



Application ID:

Date Submitted:

## NJ RISE Program

### Language Access

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Is English your primary language?

Please identify which of the following languages is 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?

### Primary Point of Contact

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

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

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

Salutation

First Name

Middle Initial

Last Name

Suffix

**Title**

**Email Address**

**Email Address Confirmed**

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

**Phone Number and Extension (if available)**

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

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

*Legally authorized representative means one of the following:*

- by applicant's General Counsel or Chief Legal Officer (recommended); or*
- for a corporation: a principal executive officer at least the level of vice president;*
- for a partnership: a general partner;*
- for a sole proprietorship: the proprietor;*
- for a governmental entity: the contact person (business administrator, manager, mayor, etc.);*
- for other than above: the person with legal responsibility for the application.*

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

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

**Primary Contact Address**

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**Country**

**Street Address 1**

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

**Street Address 2**

**City**

**State / Province**

**Zip / Postal Code**

## Authorized Representative

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*This application includes company representations and certifications and must be submitted by an individual who is legally authorized to sign documents on behalf of the applicant.*

**Salutation**

**First Name**

**Middle Initial**

**Last Name**

**Suffix**

**Title**

**Email Address**

**Email Address Confirmed**

**Phone Number and Extension (if available)**

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

## Authorized Representative Address

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**Country**

**Street Address 1**

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

**Street Address 2**

**City**

**State / Province**

**Zip / Postal Code**

## Chief Executive Officer/Owner/Equivalent

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

**Salutation**

**First Name**

**Middle Initial**

**Last Name**

**Suffix**

**Title**

**Email Address**

**Email Address Confirmed**

**Phone Number and Extension (if available)**

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

## Chief Executive Officer/Owner/Equivalent Address

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**Country**

**Street Address 1**

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

**Street Address 2**

**City**

**State / Province**

**Zip / Postal Code**

## Consultant Information

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*While not required, we understand that some applicants may choose to utilize consultants for support. While the NJEDA will direct all communications to the primary point of contact, please also provide us with information about any consultants supporting you on this application.*

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

**Salutation**

**First Name**

**Middle Initial**

**Last Name**

**Suffix**

**Company**

**Title**

**Email Address**

**Email Address Confirmed**

**Phone Number and Extension (if available)**

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

**Is the Consultant a Registered Governmental Affairs Agent?**

**Government Affairs Registration Number**

**Consultant Information Address**

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**Country**

**Street Address 1**

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

**Street Address 2**

**City**

**State / Province**

**Zip / Postal Code**

## **Media Contact**

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*NJEDA often works with an applicant'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's Media Contact that will support on this project.*

**Would you like to designate a Media Contact?**

**Salutation**

**First Name**

**Middle Initial**

**Last Name**

**Suffix**

**Company**

**Title**

**Email Address**

**Email Address Confirmed**

**Phone Number and Extension (if available)**

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

## Media Contact Address

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**Country**

**Street Address 1**

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

**Street Address 2**

**City**

**State / Province**

**Zip / Postal Code**

## Application Organization

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*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?*

**Certificate of Alternate Name**

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

File upload will be available under the document type **“Certificate of Alternate 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*

## Mailing Address

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Country

Street Address 1

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

Street Address 2

City

State / Province

Zip / Postal Code

Applicant Country of Incorporation/Formation

Applicant State of Incorporation/Formation

Applicant State of Incorporation/Formation (Outside the U.S.)

### Please upload any formation documents for the Application Organization

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

- **Sole Sole Proprietor:** Provide a [Certificate of Trade Name](#) (filed with the county clerk)
- **LLC:** Provide a [Certificate of Formation](#) and [Operating Agreement](#)
- **Corporation:** Provide a [Certificate of Incorporation and Bylaws](#)
- **NonProfit:** Provide a [Certificate of Incorporation and Bylaws](#)
- **Out of State:** If your entity was formed out of state but operates within the State of New Jersey, you must file a Certificate of Authority when registering the business in New Jersey and provide that certificate.

File upload will be available under the document type “**Formation Document(s).**”

Applicant Federal Employer Identification Number (FEIN)

*The 9 digit Federal Tax ID number of your organization.*

Applicant New Jersey Tax ID Number

Applicant Organization's Phone Number and Extension

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



## Applicant Organization's Website

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

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## NAICS

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### North American Industry Classification System (NAICS) Code

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

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

## Tax Clearance Certificate

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

File upload will be available under the document type "Tax Clearance Certificate Document."

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

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

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

### Religious Affiliation Form

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

File upload will be available under the document type "Religious Affiliation Form."

## Prior NJEDA Assistance

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

**Please identify the entities who have received NJEDA assistance.**

**Please describe the NJEDA assistance the applicant company previously received. Please be as specific as possible in detailing the programs through which you received NJEDA assistance, the**

facilities or projects associated with that assistance, the timeframes in which the assistance was provided, and the status of any awards or agreements.

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

## Cannabis Questionnaire

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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?

## Diversity, Equity, & Inclusion

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*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)?**

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Minority:  
Women:  
Veteran:  
LGBTQ:  
Disabled:  
None of the above:  
Prefer not to answer:

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

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Black or African American:  
American Indian and Alaskan Native:  
Asian:

Native Hawaiian or Other Pacific Islander:  
Other:  
Prefer not to answer:

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

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Black:  
East Asian (e.g., Chinese, Korean):  
Latino/a/x or Hispanic:  
Middle Eastern/Northern African (e.g., Egyptian, Iranian):  
Native Hawaiian or Other Pacific Islander:  
South Asian (e.g., Thai Vietnamese):  
Asian, Other:  
Other:  
Prefer not to answer:

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

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Small Business Enterprise (SBE):  
Disadvantaged Business Enterprise (DBE):  
Minority-Owned Business Enterprise (MBE):  
Woman-Owned Business Enterprise (WBE):  
Veteran-Owned Business Enterprise (VOB):  
Disable Veteran-Owned Business Enterprise (DVOB):  
None of the above:  
Prefer not to answer:

#### Additional DE&I Information

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

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

Question is not applicable

Prefer not to answer

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

Question is not applicable

**Prefer not to answer**

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

**Question is not applicable**

**Prefer not to answer**

**Please upload any documentation detailing diversity initiatives, if available.**  
File upload will be available under the document type “**DE&I Initiatives Detail.**”

## **Eligibility for Business**

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**Does the business have 25 or more full-time employees in the United States?**

*A full time employee is someone who works at least 35 hours per week. Full time employee shall not include any person who works as an independent contractor or on a consulting basis for the business.*

**Is the business principally located outside of New Jersey and mandated by the laws of a state other than New Jersey to withhold personal income tax from its employees' wages?**

*"Business principally located in another State" refers to a business that (1) has its primary place of business outside of New Jersey, as determined by the Authority at its sole discretion, considering factors such as revenue size, job count, customer base, square footage, and the location of the actual seat of management or control of the corporation; and (2) is obligated by the laws of a state other than New Jersey to withhold personal income tax from its employees' wages.*

## **Business Address**

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**Business Country**

**Business Street 1**

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

**Business Street 2**

**Business City**

**Business State / Province**

**Business Zip Code**

**Please explain how your business is "Principally Located" in another State based on the definition above.**

**Indicate which tax year the business will be requesting reimbursement of withholding.**

*Please note that there will be a 25% retainage of the award amount to be released when the withholdings are verified by the Division of Taxation.*

## Re-assigned Location

*Please provide a list of locations where the employees will be reassigned.*

Application Location ID	Address Line 1	Address Line 2	Zip Code	City	State	Is construction or renovation being performed at any of these locations where employees are being reassigned?	Please provide additional information. For example: when will the construction or renovation occur, and the estimated cost of the construction or renovation.

## Prevailing Wage, Contractor Registration, and Affirmative Action Requirements

*Please be aware that construction activities under the NJ Rise Program are subject to New Jersey Contractor Registration, prevailing wage, and affirmative action requirements.*

*Projects utilizing financial assistance for construction related costs that total \$2,000 or more are subject to state prevailing wage requirements. During the eligibility period, each worker shall be paid not less than the prevailing wage rate for the worker's craft or trade, as determined by the Commissioner of the Department of Labor and Workforce Development pursuant to P.L. 1963, c. 150 (N.J.S.A. 34:11-56.25 et seq.) and P.L.2005, c. 379 (N.J.S.A. 34:11-56.58 et seq.).*

*Effective April 1, 2020, contractors and subcontractors for construction contracts that require payment of prevailing wage must provide proof of registration under the Public Works Contractor Registration Act (N.J.S.A. 34:11-56.48 et seq.) The Act does not require proof of registration for such contracts that were awarded prior to April 1, 2020. Information regarding this Act can be found on the NJ Department of Labor's Website.*

*For projects receiving financial assistance, any contractor or subcontractor hired for construction work and having a total company workforce of four (4) or more employees must provide documentation demonstrating their good faith efforts to employ minority and women workers in each construction trade. This effort should be consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-7.2 and align with the affirmative action requirements outlined in N.J.A.C. 19:30-3.5.*

*If you have any questions about these requirements, please contact the NJ Rise Program team at [njrise@njeda.gov](mailto:njrise@njeda.gov) before submitting this application.*

**I acknowledge any construction on this project, undertaken either by the applicant or as a result of this application, is subject to prevailing wage and affirmative action requirements.**

**I acknowledge that any contractor working on this project must be registered with the New Jersey Department of Labor (DOL) and possess a valid public works certificate at the time of approval.**

## Eligibility For Reassigned Employees

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Have any of the reassigned employees been incented under existing EDA financial assistance?

Has the applicant previously applied for NJ RISE?

Have any of the reassigned employees already been reassigned prior to the date of this application?

### Employment Log Worksheet

*Please download a copy of the employment log worksheet for residents presently assigned to a location subject to "location-based taxation" who are slated for reassignment to New Jersey. The worksheet can be downloaded [here](#). Location-based taxation entails the imposition of gross income tax on an employee based solely on the assigned location, irrespective of the actual work location.*

File upload will be available under the document type "Employment Log Worksheet."

**Please provide proof of previous withholdings from the current or previous quarter for all employees being reassigned. For example: Payroll reports, proof of withholdings for said State of Assignment or equivalent State proof of withholdings verifying withholdings for income earned in the employee's previous state of residence, W-3, Human Resource documents with viable location of said resident employees.**

File upload will be available under the document type "Proof of Withholdings."

## CEO Certification

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**For the NJ RISE Program, the NJEDA requires that the Chief Executive Officer of the applicant entity complete and sign a CEO certification form.**

**Please download the CEO certification [here](#), have it completed and signed by the CEO, and upload to the application using the upload field below.**

File upload will be available under the document type "CEO Certification"

## Applicant Representation

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

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

- *by applicant's General Counsel or Chief Legal Officer (recommended); or*
- *for a corporation: a principal executive officer at least the level of vice president;*
- *for a partnership: a general partner;*
- *for a sole proprietorship: the proprietor;*
- *for a governmental entity: the contact person (business administrator, manager, mayor, etc.);*
- *for other than above: the person with legal responsibility for the application.*

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

Please Describe

## New Jersey Economic Development Authority Legal Questionnaire

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### Applicant Name: Test Account

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

Persons (entities or individuals) applying for NJEDA programs are subject to the Authority's Disqualification/Debarment Regulations (the "Regulations"), which are set forth in N.J.A.C. 19:30-2.1, et seq. Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors.

Note that this form has recently been modified.

Please review this form in its entirety prior to providing any responses or certifications.

### DEFINITIONS

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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

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

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

**Affiliate Owners**

Entity/Individual	Ownership Percentage
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**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.*

Entity	Federal Employee Identification Number (FEIN)
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### **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:*

Entity	Federal Employee Identification Number (FEIN)
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### **RELEVANT TIMEFRAMES**

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*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**

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

- 1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract.**
- 2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty.**
- 3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C. 874).**
- 4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision.**



5. **Violation of the “Law Against Discrimination” (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.).**
6. **To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor.**
7. **To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries.**
8. **Debarment by any department, agency, or instrumentality of the State or Federal government.**
9. **Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below:**
  - i. *No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).*
  - ii. *The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.*
  - iii. *No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actually or appearance of a conflict of interest.*
  - iv. *No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.*
  - v. *No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.*

If Yes for any of the above, specify subsection(s)

**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.*

If Yes for any of the above, specify subsection(s)

## Part B. Pending Proceedings

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

*If the answer to any of the foregoing questions is affirmative, you must provide the following information as an attachment to the application: (i) the case name and court/administrative agency*

**(including jurisdiction and venue) in which such matters were tried or are pending; (ii) the charges or claims adjudicated or alleged; and (iii) status of the matter (e.g. Pending Dismissed following Settlement, Dismissed following Motion, etc.).**

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

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

File upload will be available under the document type **“Legal Questionnaire Addendum.”**

## **CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO RELEASE INFORMATION**

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*This certification shall be signed as follows:*

- *by applicant's General Counsel or Chief Legal Officer (recommended); or*
- *for a corporation, by a principal executive officer at least the level of vice president;*
- *for a partnership, by a general partner;*
- *for a sole proprietorship, by the proprietor;*
- *for a governmental entity, by the contact person (business administrator, manager, mayor, etc.);*
- *for other than above, by the person with legal responsibility for the application.*

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

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

### **Electronic Signatures**

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

### **Legal Questionnaire Electronic Signature**

**Title**

**Date**

## **Application Certifications**

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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.**

## **Payment Method**

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**Select form of payment:**

Credit Card

## **Payment Details**

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**Applicant Organization Name**

**Application Fee Request ID**

**Fee Amount**

## **Electronic Signature**

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

**I agree to be bound by electronic signature**

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

**Full Name**