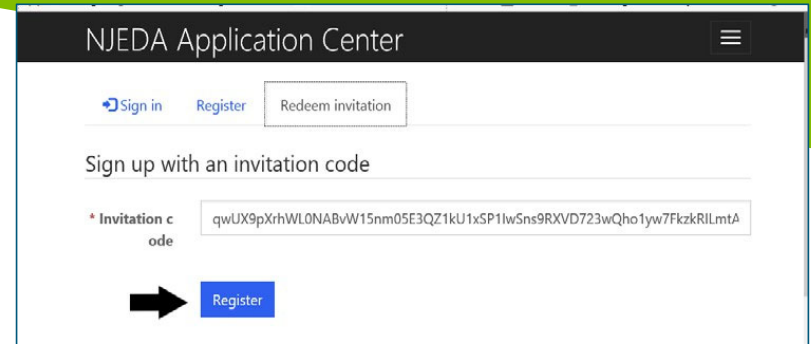
Click SEND INVITATION to email yourself an invitation code.

2.



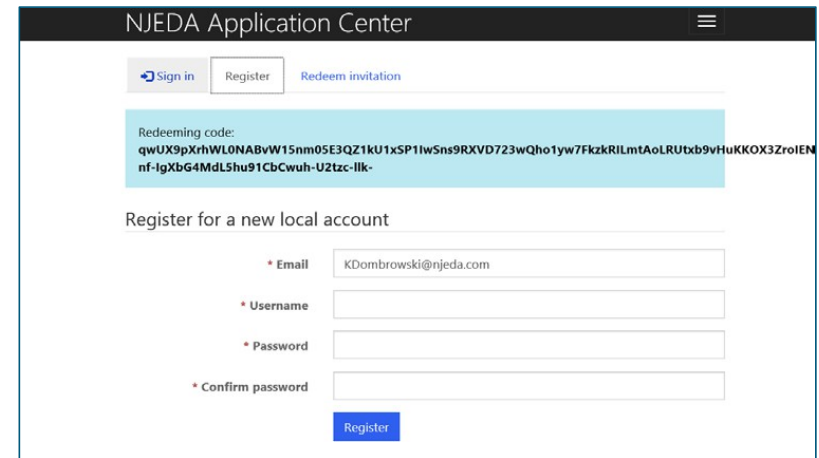
Check your email (including junk/spam) for an email from CRMNoReply. Click the link in that email.

3.



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**

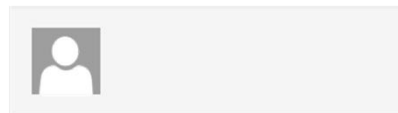
Setting Up Applicant Profile (If Your Email is New and Not Recognized by the Portal)

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”

Setting up your Profile

Home > Profile

Profile



Profile

Security

Change password

Change email



Manage external authentication

Please provide some information about yourself.

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

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

Your information

First Name *

Last Name *

E-mail

sample@sample.com

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, in order to begin the Pre-Registration.
6. Once your email is Confirmed you MUST come back into the NJEDA Application Center to begin the application.

Home > Profile

Profile

 First Last

Profile

 Security

Change password


Change email ⓘ

Manage external authentication


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

ⓘ Your email requires confirmation.

[Confirm Email](#)

 First Last

Profile

 Security

Change password

Change email ⓘ

Manage external authentication

Confirm E-mail

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

E-mail

sample@sample.com

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 review this walkthrough video which may answer your questions.

<https://youtu.be/07EMiXYUKFM>

NJEDA Application Center Sign In Page

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

The screenshot shows the NJEDA Online Application Center sign-in page. At the top, there is a dark navigation bar with the text "NJEDA Application Center" on the left and a home icon, "My Applications", "Compliance", and "English" on the right. Below the navigation bar, the page title "NJEDA Online Application Center" is displayed. A dark grey box contains a welcome message: "Welcome to the NJ EDA's online application Center. We look forward to helping you as you grow your business in New Jersey!" with a blue "Know More" button. Below this, a grid of nine application programs is shown, each in a white box with a blue border. A green horizontal line is positioned above the first row of boxes.

Brownfields Redevelopment Incentive Program	Small Business Improvement Grant Program	Small Business Lease Grant Program
Emerge Application	Aspire Application	Historic Property Reinvestment Application
Child Care Facility Improvement Grant	Asset Activation Grant Application	Innovation Evergreen Fund - Tax Credit Auction

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

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.

Select Small Business Improvement Grant

Once you successfully log into the Portal, you will see a blue button for the Small Business Improvement Grant. Please click this button to launch the application. Please be sure you are clicking the button for the **Small Business Improvement Grant**, as you may see other buttons for other NJEDA programs.

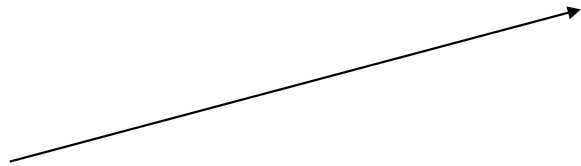
NJEDA Online Application Center

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](#)

Small Business Improvement Grant

Click Here to
Begin



Start Application

Home > **Small Business Improvement Grant List**

Small Business Improvement Grant List

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

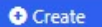
This grant supports businesses and nonprofits by reimbursement of costs associated with capital improvements or purchasing and/or installation of new furniture, fixtures, and equipment. Project costs must be at least \$5,000, and incurred on or after March 9, 2020, but no more than 2 years prior to the application date. The maximum grant award is not to exceed \$50,000. Total project costs that exceed \$50,000 will be subject to Green Building Standards for lighting and/or mechanical work, and applicants that use more than 4 contractors may be subject to Affirmative Action requirements. Applicants are limited to one application per federal Employer Identification Number (EIN).

It is recommended that you review the [program checklist](#) prior to applying.

For more information go to www.njeda.com/small-business-improvement-grant/.

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

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

 Create

Read this information before starting your application. It will help you understand if you qualify, and the checklist will help you with what you will need to apply.



Click CREATE button to start application.



Primary Point of Contact

Please put information for the main point of contact that the NJEDA should communicate with on this application.

It is highly recommended that the primary point of contact be the individual that is filling out this application.

If someone else's information is used, that person will also need to create a username and password for the NJEDA application portal in order to receive updates on this application.

We will also need to know if this contact is: legally authorized to sign documents for the company, the CEO or equivalent of the company, and authorized to speak to the media.

Primary Point of Contact

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

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

Salutation

Ms.

First Name *

Test

Middle Initial

Test

Last Name *

Test

Suffix

Title *

Test

Email *

test@gmail.com

Email Confirmed *

test@gmail.com

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

Phone Number

(609) 123-4567

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

No

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

No

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

No

Authorized Representative

If the primary point of contact is not legally authorized to sign documents for the company, we will need information for the individual who is legally authorized to sign documents for the applicant company.

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 *

Email Confirmed *

Phone Number

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

Authorized Representative Address

Street Address 1 *

Street Address 2

Suite, Apt, Floor?

City *

Chief Executive Officer/Owner/Equivalent

If the primary point of contact is not the CEO or equivalent of the company, we will need information for the individual who is the CEO or equivalent.

Chief Executive Officer/Owner/Equivalent

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

Salutation	<input type="text" value="Ms."/>
First Name *	<input type="text" value="Test"/>
Middle Initial	<input type="text" value="Test"/>
Last Name *	<input type="text" value="Test"/>
Suffix	<input type="text"/>
Title *	<input type="text" value="Test"/>
Email *	<input type="text" value="test@gmail.com"/>
Email Confirmed *	<input type="text" value="test@gmail.com"/>
Phone Number *	<input type="text" value="(609) 123-4567"/>
Would you like the Chief Executive Officer/Owner/Equivalent to receive email communications from NJEDA about the status of your application? *	<input type="text" value="Yes"/>

Chief Executive Officer/Owner/Equivalent Address

Street Address 1 *	<input type="text" value="1 Test Drive"/>
Street Address 2	<input type="text"/>
Suite, Apt, Floor?	<input type="text"/>
City *	<input type="text"/>

Media Contact

If the primary point of contact is not authorized to speak to the media on behalf of the company, we will need information for the individual who is authorized to speak to the media on behalf of the company.

Media Contact

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

Would you like to designate a Media Contact? *

Yes

Salutation

Mr.

First Name *

Test

Middle Initial

T

Last Name *

Test

Suffix

Company *

TestLLC

Title *

Manager

Email *

q@gmail.com

Email Confirmed *

q@gmail.com

Phone Number *

(609) 123-4567

Media Contact Address

Street Address 1 *

1 Test Drive

Street Address 2

Applicant Organization

Please provide the name of your business as shown on your company's formation documents

This date should match the date on your formation documents.

Application Organization

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

Applicant Organization Name

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?

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

Applicant Country of Incorporation/Formation

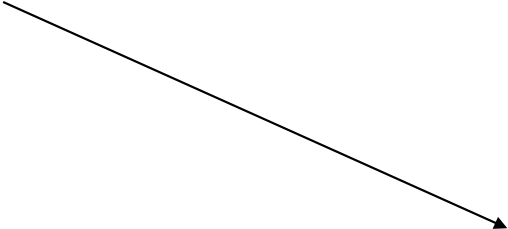
Applicant State of Incorporation/Formation *

Formation Document(s)

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

Applicant Organization

Please select the option that most closely matches your business.



Application Organization

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

Applicant Organization Name *

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)

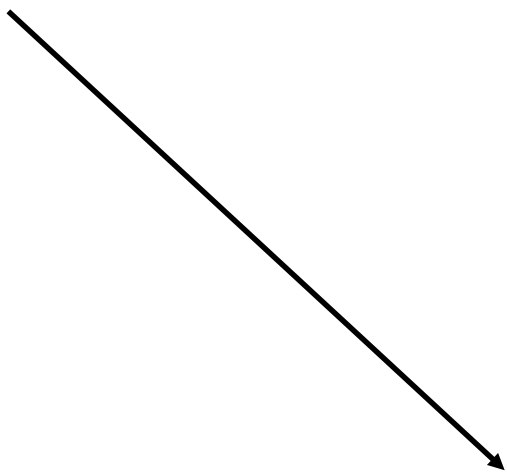
Does your business operate under a different name?

Applicant Entity Type *

- Sole Proprietorship
- Partnership
- General Partnership
- Limited Partnership
- Limited Liability Partnership
- C Corporation
- Subchapter S Corporation
- Limited Liability Corporation
- Government Body
- Nonprofit Organization
- Single Member LLC
- Other

Applicant Organization

Please upload copies of your formation documents in this section. We have provided some examples of what formation documents you may have based on the type of business or organization you identified as.



Application Organization

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

Applicant Organization Name *

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?

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

Applicant Country of Incorporation/Formation *

Applicant State of Incorporation/Formation

Formation Document(s)

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

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

Document	Files
Formation Document(s)	<input type="button" value="Add Files"/> <input type="button" value="Formation Document.docx"/>

NAICS Code

Next, we will need to know your North American Industry Classification System (NAICS) code identifying what type of business you are. This will help us determine if you meet the definition of a small business as defined by SBA.

Please make sure you are using the NAICS code that is listed on your most recent business tax filing. Use the lookup tool within the application to select the NAICS code for your business.

Lookup records

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

1 2 3 4 5 6 7 8 .. 124 >

Select Cancel Remove value

Tax Clearance Certificate

Next, we will request a valid NJ Tax Clearance Certificate from the NJ Division from Taxation.

You are not required to provide this at time of application but will need to provide it before we can approve your grant application.

If it is provided at the time of application, it will expedite approval of the application.

Tax Clearance Certificate

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

Tax Clearance Certificate

Document	Files
Tax Clearance Certificate Document(s)	Add Files

Prior NJEDA Assistance

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

[Previous](#)

[Next](#)

Diversity, Equity, & Inclusion

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

Diversity, Equity, & Inclusion

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

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

- Minority
- Women
- Veteran
- LGBTQ
- Disabled
- None of the above are applicable

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

- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Veteran-Owned Business Enterprise (VOB)
- Disabled Veteran-Owned Business Enterprise (DVOB)
- None of the Above / I do not wish to identify

DE&I Documentation

Please provide documentation evidencing your entity's certification.

Document	Files
DE&I Documentation	Add Files DE&I.docx

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).

Language Access

The NJEDA provides interpreter services in many different languages.

Language Access

Is English your primary language?

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

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

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

Home Based Businesses

In this section, we will first ask if you are a home-based business.



Small Business Improvement Grant - Edit

Applicant Details

Is the Applicant's business a home-based business? *

No

Home-based business" means a business that does not have a separate entrance for commercial customers and that requires customers to enter the residential portion of the property in order to conduct business, provided that bed and breakfast establishments are not considered home-based businesses.

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

100

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

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

100

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

WR-30 / Other Payroll Information

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

Document

Files

If you select YES, we will advise that there are limitations around how the grant may be used.



The screenshot shows a modal dialog box titled "NJEDA Ap" with a breadcrumb "Home > Small Bus". The main heading is "Small B" and the sub-heading is "Applicant". The question "Is the Applicant" is followed by a dropdown menu with "No" selected. Below the question is the same definition of "Home-based business" as in the main form. A blue "OK" button is visible on the right side of the dialog. In the background, a message from "njedatestsite.powerappsportals.us" states: "Home-based businesses may only receive reimbursement for new furniture and/or equipment purchases and/or installation. Home-based businesses are not eligible for reimbursement for renovation or improvement projects."

Applicant Details

We will need to know how many employees your business has. Please provide this number of employees at both the time of application, as well as 3 months prior to the time of application (even if they are the same number).

You will also need to upload your business' most recent WR-30 or equivalent payroll information so we may verify employment and wages paid to these employees.

Please provide your annual gross revenue based upon your most recent business tax filing. You will also need to upload that most recent business tax filing

Applicant Details

Is the Applicant's business a home-based business? *

No

Home-based business means a business that does not have a separate entrance for commercial customers and that requires customers to enter the residential portion of the property in order to conduct business, provided that bed and breakfast establishments are not considered home-based businesses.

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

50

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

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

30

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

WR-30 / Other Payroll Information

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

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

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

\$ 250,000.00

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

Federal Tax Return

Please upload 3 consecutive years of Federal income tax returns for the applicant company.

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

Document	Files
Federal Tax Return	Add Files Federal Tax Returns.docx

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



Application Location ID ↓ Address Line 1 City State Zip Code

Applicant Expense Worksheet

In this section, we ask that you download the Applicant Expense Worksheet and complete it with specific cost information. The information entered on this sheet will be verified with the cost documentation and proof of payment that you will be asked to upload after creating a location record. When complete you will be asked to upload this sheet.

**Please limit one expense per line, do not group expenses together.*

Small Business Improvement Grant - Edit

Improvement and Project Costs

In this section we would like you to upload an applicant expenses worksheet as well provide specific details on the location where the improvements were completed and the associated incurred costs for which you are applying for reimbursement.

After completing and uploading the Applicant Expense Worksheet, we ask that you break out the costs at each location. In this section, you will first identify the location in which the cost occurred and then it will ask you to add cost(s) associated with that location.

At the end, if you have additional locations to report please select the "Create" button to add the additional Location/Costs.

- I certify that the project cost submitted herein have been incurred on or after March 9, 2020 and commenced no more than 2 years prior to application. *
- I certify that my Small Business Improvement Grant project is complete in accordance with the program requirements. *

Applicant Expense Worksheet

Please [click here](#) to download the Applicant Expense Worksheet and complete with the information from project costs documentation (invoices, work orders, store receipts etc.). This worksheet will be helpful as the Improvement and Project Cost section is completed. Gather the documentation as entered on this worksheet and upload it below.

Document	Files
Applicant Expense Worksheet *	<input type="button" value="Add Files"/>

Applicant Expense Worksheet

Please enter as much detail for each project, improvement cost into the applicant expense worksheet. Drop down items are available in some columns.

Please enter ONE expense per line. We will require documentation to substantiate these costs.

Please use this tracker as a reference to gather the needed documentation as you will be requested to upload these documents in the next section.

You will be directed to upload a cost document(invoice, work order, contract, etc.) and then directed to upload payment proof (cleared checks, bank statements or credit card statements) to match that cost document.

	A	B	C	D	E	F	G
1							
2	NJEDA						
3					Small Business Improvement Grant		
4					Applicant Expense Worksheet		
5							
6	Applicant:						
7	Address(s):						
8							
9							
10	Date of Expense	Total Expense	Eligible Expense Type	Cost Category	Location Address	Invoice Documentation <small>Please provide a dated, itemized invoice or receipt for the expense listed.</small>	Payment Documentation <small>Payment verification can be provided in the form of store receipt, bank statement, credit card statement, or front and back of cleared check.</small>
11	<small>Enter Date of Expense</small>	<small>Enter Amount of Expense</small>	<small>Enter Description of Expense</small>	<small>Select a Cost Category from the Dropdown List</small>	<small>Please list which address the project costs was incurred at.</small>	<small>Select a Invoice Documentation from the Dropdown List</small>	<small>Select a Payment Documentation from the Dropdown List</small>
12	Please limit one expense per line, do not group invoices.						
13							
14							
15							
16							
17							

Applicant Details

Next, we will need to know the location of the business where the improvements were made. Select "CREATE" to report a business location.

Some businesses may be applying for reimbursement for improvements made across more than one location. In that case, each location will need to be reported separately using the "CREATE" function.

Small Business Improvement Grant - Edit

Improvement and Project Costs

In this section we would like more specific details on the location where the improvements were completed and the associated incurred costs for which you are applying for reimbursement.

We ask that you break out the costs at each location. In this section, you will first identify the location in which the cost occurred and then it will ask you to add cost(s) associated with that location.

At the end, if you have additional locations to report please select the "Create" button to add the additional Location/Costs.

I certify that the project cost submitted herein have been incurred on or after March 9, 2020 and commenced no more than 2 years prior to application. *

Application Locations

 Create

Location Details

When a location is created, we will need to know some information about that location.

The first question is whether that location is your **primary business location**. Please read the help text to understand what a primary business location is. If you have multiple locations, only one location can be a primary business location. If you only have one location, please list that location as your primary business location.

We will also want a description of what improvement work was done at that location, and the address of the location.

The screenshot shows a web application interface for creating a location. The main window is titled 'Create' and contains a form with the following sections:

- Location**: A text input field.
- Location Details**:
 - Is this location the Primary Location? ***: A dropdown menu with 'Yes' selected.
 - If you are a business with a single location, then this should be your primary location. If you are a business with multiple locations, then the primary location is the location that generates the most revenue. If you have multiple locations that generate equal revenue, then the primary location should be the location with the most employees. If you have multiple locations that generate equal revenue and have an equal number of employees, then the primary location is the location that was established first.*
 - Please describe what business functions are performed at this location. ***: A large text area for input.

At the bottom of the form, there are 'Previous' and 'Next' buttons. The background shows a sidebar with navigation links like 'Home > Small E' and 'Improve'.

Location Details

Next, we will want to know whether the applicant owns the facility, leases the facility from a landlord, or is a landlord. Please note that landlords are ineligible for this grant.

We will also confirm that the location you have provided operates under the same Federal Employer Identification Number (FEIN) provided earlier in the application. If this application operates under a different FEIN than what was provided earlier in the application, then it cannot be included under this FEIN application and a new application will need to be filed for that location.

Finally, we will need the address of this location.

Which of the following best describes the applicant's relationship with the location in which the improvements were completed? *

Please confirm the FEIN number 234564213 is the correct FEIN for this location *

Applicants are limited to one application per FEIN. Applicants operating from multiple locations under a single FEIN would be limited to one application under the sole FEIN, but may pool project costs from multiple locations into a single application.

Address Line 1 *

Address Line 2

Zip Code *

City *

State *

Improvement Costs

 [View details](#)

After reporting your location, you will need to identify the improvement costs incurred at this location. Please review the language here to understand the different categories of costs you may report.

Improvement Cost

Project Costs

Please only include project cost(s) associated at this location.

“**Capital improvements**” means:

1. Expenses that a business incurs for preparation and construction, repair, renovation, improvement, equipping, or furnishing on real property or of a building, structure, facility, or improvement to real property, site-related utility, including but not limited to, water, electric, sewer, and stormwater, and transportation infrastructure improvements, plantings, solar panels and components, energy storage components, installation costs of solar energy systems or other environmental components.
2. Expenses that a business incurs for obtaining, and installing furnishings and machinery, apparatus, or equipment, including but not limited to material goods subject to bonus depreciation under sections 168 and 179 of the federal Internal Revenue Code (26 U.S.C. ss.168 and 179), for the operation of a business on real property or in a building, structure, facility, or improvement to real property.
3. “Capital improvements” shall not include site acquisition; vehicles and heavy equipment not permanently located in the building, structure, facility, or improvement; any capital improvement for which the business received any grant financial assistance from any State source; costs of a lease, including any capital lease; or any soft costs.

- **Hard construction cost for renovations, repairs, or improvements of a building, structure, or facility.**

Hard construction costs may include but is not limited to **all the labor and materials required**

Improvement Costs

Please provide the information requested for the cost.

If the project cost you are reporting are made up of several smaller costs combined, please describe in as much detail as possible, and itemize the costs that make up the total amount paid that you are reporting

 View details

eligibility of these items at the Authority's discretion)

Please select the type of improvement *

Date Work Began *

Amount Paid *

Please be advised that this is a reimbursement grant, and only costs that have already been paid are eligible for reimbursement under the Small Business Improvement Grant.

Describe the Amount Paid. Please provide more information that will help the NJEDA understand costs. *

Improvement Costs

You will then be asked to upload documentation supporting this cost. This may be an invoice, work order, work contract, or store receipt or other information evidencing the details of cost has been completed. This upload is for one expense. You will have the opportunity to create additional expenses by creating a new cost at this project location.

NJEDA will need to review the documentation against the amount of the cost identified earlier on the applicant expense worksheet, so please make best efforts to ensure the documentation matches the cost.

**Please limit one expense per upload, do not group expenses together*

The screenshot shows a web interface titled "Improvement Costs". Below the title, it says "For this location, please upload support documentation for the amount paid". There is a table with two columns: "Document" and "Files".

Document	Files
Location Cost	<input type="button" value="Add File"/>
Invoice *	<p>Please be sure that the documentation you are providing clearly matches up with the amount paid and corresponds to the completed Applicant Expense Worksheet. This will expedite NJEDA's review. For example, if you are reporting a single cost, please make sure the invoice or receipt matches the total cost and the accepted payment documentation matches the submitted invoice. If you are reporting multiple costs, please make sure all the invoicing, in total, matches the amount paid and please provide payment documentation to match.</p> <p>*Payment documentation can be bank statements, credit card statements or front and back copies of cleared checks, finance agreements and electronic payments.</p> <p><u>Please note:</u> additional documentation may be requested if shipping location on invoice does not match business address</p>

A black arrow points from the text on the left to the "Invoice *" row in the table.

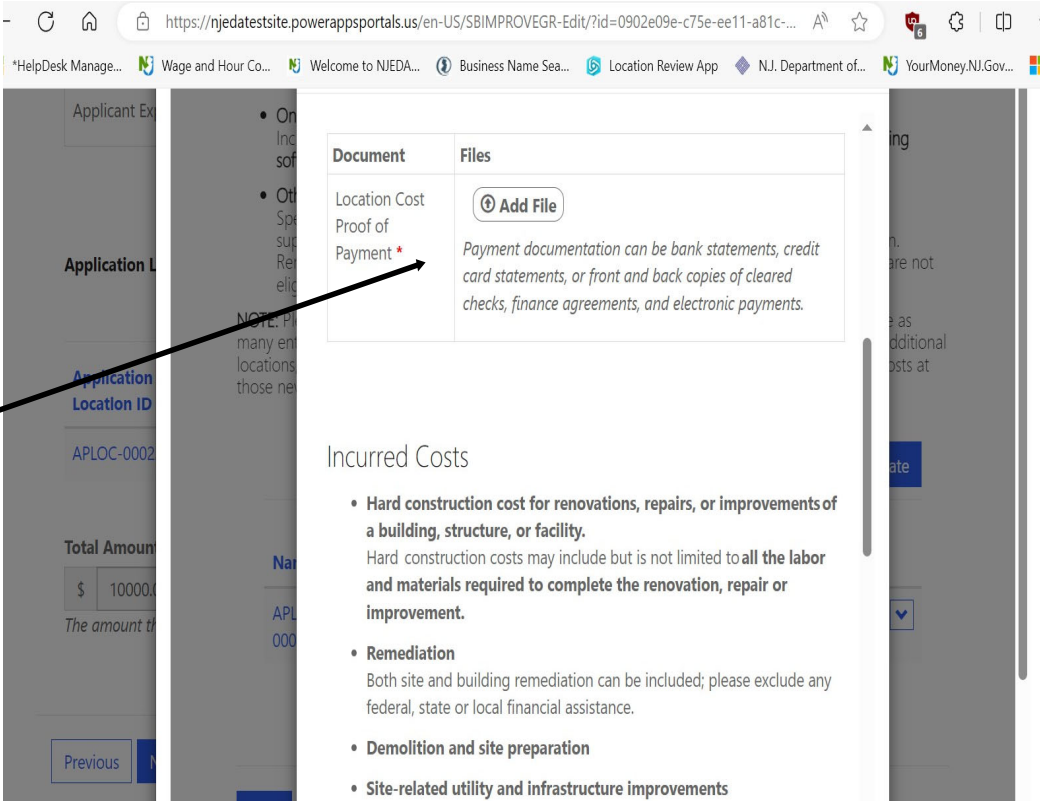
Proof of Payment for Improvement Cost

After uploading the project cost document, you will be asked to upload the proof of payment for this specific cost.

You will need to submit proof of payment for each project cost you create.

Proof of payment can be bank statements, credit card statements, copies of cleared checks, electronic payments or finance agreements.

Click Save



Creating a New Improvement Cost in the Same Location

Select the location record.

Application Locations + Create

Application Location ID	Address Line 1 ↓	City	State	Zip Code
APLOC-00022179	111	Shamong	NJ	08088

Total Amount Paid across all locations *
\$ 11000.00
The amount that appears in "Total Amount Paid across all locations" must match the total amount listed in the uploaded Applicant Expense Worksheet.

Previous Next

Then you will scroll to the bottom of the window that pops up.

Click on the "+Create" button. You can then create a new cost associated to this location. You will be asked to repeat the steps to upload cost documentation and proof of payment documentation. Click SAVE.

Software, wireless service plans, or any other ongoing costs

- Other one-time costs**
Specify what these costs are in the justification field. NJEDA staff will review justification and supporting documentation and determine eligibility of these items at the Authority's discretion. Reminder: Vehicles, site acquisition, and soft costs (i.e. architect, engineering, and legal fees) are not eligible and should not be included as other one-time costs.

NOTE: Please select the CREATE button to create a new cost for this business location. Please create as many entries as needed to report all costs incurred at this location. If you have costs to report for additional locations, you will have the opportunity later in the application to create new locations and report costs at those new locations.

+ Create

Name ↓	Amount Paid	Date of Invoice	Application Location Id	Common Application Id
APLOCOST-00000462	\$10,000.00	03/06/2024	APLOC-00022179	CAPP-00035849

Save

Creating a New Cost Location

Select CREATE to create a new cost incurred at this business location.

Follow previous steps to add corresponding improvement costs.

You will need to upload cost documentation with matching payment proof documentation.

Click SAVE

may include but is not limited to copiers, desks, lighting fixtures, and other similar items, capital leases of furniture, fixtures, point of sale systems, and office equipment that will be used for business related functions.

- **One-time technology infrastructure costs**
Including items such as local area network, servers, routers, and similar IT investments; **excluding software, wireless service plans, or any other ongoing costs**
- **Other one-time costs**
Specify what these costs are in the justification field; NJEDA staff will review justification and supporting documentation and determine eligibility of these items at the Authority's discretion)

NOTE: Please select the CREATE button to create a new cost for this business location. Please create as many entries as needed to report all costs incurred at this location. If you have costs to report for additional locations, you will have an opportunity later in the application to create new locations and report costs at those new locations.

[+ Create](#)

Name ↓	Amount Paid	Date Work Began	Application Location Id	Common Application Id
--------	-------------	-----------------	-------------------------	-----------------------

There are no records to display.

Landlord Certification

You will then be asked to upload a certification from your landlord evidencing that you are in good standing with all lease payments.

Zip Code *
07002

City *
Bayonne City

State *
NJ

Document	Files
Landlord Certification	<p>Add File</p> <p>Please download the landlord certification form here, and have this form signed by your current landlord evidencing that you are currently in good standing with all lease payments, and that the landlord does not have ownership stake in your business entity.</p> <p>1 'Landlord Certification' document is required.</p>

Here is a copy of the certification form that must be signed by your landlord and uploaded to this certification.

New Jersey Economic Development Authority
Business Improvement Grant Program – Landlord Certification Form

This form is to be completed by the tenant and landlord/property owner, signed by the landlord/property owner, and attached as part of the application for the Business Improvement Grant.

Landlord Contact Information	
Name	
Company (if applicable)	
Mailing Address	
Physical Address	
Phone	
Email	

Tenant Contact Information	
Name	
Company	
Mailing Address	
Physical Address	
Phone	
Email	

Project Description	
Company	
Description of the Project (i.e. what work is being done at the facility that the grant would support?)	
Project Address	

I, _____, certify that I am the _____'s landlord, or an authorized representative of the landlord, at the "Project Address" listed above. I have reviewed the "Project Description" described above and consent to having this work completed at the Project Address should my tenant qualify for a Business Improvement Grant from the NJEDA.

Signature of Landlord _____ Date _____

Name (printed): _____

Title: _____

Contractor Information

Next, we will need to know if any of the business improvements were performed by a contractor. If yes, we will need each contractor's information. Select CREATE to list a contractor that worked on the project.

Once all contractor's are listed, certify that if the contractor has 4 or more employees, they must adhere to affirmative action requirements.

i The form could not be submitted for the following reasons:
At least 1 contractor needs to be created.

Contractor Information

Did any contractors perform construction work on this project? *

Yes

[Create](#)

Contractor ID ↓	Name of Contractor	Contractor's Phone Number	Contractor's Email	Did your contractor have 4 or more employees?
There are no records to display.				

I certify that if my entity is approved for an Improvement grant, any contractor associated with the improvement costs with four or more employees will be required to adhere to affirmative action requirements as Pursuant to N.J.A.C. 19:30 SUBCHAPTER 3. *

To be eligible for this program the applicant must certify that all contractors associated with the project costs who have four or more employees in their total workforce must adhere to Affirmative Action standards.

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Contractor Information

When you select CREATE to list a contractor, please provide the information requested.

Please list all contractors that performed improvement work for which you are seeking grant reimbursement.

Contractor Information

Name of Contractor *

Contractor's Phone Number *

Contractor's Email *

Did your contractor have 4 or more employees? *

Contractor's Primary Business Address

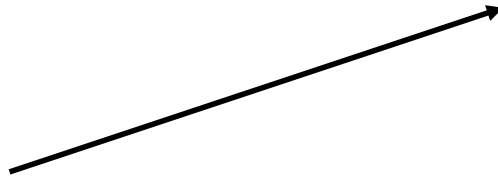
Address Line 1 *

Address Line 2

City *

Affirmative Action

If the contractor (any person or business that completed construction, renovation, cabling, installation etc.) listed has 4 or more employees (in total, regardless of whether or not they all worked on this project) you must have that contractor fill out and sign AA Form 1 and AA Form 2. Once these forms are signed, they should be uploaded to this part of the application.



The applicant will submit the contractor's AA Form 1: The Initial Construction Workforce Manning Report and subsequent AA Form 2(s): Monthly Project Workforce Report

Document	Files
AA Form 1	<p>Add File</p> <p>AA Form 1 - ABC123 Construction LLC - A1-Form-2021-OCT (1).pdf</p>
AA Form 2	<p>Add File</p> <p>AA Form 2 - ABC123 Construction LLC - A2-Form-OCT (1).pdf</p>

AA Form 1

AA Form 2

Wage Requirements

In order to proceed in the application, the Applicant Organization must certify that it will pay all employees (including full-time and part-time employees) the greater of \$15/hour or 120% of minimum wage for the term of the grant. For tipped employees, the business must pay at least 120% of minimum wage.

Wage Requirements

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

Businesses that receive grant funding must comply with these wage requirements for at least two years for grants up to \$25,000, or at least four years for grants greater than \$25,000.

- I certify that if my entity is approved for an Improvement grant award, following execution of a grant agreement, my entity will be required to pay all employees the greater of \$15/hour or 120% of minimum wage, and that tipped employees (if applicable) will be paid 120% of minimum wage. The compliance period with these wage requirements is based on the amount of the grant. Businesses that receive grant funding of up to \$25,000 must comply with these wage requirements for two years. Businesses that receive grant funding of greater than \$25,000 must comply with these wage requirements for four years. Furthermore, I understand that non-compliance with these wage requirements will result in repayment of the grant to the Authority. *

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If the grant is up to \$25,000 this requirement is in effect for 2 years from date of grant approval. If grant is more than \$25,000, this is in effect for 4 years from date of grant approval.

Occupancy Requirements

The applicant must certify that it will remain in the facility in which the improvements were made.

If the grant is up to \$25,000 this requirement is in effect for 2 years from date of grant approval. If grant is more than \$25,000, this is in effect for 4 years from date of grant approval.

Small Business Improvement Grant Create

Occupancy Requirements

Businesses that receive grant funding must remain in the location(s) for at least two years for grants up to \$25,000, or at least four years for grants greater than \$25,000.

- I certify that if my entity is approved for an Improvement grant award, following execution of a grant agreement, my entity must remain in the location for at least two years for grants up to \$25,000, or at least four years for grants greater than \$25,000. Furthermore, I understand that non-compliance with this requirement will result in repayment of the grant to the Authority. *

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Business Details

Business Details

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

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

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

Does this entity conduct activities that may constitute a nuisance? *

Does the entity conduct business for any illegal purposes? *

Legal Questionnaire

Legal Questionnaire

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

DEFINITIONS

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

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

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

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

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

The Legal Questionnaire will need to be completed in order to proceed.

Yes

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.

- Laws banning or prohibiting discrimination or harassment in the workplace.
- Laws prohibiting or banning any form of forced, slave, or compulsory labor.
- 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.
- Securities or tax laws resulting in a finding of fraud or fraudulent conduct.
- Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.
- Laws banning anti-competitive dumping of goods.
- Anti-terrorist laws.
- Criminal laws involving commission of any felony or indictable offense under State or Federal law.
- Laws banning human rights abuses.
- Laws banning the trade of goods or services to enemies of the United States.

Yes

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.

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) a brief explanation of the circumstances giving rise to such matters. Also, for affirmative answers to question 1-10, please attach copies of document(s) reflecting the final resolution (e.g., final judgments, verdicts, plea bargains, consent orders, administrative findings, or settlement agreements).

Note that 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.

Document	Files
Legal Questionnaire Addendum	<input type="button" value="Add Files"/>

Occupancy Electronic Signature

The Applicant will need to electronically sign and date the Legal Questionnaire. Once this is complete, the Applicant will click next to proceed.

Legal Questionnaire Electronic Signature *

Title *

Legal Questionnaire Date Signed *



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Certification of Application

All information presented in the application must be certified as being true and accurate.

Applicants that submit willfully false information are subject to criminal prosecution.

Certification of Application

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

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

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

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Fee Acknowledgement

There is a \$100 approval fee for this program. This is not due at the time of application but will be due before the grant can be approved and executed.

Fee Acknowledgement

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

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Electronic Signature

An authorized representative of the Applicant Organization will need to electronically sign the application

Small Business Improvement Grant Create

Electronic Signature

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

Full Name *

The given code will need to be inputted in this box to submit the application. The Applicant can hit "Play the audio code" to hear the code audibly.



[Generate a new image](#)

[Play the audio code](#)

Enter the code from the image

Previous

Submit

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.

Click to "Return to Homepage" to the portal homepage.

Small Business Improvement Grant Create

Full Application Submitted Page

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

Your confirmation number is: **CAPP-00005380**

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

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

To learn about other NJEDA programs, visit njeda.com

Thank You,
NJEDA

Página de confirmación de aplicación completa

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

Su número de confirmación es: **CAPP-00005380**

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

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

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

Gracias,
NJEDA

[Return to homepage](#)

Portal Homepage – Application Submitted

This should show that the application has been submitted. NJEDA staff will contact you regarding the status of your application.

Small Business Improvement Grant List

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

This grant supports businesses and nonprofits by reimbursement of costs associated with capital improvements or purchasing and/or installation of new furniture, fixtures, and equipment. Project costs must be at least \$5,000, and incurred on or after March 9, 2020, but no more than 2 years prior to the application date. The maximum grant award is not to exceed \$50,000. Total project costs that exceed \$50,000 will be subject to Green Building Standards for lighting and/or mechanical work, and applicants that use more than 4 contractors may be subject to Affirmative Action requirements. Applicants are limited to one application per federal Employer Identification Number (EIN).

It is recommended that you review the [program checklist](#) prior to applying.

For more information go to www.njeda.com/small-business-improvement-grant/.

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

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

Create

Common Application ID ↓	Applicant Organization Name	Applicant Entity Type	Federal Employer Identification Number (FEIN)	Application Status	Created On	Full Application Submitted
CAPP-00005380	TestLLc	Sole Proprietorship	234567890	Submitted	2/2/2022 12:43 PM	2/2/2022 2:56 PM



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