

New Jersey Economic Development Authority:
Your Resource for Economic Opportunity

This online application DOES NOT include NJEDA's programs for businesses impacted by COVID-19.

Please visit the State of New Jersey' business portal at <https://cv.business.nj.gov> for more information on NJEDA programs to support COVID-19 impacted businesses.

Welcome to the EDA's online application for financial assistance. We look forward to helping you as you grow your business in New Jersey!

GENERAL INFORMATION:

Before you get started, there are a few things you should be aware of to make the application process as simple as possible.

- In order to fully complete the online application, you must have consulted with an EDA Business Development Officer. Your Business Development Officer can guide you through the application process and can answer any questions you may have.
- If you have not consulted with a Business Development Officer, please call EDA Customer Care at (609) 858-6767 or email CustomerCare@njeda.gov.
- The estimated time required to complete this application is about 40 minutes.
- In order to complete your online application, you must register for an account with a username and password. Your username and password will allow you the flexibility to complete your application at your convenience.
- Questions are tailored to your project/business. This allows us to ask relevant questions about your project/business. Please have as much information as possible with you as you complete the application, including:
 - For Privately Held Corporations: Name, address, social security number, date of birth, position, citizenship information and percent ownership for all officers and directors.
 - For Nonprofit Organizations: Name, address, social security number, date of birth, position and citizenship information for all officers and trustees. You will also need to provide a copy of your 501(c) (3) determination letter
 - Contact information for your bank, accountant and counsel
 - Your organization's Federal Employers Identification Number (FEIN) and NAICS code.
 - Information on your project or business including sources and uses of funds, location, and, if applicable, details on construction, land acquisition and equipment purchases.
 - Your Business Development Officer will be able to provide you with more specific details on the information required for you to complete the application.
- As you complete your application, you may email a draft of your application to your Business Development Officer should you require feedback prior to submitting.
- All fields are mandatory, but can be completed with a 'NA' if you do not have the requested information at the time of application or if the question does not apply.
- Depending on the nature of your project/business, your Business Development Officer may request additional information after receipt of your application.

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The screenshot shows a login interface with a blue header titled "Log In". Below the header are two input fields: "User Name:" and "Password:", each followed by a red asterisk. A "Log In" button is positioned below the password field. At the bottom of the form are two additional buttons: "Create a new account" and "Retrieve Login Information".

Are you applying for Angel Tax Credit Program, [Click here](#) to go to Angel Tax Credit NJEDA online application

Are you applying for Angel Tax Credit Program - Venture Fund, [Click here](#) to go to Angel Tax Credit - Venture Fund NJEDA online application

Are you applying for NJ Accelerate - Rent Support Program, [Click here](#) to go to NJ Accelerate - Rent Support online application

Are you applying for NJ Ignite-Incubator and Collaborative Workspace Rent Initiative, [Click here](#) to go to NJ Ignite online application

Are you applying for NJ Entrepreneur Support Program, [Click here](#) to go to NJ Entrepreneur Support Program application

START A NEW APPLICATION

Please enter a brief description of your project (up to 50 characters).
The description is for your reference only. It will not be submitted with
the application.

* Required Field

Start Application



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Applicant Contact Information

Application Date: 4/30/2024

Salutation:

First Name: * Required Field

Middle Initial:

Last Name: * Required Field

Suffix:

Title:

Company: * Required Field

Mailing Address:

Address Line 2:

City/Town:

State:

ZIP Code:

Telephone Number: * Required Field

Phone Ext.:

Fax Number:

E-mail: * Required Field

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Applicant Organization Information

Applicant Organization Name:
(legal name without abbreviations)

Federal Employer's I.D. No. (FEIN):

Doing Business As Name (if you operate under a
different name than the business's legally
registered name please identify):

Holding Company Name:

Authorized Representative Name:
(person able to legally bind the applicant)

Authorized Representative Email Address:

Title:

Chief Executive Officer Name:

Chief Executive Officer Email Address:

Chief Executive Officer Telephone Number:

Is the Organization's address the same as the
Contact's address?

County



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Applicant Organization Information

Telephone Number:

Web Site Address:

Number of Employees:

NAICS Number:

(To find this number, look to the federal determination provided when the applicant entity was formed, or visit the following link to determine based upon current business functions, <https://www.census.gov/naics/>.)

Nature of Business:

Year Established:

Ownership Structure:

State of Incorporation/Formation:

I certify that my business is not in default with any other program administered by the State of New Jersey:

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?

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?

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

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Organization Information

NJEDA often works with an applicant company's public relations or media relations representatives on press releases and press inquiries regarding approved projects. Please provide the contact information for the applicant company who is authorized to speak to the media.

(Optional)

Press/Media Contact Name:

Press/Media Contact Telephone Number:

Press/Media Contact Email Address:



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Diversity, Equity & Inclusion

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

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

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

* Required Field

Please select which of the following 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

* Required Field

Additional DE&I Information

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

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

- Question is not applicable
- Prefer not to answer

* Required Field

Please describe whether your organization 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

* Required Field

Please describe any diversity initiatives, programs or plans the applicant organization has established.

- Question is not applicable
- Prefer not to answer

* Required Field

Language Assistance

Is English your primary language?

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Are you currently working with an NJEDA representative? If you are not, or are not sure, please select NO.

YES

Are you applying for any of the following products?

Technology Business Tax Certificate Transfer (NOL) Program

If you do not see your product listed, please visit the NJEDA website at <https://www.njeda.gov/interested-in-applying/> and fill out an inquiry form associated with the product you are interested in applying for.

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Please select the EDA Business Development Officer that has been assigned to you:

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Please select the EDA products/programs your Business Development Officer recommended.

Available Product(s):

NJ Entrepreneur Support Program	▲ ▼
NJ Ignite	
Offshore Wind Tax Credit	
Premier Lender Program	
Real Estate Impact Fund	
Salem County Energy Sales Tax Exemption	
Sales and Use Tax Exemption Program	
Small Business Emergency Assistance Guarantee Prog	
Small Business Fund	
Technology Business Tax Certificate Transfer (NOL) Pr	

Product(s) Selected:

Technology Business Tax Certificate Transfer (NOL) Pr	▲ ▼
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**TECHNOLOGY BUSINESS TAX CERTIFICATE TRANSFER PROGRAM
2024 APPLICATION**

Dear Applicant:

The Technology Business Tax Certificate Transfer Program enables approved Technology and Biotechnology Businesses with Net Operating Losses to sell their Unused Net Operating Loss Carryover (NOL) and Unused Research and Development Tax Credits (R&D Tax Credits) for at least 80% of the value of the tax benefit to a profitable corporate taxpayer in the State of New Jersey that is not an Affiliated Business. This allows Technology and Biotechnology Businesses with NOLs and R&D Tax Credits to turn those tax losses and credits into cash to buy equipment or facilities, or for other Allowable Expenditures. The New Jersey Economic Development Authority (NJEDA) determines eligibility, and the New Jersey Division of Taxation determines the value of the tax benefits (NOL and R&D Tax Credits).

To participate in the Technology Business Tax Certificate Transfer Program this online application must be submitted with all required exhibits and attachments as well as payment of the application fee by the application deadline.

A non-refundable \$1,000 application fee is required to be submitted for all applications. Payment will be made via credit card on the online application portal.

An approval fee of 1% of the final award amount will be invoiced after approval for benefit awards greater than \$100,000. This fee must be paid prior to closing. The \$1,000 application fee will be credited toward the approval fee, for a maximum total fee of \$20,000.

Application Deadline: Sunday, June 30, 2024 – 11:59 p.m (Eastern Standard Time).

Completed application, application fee, and all required exhibits and attachments **must be submitted** via the online application tool no later than 11:59 p.m. June 30, 2024. **No** applications can be submitted or will be accepted after 11:59 p.m. June 30, 2024. All applications in process will lock at 12:00 am July 1, 2024. NJEDA reserves the right to decline any application package for incomplete submission by the deadline. Applications received after the deadline **cannot** be accepted.

To resolve any questions or confusion, please consult the program's website at www.njeda.gov/NOL and review the rules and regulations, frequently asked questions, webinar, sample application, definition, and more. If these resources do not answer your questions, please email your questions and contact information to NOL@njeda.gov.

PLEASE REVIEW THE FOLLOWING CRITERIA TO DETERMINE IF YOU MAY QUALIFY FOR THIS PROGRAM
Terms are defined in the Definitions section, and examples are discussed in the [FAQ's](#).

ON MARCH 12, 2015, THE NJEDA APPROVED THE PUBLICATION OF PROPOSED AMENDMENTS TO THE PROGRAM RULES. THE AMENDMENTS PROVIDE THAT AN ENTITY THAT DIRECTLY OR INDIRECTLY OWNS OR CONTROLS AT LEAST 50% OF THE APPLICANT OR THAT IS PART OF A CONSOLIDATED GROUP OF AFFILIATED CORPORATIONS WITH THE APPLICANT SHALL BE CONSIDERED TO HAVE NET OPERATING INCOME (SEE #2 BELOW) ONLY IF THE ENTITY MUST REPORT NET OPERATING INCOME IN ITS FINANCIAL STATEMENTS. THE APPLICANT IS AT RISK THAT THE PROPOSED AMENDMENTS WILL NOT BE ADOPTED AS PROPOSED.

No application shall be approved for new or expanding Technology or Biotechnology Business that:

1. has demonstrated positive net operating income in any of the two previous full years of ongoing operations as determined on its financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP); or
2. is directly or indirectly at least 50% owned or controlled by another entity that has demonstrated positive net operating income in any of the two previous full years of ongoing operations as determined on its financial statements prepared in accordance with GAAP, or is part of a consolidated group of affiliated corporations as filed for Federal income tax purposes, that in the aggregate has demonstrated positive net operating income in any of the two previous full years of ongoing operations as determined on its combined financial statements prepared in accordance with GAAP; or
3. does not meet the following employment requirements at application deadline and at time of sale of the NOL and/or R&D Tax Credits; or
 - a. The applicant must have fewer than 225 full-time employees in the U.S. (who work at least 35 hours per week) on a total corporate basis (including parent company and all subsidiaries), and
 - b. The applicant must have the following minimum Full-Time Employees working physically in New Jersey at least 80% of the time as of application deadline and at the time of selling the NOL/R&D Tax Credits based on the number of years since earliest incorporation/formation (including predecessor entities):
 - i. Less than three years: **1** Full-Time Employee in NJ
 - ii. More than three years but less than five years: **5** Full-Time Employees in NJ
 - iii. More than five years: **10** Full-Time Employees in NJ
- Note: To qualify as a "Full-Time Employee in New Jersey", an employee shall receive from the new or expanding Technology or Biotechnology Business health benefits under a group health plan as defined under section 14 of P.L. 1997, c.146 (C.17B:27-54) a health benefits plan as defined under section 1 of P.L. 1992, c.162 (17B:27A-17), or a policy or contract of health insurance covering more than one person issued pursuant to Article 2 of chapter 27 of Title 17B of the New Jersey Statutes. "Full-Time Employee" shall not include any person who works as an independent contractor or on a consulting basis for the new or expanding Technology or Biotechnology Business or any person who works as an intern, as a temporary employee, in a temporary position, or is exempt from the New Jersey Gross Income Tax (such as Pennsylvania residents as a result of the Reciprocal Income Tax Agreement between NJ and PA). Please see the FAQs for expanded information regarding Full-Time Employees.
4. does not have Protected Proprietary Intellectual Property as defined in the Program Regulations. This Protected Proprietary Intellectual Property is the primary business for the applicant; or
5. does not meet the Statutory and Regulatory definitions of Biotechnology Business or Technology Business.

NJ CORPORATE BUSINESS TAX RETURNS

The Applicant Company's Corporate Business Tax returns, with all required schedules and attachments, must be filed with the NJ Division of Taxation by the program deadline, June 30, 2024 at 11:59 PM Eastern. Failure to file by the program deadline will result in the Applicant Company having no available tax benefit for the current program year. Note that filing an extension with the NJ Division of Taxation to submit the CBT **does NOT** extend the deadline for the purpose of the NOL application.

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Are you a facilitator or other third party completing this application on behalf of the Applicant Company?

* Required Field

Has the Applicant Company applied to the NOL Program in previous years or are they a new Applicant to the program?

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Authorized Representative:
(person able to legally bind the applicant)

* Required Field

Authorized Representative Title:

* Required Field

Authorized Representative E-mail:

* Required Field

Authorized Representative Telephone Number:

Are there any additional authorized representatives you would like to add?

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Applicant Organization Information

(Optional)

Accountant Contact Name:

Accountant Contact Telephone Number:

Accountant Contact Email Address:

Counsel Contact Name:

Counsel Contact Telephone Number:

Counsel Contact Email Address:

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Applicant Organization Information

Headquarters or base of operations in NJ

Street Address:

Address Line 2:

City/Town:

State:

ZIP Code:

Innovation Zones:

The Newark innovation zone is bounded as follows: in the north by Interstate 280, in the east by McCarter Highway (Route 21) and the Pennsylvania Railroad, in the south by Market Street to South Orange Avenue, and in the west by Bergen Street.

The Greater New Brunswick innovation zone is bounded as follows: in the north by Route 287 to Stelton Road to Metlars Lane to Route 18, in the east by Route 1, in the south by Suydam Road/Claremont Road/Finnegan's Lane, and in the west by the Millstone River and Raritan River, which includes parts of North Brunswick, New Brunswick, Piscataway and Franklin Township and Rutgers University's Livingston campus.

The Camden innovation zone is bounded as follows: in the north by the Ben Franklin Bridge, in the east by Interstate 676, in the south by Kaighns Avenue, and in the west by the Delaware River.

Is the Applicant's headquarters or base of operations located in any of these innovation zones?

Opportunity Zones:

Opportunity Zone means a federal population census tract in this State that was eligible to be designated as a qualified opportunity zone pursuant to 26 U.S.C. s.1400Z-1.

Is the Applicant's headquarters or base of operations located in an opportunity zone?

Minority and/or Women Business Enterprise(W/MBE):

Is Applicant Company a NJ-certified Minority and/or Women Business Enterprise (NJ M/WBE)?

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Applicant Years of Existence

Applicant must enter earliest date of formation for the business.

Year Established: * Required Field

Incorporation/Formation Date:

Incorporation/Formation State:

Exhibit A: Please attach at the end of this application the Applicant's Certificate of Incorporation.

Was applicant created by a merger or acquisition?



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Applicant Industry

In what industry does the Applicant conduct business?

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Applicant Industry

In what industry does the Applicant conduct business?

Technology business means an emerging corporation that has a headquarters or base of operations located in New Jersey, that owns, has filed for, or has a License to use Protected Proprietary Intellectual Property whose primary business is the provision of a scientific process, product, or service and that employs some combination of the following: highly educated and/or trained managers and workers employed in New Jersey who use sophisticated scientific research service or production equipment, processes or knowledge to discover, develop, test, transfer or manufacture a product or service.

Examples of fields of active engagement that may satisfy this definition include: the designing and developing of computing hardware and software; the research, development, production, or provision of materials with engineered properties created through the company's development of specialized processing and synthesis technology; and the research, development, production or provision of technology involving microelectronics, semiconductors, electronic equipment and instrumentation, radio frequency, microwave and millimeter electronics, and optical and opti-related electrical devices, or data and digital communications and imaging devices.

Exhibit B: Please attach at the end of this application a written description of the Applicant's business. Directly explain how the Applicant Company meets the definition and qualifies as a Technology or Biotechnology business. Describe the business and the nature of operations within New Jersey. Detail the intellectual property and how this is the primary business of the Applicant Company. Highlight the primary sources of revenue noting the percentage in comparison to the company's total revenue. Describe the staff, demonstrate they are full time employees, and incorporate their level of sophistication as relates to the description of the business and their involvement with the intellectual property including its development.

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Applicant Industry

In what industry does the Applicant conduct business?

Biotechnology business means an emerging corporation that has its headquarters or base of operations in this State; that owns, has filed for, or has a valid License to use Protected Proprietary Intellectual Property; and that is engaged in the research, development, production, or provision of Biotechnology for the purpose of developing or providing products or processes for specific commercial or public purposes, including but not limited to, medical, pharmaceutical, nutritional, and other health-related purposes, agricultural purposes, and environmental purposes.

Exhibit B: Please attach at the end of this application a written description of the Applicant's business. Directly explain how the Applicant Company meets the definition and qualifies as a Technology or Biotechnology business. Describe the business and the nature of operations within New Jersey. Detail the intellectual property and how this is the primary business of the Applicant Company. Highlight the primary sources of revenue noting the percentage in comparison to the company's total revenue. Describe the staff, demonstrate they are full time employees, and incorporate their level of sophistication as relates to the description of the business and their involvement with the intellectual property including its development.

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Protected Proprietary Intellectual Property (PPIP)

Does the applicant have PPIPs?

Is this PPIP the technology that constitutes the applicant's primary business?

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Protected Proprietary Intellectual Property (PPIP)

Note: Please add PPIP in order of importance/priority to primary business, one at a time.

Add a PPIP

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Protected Proprietary Intellectual Property (PPIP)

How is the PPIP documented/protected?

Briefly describe the PPIP:
Copy and Paste as plain text.

Briefly describe how the PPIP is the Applicant's primary business:
Copy and Paste as plain text.

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Application ID #203728 [? HELP / Assistance](#)

Protected Proprietary Intellectual Property (PPIP)

How is the PPIP documented/protected?

Briefly describe the PPIP:
Copy and Paste as plain text.

xyz...
[Redacted text area]

Briefly describe how the PPIP is the Applicant's primary business:
Copy and Paste as plain text.

xyz...
[Redacted text area]

Is the patent application filed and pending, approved, or denied?

Date application filed: [Calendar icon]

Exhibit C (1): Please attach at the end of this application the first page of patent application
Exhibit C (2): Please attach at the end of this application the filing receipt.



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Protected Proprietary Intellectual Property (PPIP)

Note: Please add PPIP in order of importance/priority to primary business, one at a time.

[Edit](#) [Remove](#) PPIP (1) - Patent - xyz....

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Applicant Ownership Structure

Is the Applicant a public or private company?

Public businesses must report all shareholders owning more than 10% of the applicant's equity. Privately held businesses must list all shareholders so that the total equity percentage is 100%.

Does the applicant have a Parent?

Does the applicant have a consolidated group or affiliate?

Does the applicant have a subsidiary?

Parents are entities and affiliated groups of corporations that directly or indirectly own or control 50% or more of the applicant.

Consolidated Groups are all corporations that, along with the applicant, form a consolidated group of affiliated corporations as filed for Federal income tax purposes.

Affiliates are any affiliates of the applicant.

Subsidiaries are any subsidiaries of the applicant as reflected on the applicant's consolidated financial statements not already listed.

Exhibit D: Please attach at the end of this application the Applicant Company's List of Shareholders. This document should include issued shares only. It does not need to include a fully diluted basis. A blank copy of the List can be downloaded on the "Required Attachments" page located at the end of the application.

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Employment Data

The applicant will be required to meet the following employment criteria at the date of application deadline and at the date of closing of the NOL and/or R&D Tax Credits. All employment information may be verified with NJ Division of Labor and Workforce Development. Total U.S. employment for the applicant and all affiliates may not exceed 224 employees (who work at least 35 hours a week) in the U.S. on a total corporate basis, including parent company, and all subsidiaries.

Please note, the job totals to be listed below are as of the application deadline. At the time of closing the CEO/CFO will need to certify that the minimum number of Full-Time Employees working physically in NJ, at least 80% of the time, will comply with the requirements listed below and not exceed 224 full-time employees in the U.S. Please note, to qualify as a Full-Time Employee working physically in New Jersey, employer must offer the employee healthcare benefits, as described in the Full-Time Employee definition. A company's employment is related to and reviewed by the Authority through multiple documents, consisting of but not limited to, the employee log as well as payroll forms like the NJ WR30 and Federal 941, and if needed, employee offer letters and job descriptions, or other forms as necessary.

Date of Incorporation/Formation of applicant (or earliest predecessor business if applicable):

Less than three years minimum requirement: **1** Full-Time Employee in NJ

More than three years but less than five years minimum requirement: **5** Full-Time Employees in NJ

More than five years minimum requirement: **10** Full-Time Employees in NJ

A Full-Time Employee in New Jersey must receive (be offered) from the applicant health benefits under a group health plan as of application deadline, as defined under N.J.S.A. 17B:27-54, a health benefits plan as defined under N.J.S.A. 17B:27A-17, or a policy or contract of health insurance covering more than one person issued pursuant to N.J.S.A. 17B:27-26. Evidence of coverage is required and must verify policy term is recent and includes coverage no later than application deadline. If the employee opts out of the health insurance due to coverage via another source documentation (signed opt out form) must be provided.

No person who works as an independent contractor, on a consulting basis, as an intern, as a temporary employee, or in a temporary position for the applicant may be counted as a U.S. employee or a Full-Time Employee in New Jersey.

To be counted as a Full-Time Employee in New Jersey, the employee must be offered healthcare as described above and:

1. be working physically in New Jersey (at least 80% of the time) for consideration for at least 35 hours a week or render any other standard of service generally accepted by custom or practice as full-time employment and whose wages are subject to New Jersey gross income tax withholding, or
2. be a partner who works physically in NJ (at least 80% of the time) for the applicant for at least 35 hours a week or who renders any other standard of service generally accepted by custom or practice as full-time employment, and whose distributive share of income, gain, loss, or deduction, or whose guaranteed payments, or any combination thereof, is subject to the payment of estimated New Jersey gross income taxes, or
3. be employed under a formal written agreement with an institution of higher education whereby the institution's students are employed by the technology or biotechnology company on a permanent basis within a single position and in compliance with all other preceding requirements.

To be counted as a Full-Time Employee in New Jersey, the employee cannot:

1. be an independent contractor, a consultant, an intern, a temporary employee, or be in a temporary position, or
2. be exempt from the New Jersey Gross Income Tax, such as Pennsylvania residents, who are exempt pursuant to a Reciprocal Income Tax Agreement between New Jersey and Pennsylvania.

Exhibit E: Please attach at the end of this application the Applicant Company's Employee Log. This document should include all full time employees of the Applicant Company as well as all full time employee's of any business owning more than 50% of the Applicant Company. A blank copy of the Employee Log can be downloaded on the "Required Attachments" page located at the end of the application.

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Employment Data

As of Application Deadline Full-Time Employees in New Jersey and Total Full-Time U.S. Employees

As of Application Deadline	Full-Time Employees in New Jersey	Total full-time U.S. employees
Applicant	<input type="text"/>	<input type="text"/>
Parent	<input type="text"/>	<input type="text"/>
Consolidated Group	<input type="text"/>	<input type="text"/>
Affiliates	<input type="text"/>	<input type="text"/>
Subsidiary	<input type="text"/>	<input type="text"/>
TOTALS	Box A* <input type="text"/>	Box B** <input type="text"/>
<p>* Box A must meet the minimum Full-Time Employees in New Jersey numbers based on years since earliest incorporation/formation.</p> <p>** Box B total full-time U.S. employment in Box B cannot exceed 224.</p>		

If the applicant or entities directly or indirectly owning or controlling 50% or more of the applicant, parent, consolidated group, affiliates, and subsidiaries contract with a Professional Employment Organization (PEO), the previous forms may not be available. In this case, please attach at the end of this application a letter from the PEO indicating the total number of leased full-time employees at program deadline, the number of leased full-time employees working at least 80% of the time in New Jersey at program deadline, the anticipated number of leased full-time employees at application deadline, and the anticipated number of leased full-time employees working at least 80% of the time in New Jersey at application deadline. The PEO will need to include the State in which those employees are located, the state in which each employee resides, and how many employees have submitted a Certificate of Non-Residence for exemption from the New Jersey Gross Income Tax Act.

Any employee leased from a Professional Employment Organization?



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Health Insurance Information

Healthcare Carrier:

Policy Number:

Contract Holder:

Group Contract Number:

Policy Term From:

Policy Term To:

Does the Applicant certify to offer health benefits to all full-time New Jersey employees that are employed by the Applicant at application deadline and at time of sale of the NOL and/or R&D Tax Credits?

Exhibit G: Please attach at the end of this application evidence of coverage, beginning / end dates of the policy, cover page of policy, invoices, etc.

Exhibit H: Please attach at the end of this application signed employee health benefits coverage opt out documents. A sample copy of a form Employee Health Benefits Coverage Opt Out Letter can be downloaded on the "Required Attachments" page located at the end of the application.

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Calculation of NOL and R&D Tax Credit Benefit

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

Please note: All benefit amounts are estimates only and the calculations included herein are for illustrative purposes only. Final amounts will be officially determined by NJ Division of Taxation and the final NJ EDA allocation, which is dependent upon the amount of approved applicant awards.

Corporate Business Tax returns must be filed with the State of New Jersey by June 30 for any tax year a company would intend to have available to sell.

Total available amounts will be delivered via confirmation letter from the Division of Taxation. These letters will be created and mailed (to office locations listed in an application) a few months after application submission. Updates on mailing will be provided. It is each applicant's responsibility to ensure receipt of this letter, and review for accuracy. Failure to do so may result in lowered approval amounts.

Moving from 2019 onward, all NOLs will be on a Post-Allocation basis. Details on this can be found in the links below.

Explanations of Pre/Post Allocation

[CBT NOL guidance](#)

[TB95@](#)

[TB94@](#)

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Calculation of NOL and R&D Tax Credit Benefit

NOL Tax Credit Benefit Estimate

Changes to the New Jersey Corporation Business Tax Act under P.L. 2018, c. 48 and P.L. 2018, c. 131, modified the net operating loss deduction from a pre-allocated to post-allocation basis for tax years ending on and after July 31, 2019. Gross NOL from any year of sale from 2009-2018 will be applied against the 2018 Allocation Factor pulled from your 2018 CBT 100 return - Schedule J. From 2019 onward, the CBT Returns will include the Net amounts, and no allocation factor will be applied.

Enter year in which the NOL intended to be sold was generated:

Post Allocation NOL:

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.



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Changes to the New Jersey Corporation Business Tax Act under P.L. 2018, c. 48 and P.L. 2018, c. 131, modified the net operating loss deduction from a pre-allocation to post-allocation basis for tax years ending on and after July 31, 2019. Gross NOL from any year of sale from 2009-2018 will be applied against the 2018 Allocation Factor pulled from your 2018 CBT 100 return - Schedule J. From 2019 onward, the CBT Returns will include the Net amounts, and no allocation factor will be applied.

Column 1 Year	Column 2 Pre Allocation NOL Requested	Column 3 Post Allocation NOL Requested

[Edit](#) [Remove](#)

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

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Calculation of NOL and R&D Tax Credit Benefit

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

Please note: All benefit amounts are estimates only and the calculations included herein are for illustrative purposes only. Final amounts will be officially determined by NJ Division of Taxation and the final NJ EDA allocation, which is dependent upon the amount of approved applicant awards.

Research and Development (R&D) Tax Credit Benefit Estimate

Enter the year in which the R&D Credit intended to be sold was generated.

The total amount of Unused R&D Tax Credit is available amount to be sold.

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Calculation of NOL and R&D Tax Credit Benefit

Research and Development (R&D) Tax Credit Benefit Estimate

Enter year in which the R&D Credit intended to be sold was generated:

Amount available to be sold:

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

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Calculation of NOL and R&D Tax Credit Benefit

	Column 1 Year	Column 2 Amount available to be sold
Edit		
	Remove	
	<input type="button" value="Add Another Row"/>	
	<input type="button" value="Continue"/>	

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

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Calculation of NOL and R&D Tax Credit Benefit

The combined total of this year's request and tax credits benefit amount awarded in prior years cannot exceed \$20 million since the maximum lifetime benefit is \$20 million.

Please state the amount of Tax Credits benefit amount awarded in prior years:

Column 1	Column 2	Column 3	Column 4
Year	Pre Allocation NOL Requested	Post Allocation NOL Requested	R&D Tax Credit for Sale
		\$:	\$
Totals:	\$	\$:	\$
Total Available Requested: \$			

Exhibit I (1) & (2): Please attach at the end of this application the two (2) most recent years of independent accountant (CPA) prepared consolidated financial statements or annual reports, prepared in accordance with Generally Accepted Accounting Principles (GAAP) as determined by the Financial Accounting Standards Board (FASB) for the applicant, entities directly or indirectly owning or controlling 50% or more of the applicant, consolidated group of affiliates, and subsidiaries. Please note, the applicant's financial statements cannot also be considered as the parent company's financial statements and vice versa. If a Venture Capital firm or other investor owns or controls, directly or indirectly, 50% or more (majority investor) of the applicant it must submit the 2 most recent years' independent CPA prepared financial statements. If the parent company or majority investor's financial statements reflect net operating income in either of the 2 most recent years, the applicant will not be eligible. If the applicant is a publicly held company, submit the most recent SEC Form 10-K, showing the last two years financial statements.

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

Please note: All benefit amounts are estimates only and the calculations included herein are for illustrative purposes only. Final amounts will be officially determined by NJ Division of Taxation and the final NJ EDA allocation, which is dependent upon the amount of approved applicant awards.



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New Jersey Economic Development Authority Legal Questionnaire

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. **Municipalities, counties and state or governmental entities are not required to submit this Legal Questionnaire.**

*Note that this form has recently been modified.
 Please review 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

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

There are no individuals or entities that hold a 30% or more ownership interest in the applicant

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.

Name

FEIN (if applicable)

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:

Name

FEIN (if applicable)

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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 (18U.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 CSIT officer or employee or special CSIT officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).
- ii. The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any CSIT officer or employee or special CSIT 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 CSIT officer or employee or special CSIT officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to CSIT, 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 CSIT officer or employee or special CSIT officer or employee upon a finding that the present or proposed relationship does not present the potential, actual or appearance of a conflict of interest.
- iv. No person shall influence, or attempt to influence or cause to be influenced, any CSIT officer or employee or special CSIT 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 CSIT officer or employee or special CSIT officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person. No person shall cause or influence, or attempt to cause or influence, any CSIT officer or employee or special CSIT 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, or the subject of a criminal investigation, 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.

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Certification of Legal Questionnaire and Authorization to Release Information

This certification shall be signed as follows:

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

Name:

Title:

Applicant Name:

I am Authorized Signer and I accept the terms and conditions.

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

Program Name: Technology Business Tax Certificate Transfer (NOL) Program
Applicant Name: Company, Inc.
Applicant DBA: Company, 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.

Certification

I, the undersigned, have read and reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify (must check one appropriate box and complete the Authorized Signature section below):

- A.** That the Applicant is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus **and** is not engaged in activities related to Russia or Belarus. **OR**
- B.** That I am unable to certify as to "A" above because the Applicant is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus. **OR**
- C.** That I am unable to certify as to "A" or "B" above because the Applicant, though identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus, is engaged in activities in Russia or Belarus consistent with federal law, regulation, license or exemption. A detailed, accurate and precise description of how the Applicant's activity related to Russia and/or Belarus is consistent with federal law is set forth below, including a copy of the license or listing the exemption. (Attach Additional Sheets If Necessary.)

Authorized Signature

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

E-Signature of Applicant Authorized Representative

 Print Name & Title of Applicant Authorized Representative

 Applicant FEIN or Taxpayer ID

Definitions

"Economic development subsidy" means the provision of an amount of funds to a recipient with a value of greater than \$25,000 for the purpose of stimulating economic development in New Jersey, including, but not limited to, any investment, bond, grant, loan, loan guarantee, matching fund, tax credit, or other tax expenditure.

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Required Attachments

Exhibit	Description
A:	Certificate of Incorporation for earliest formation of Applicant Company.
B:	Written description of the Applicant's business. Directly explain how the Applicant Company meets the definition and qualifies as a Technology or Biotechnology business. Describe the business and the nature of operations within New Jersey. Detail the intellectual property and how this is the primary business of the Applicant Company. Highlight the primary sources of revenue noting the percentage in comparison to the company's total revenue. Describe the staff, demonstrate they are full time employees, and incorporate their level of sophistication as relates to the description of the business and their involvement with the intellectual property including its development.
C:	Protected Proprietary Intellectual Property (PPIP) For filed and pending patents: the first page of patent application and filing receipt. For approved patents: the first page of patent approval. For denied patents: first page of patent application, filing receipt, and Request for Continued Examination evidence. For copyrights: evidence of copyright registration with the Library of Congress. For exclusive licenses: the licensing agreement.
D:	List of Shareholders. (Download Blank Copy)
E:	Employee Log. (Download Blank Copy)
F:	Employee Verification The Federal IRS Form 941 in addition to the NJ State Form WR30 or 927 for period ending March 31, Current Program Year is required for the Applicant Company as well as entities owning or controlling 50% or more of the Applicant Company i.e. parent, consolidated group, affiliates, and subsidiaries. If a Professional Employment Organization (PEO) is utilized the PEO must provide a letter detailing the total number of leased full-time employees and the number of leased full-time employees working at least 80% of the time in New Jersey at year end and anticipated at application deadline. Additionally, include the state in which each employee resides and any employees that submitted a Certificate of Non-Residence for exemption from the New Jersey Gross Income Tax Act. Sample form letter is available. (Download Blank Copy) * Additional employee verification such as IRS Form 941 or NJ State Form WR30 or 927 for period ending June 30, Current Program Year, job descriptions, offer letters, employee resumes, etc. can be requested at the discretion of the EDA.
G:	Evidence of health benefits coverage including cover page of policy, invoices, etc.
H:	Health benefits coverage opt out signed by employees. Sample form letter is available. (Download Blank Copy)
I:	Financial Statements for the past 2 years. Two most recent years of independent accountant (CPA) prepared consolidated financial statements or annual reports, prepared in accordance with Generally Accepted Accounting Principles (GAAP) for applicant as well as entities directly or indirectly owning or controlling 50% or more of the applicant, parent, consolidated group, affiliates, and subsidiaries. If the applicant is a publicly held company, submit the most recent SEC Form 10-K, showing the last two years financial statements. ON MARCH 12, 2015, THE NJEDA APPROVED THE PUBLICATION OF PROPOSED AMENDMENTS TO THE PROGRAM RULES. THE AMENDMENTS PROVIDE THAT FINANCIAL STATEMENTS ARE REQUIRED FROM AN ENTITY THAT DIRECTLY OR INDIRECTLY OWNS OR CONTROLS AT LEAST 50% OF THE APPLICANT AND FROM A CONSOLIDATED GROUP OF AFFILIATED CORPORATIONS OF WHICH THE APPLICANT IS PART ONLY IF THE ENTITY OR THE CONSOLIDATED GROUP OF AFFILIATED CORPORATIONS MUST REPORT NET OPERATING INCOME IN ITS FINANCIAL STATEMENTS. THE APPLICANT IS AT RISK THAT THE PROPOSED AMENDMENTS WILL NOT BE ADOPTED AS PROPOSED.
J:	CEO Certification signed by Applicant Company CEO. (Download Blank Copy)
L:	If applicable, please provide a copy of the license supporting how the applicant's activity related to Russia and/or Belarus is consistent with federal law.

[Print List of Required Attachments](#)

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Attachments

There are no files currently attached to the application.

Attachments may be submitted in the following formats:

- Microsoft Word (.doc, .docx)
- Microsoft Excel (.xls, .xlsx)
- WordPerfect (.wpd)
- Text (.txt)
- Adobe PDF (.pdf)

Select file(s) to attach:

Select

Upload Files

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► Certification of Application

Payment

Applicant: Sam Smith
Company: Company, Inc.
Project: Company, Inc.
Product: Technology Business Tax Certificate Transfer (NOL) Program

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Certification of Application

DISCLOSURE

I expressly agree and understand that any information submitted to or obtained by the NJEDA or the New Jersey Division of Taxation in connection with this application may be shared among the NJEDA, the New Jersey Division of Taxation, and the New Jersey Department of Labor and Workforce Development.

CERTIFICATION

I have provided the information contained in and in connection with this application accurately to the best of my knowledge. The applicant business agrees to maintain its corporate headquarters or base of operations in New Jersey for the five years following receipt of funds for the sale of its Corporation Business Tax Benefit Transfer Certificate under this Program. The business agrees to expend such funds solely for Allowable Expenditures. I understand that failure to maintain a headquarters or a base of operation in New Jersey during the five years following receipt of funds and the use of such funds for expenses other than Allowable Expenditures may subject the business to the Recapture of Tax Benefits.

The applicant business agrees not to sell any Corporation Business Tax Benefit Transfer Certificate received under this Program to an Affiliated Business.

If previously approved to sell a Corporation Business Tax Benefit Transfer Certificate then any proceeds received by the applicant business from such sale shall have been used for Allowable Expenditures. The applicant business is currently operating as a Biotechnology or Technology Business and will promptly inform the NJEDA if it ceases to operate or intends to cease operating as a New or Expanding Biotechnology or Technology Business in New Jersey.

I certify that the information submitted in this application is accurate and complete to the best of my knowledge and belief after due inquiry. I further certify that I have received the instructions to this application for the Technology Business Tax Certificate Transfer Program.

PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments and schedules. Any changes in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the EDA before taking any action which would change the status of the project as reported herein.

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:

1. 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 EDA which may at its option terminate its financial assistance.
2. 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 EDA.
3. I 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.
4. I authorize the EDA 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 EDA.
5. I authorize the EDA to place Contact Information for both sellers and buyers of tax certificates on its website in an effort to simplify the sales transactions and facilitate a more efficient marketplace.
6. I certify that my business is not in default with any loan or loan guarantee administered by the State of New Jersey and/or any authority of the State of New Jersey.

I am an Authorized Signer and I accept the terms and conditions.

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- [Application Instructions](#)
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Applicant: Sam Smith
Company: Company, Inc.
Project: Company, Inc.
Product: Technology Business Tax Certificate Transfer (NOL) Program

Application ID #203728

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Application Fee

There is a \$1,000 non-refundable application fee.

Note: Application is not submitted because fee is paid. After fee is paid, the applicant (or consultant if one is being utilized) must submit on the subsequent page by clicking submit button and receiving confirmation message.

ALL ONLINE SUBMISSIONS ARE FINAL. Please review application for accuracy and completeness prior to submission via the online application system. Once submitted, application updates are not guaranteed and at the discretion of the NJEDA.

The following credit card types are accepted: Visa, MasterCard, Discover Card, AMEX

Pay by Credit Card

< Cancel Payment



Application Fee

Amount

1,000.00 USD

[Start Payment](#)



[← Back to Application Fee](#)



Application Fee

Amount

1,000.00 USD

Payment

PAYMENT CARD

Card Number *

Expiration Date(MMY) *

CVV2



Billing Address

Submit Payment



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Applicant: Sam Smith
Company: Company, Inc.
Project: Company, Inc.
Product: Technology Business Tax Certificate Transfer (NOL) Program

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Please save a copy of this transaction for your records!

Application Fee

Application Number: 203728
Amount: 1000.00

Transaction Detail

Transaction Type: SALE
Transaction ID: 30042402D-3FA9250A-A458-4108-8FEE
Date / Time: 4/30/2024 12:41:54 PM
Message: APPROVAL
Approval Code: 760013

PRESS HERE to Complete Submission >>>>

