

Language Access

Is English your primary language? *

Yes



Next

Primary Point of Contact

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

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

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Email Address Confirmed *

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

Phone Number and Extension (if available) *

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

Is the Primary Point of Contact, the contact who is authorized to and will be signing legally binding documents and making legally binding certifications in this application on behalf of the applicant company? * 

Legally authorized representative means one of the following:

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

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

Primary Point of Contact Address

Country * **Street Address 1 ***

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

Street Address 2

Suite, Apt, Floor, etc.

City *

State / Province *

Zip / Postal Code *

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Accountant Information

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

Would you like to designate an Accountant Contact? *

Select 

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Consultant Information

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? *

Select 

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Applicant Organization

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

Applicant Organization Name *


The full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName> (<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 (https://www.njeda.com/certificateofalternatename_redacted/) issued by Division of Revenue and Enterprise Services if you have one. Copies can usually be found on the state business records website Division of Revenue & Enterprise Services: Business Records Service ([njportal.com](https://www.njportal.com)) (<https://www.njportal.com/dor/businessrecords/>).

Document	Files
Certificate of Alternate Name	<button> Add Files</button>

Applicant Entity Type *

Select 

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? *

Select

Date Established *

MM/DD/YYYY

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

Mailing Address

Country *

United States

Street Address 1 *

Enter a location

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 *

United States

Applicant State of Incorporation/Formation *

Select

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)

- **LLC:** Provide a Certificate of Formation (https://www.njeda.gov/wp-content/uploads/2021/09/Certificate-of-Formation-LLC_Redacted.pdf) and Operating Agreement (https://www.njeda.gov/wp-content/uploads/2021/09/Operating-Agreement-LLC_Redacted.pdf)
- **Corporation:** Provide a Certificate of Incorporation (https://www.njeda.gov/wp-content/uploads/2021/09/Certificate-of-Incorporation-Corporation_Redacted.pdf)
- **Out of State:** If your entity was formed out of state but operates within the State of New Jersey, you must file a Certificate of Authority when registering the business in New Jersey and provide that certificate.

Document	Files
Formation Document(s) *	📎 Add Files

Applicant Federal Employer Identification Number (FEIN) *

The 9 digit Federal Tax ID number of your organization.

Applicant Organization's Phone Number and Extension *

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

Applicant Organization's Website

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

NAICS

North American Industry Classification System (NAICS) Code *

Q

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

*Please be sure to use the same code that is listed on your most recent business tax filings. For help, please see the North American Industry Classification System (NAICS) U.S. Census Bureau website.
(<https://www.census.gov/naics/>)*

Tax Clearance Certificate

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

Document	Files
Tax Clearance Certificate Document(s)	<div>⬆ Add Files</div>

Certificates may be requested through the State of New Jersey's online [Premiere Business Services \(PBS\)](https://www-njlib.nj.gov/NJ_PREMIER_EBIZ/jsp/home.jsp) (https://www-njlib.nj.gov/NJ_PREMIER_EBIZ/jsp/home.jsp) 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](https://www.njeda.gov/wp-content/uploads/2024/12/Securing-Your-Tax-Clearance-Certificate-Directions-Client-12_2024-Update.pdf) (https://www.njeda.gov/wp-content/uploads/2024/12/Securing-Your-Tax-Clearance-Certificate-Directions-Client-12_2024-Update.pdf) for instructions on how to secure your tax clearance certificate.

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

Select ▼

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

Prior NJEDA Assistance

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

Select ▼

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

Select ▼

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Select

Date Established *

MM/DD/YYYY

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

Mailing Address

Country *

United States

Street Address 1 *

Enter a location

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 *

United States

Applicant State of Incorporation/Formation *

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Formation Document(s) *	📎 Add Files

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

Select ▼

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

Prior NJEDA Assistance

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

Select ▼

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

Select ▼

Cannabis Questionnaire

Has the applicant applied for or been issued a license, including a conditional license, from the New Jersey Cannabis Regulatory Commission (NJ-CRC) to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or does the applicant employ or intend to employ, or is the applicant itself, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

Select



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? *

Select



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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**
- ☐ **Women**
- ☐ **Veteran**
- ☐ **LGBTQ**
- ☐ **Disabled**
- ☐ **None of the above**
- ☐ **Prefer not to answer**

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

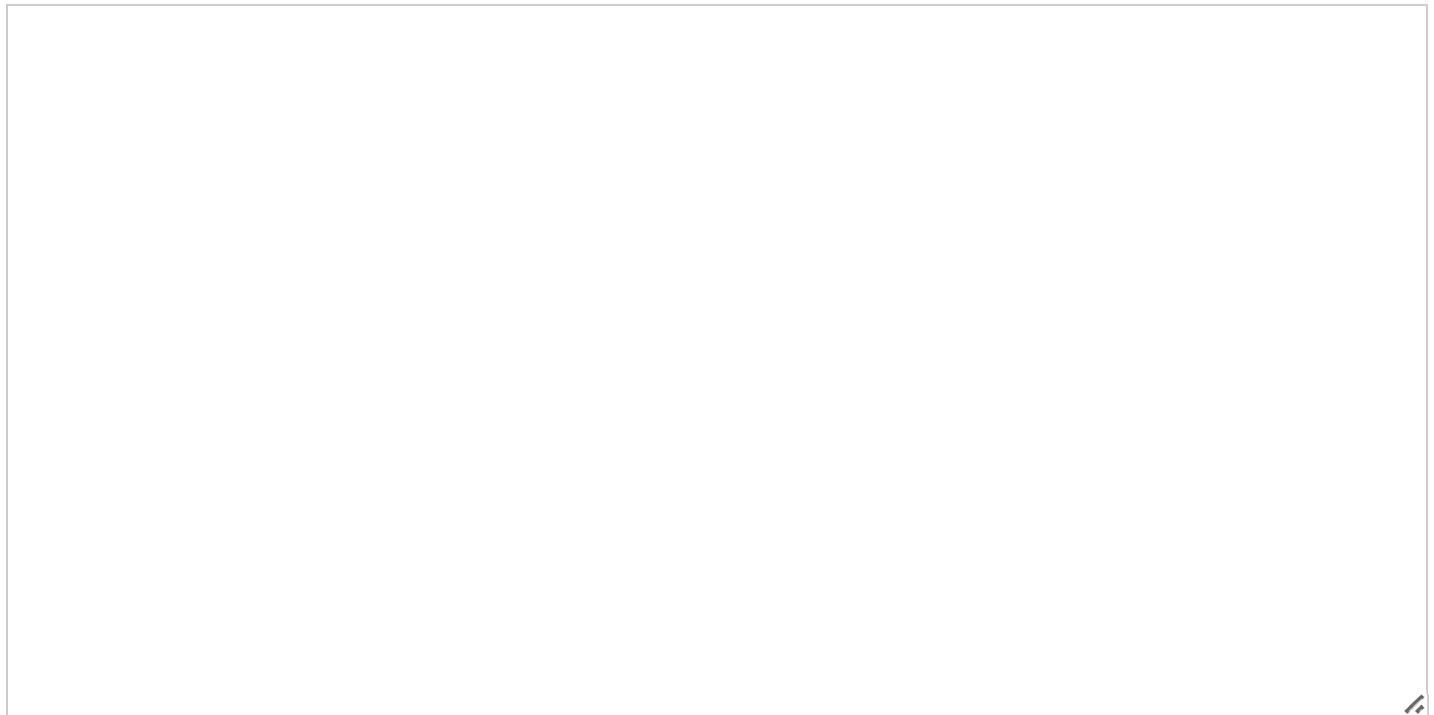
- ☐ **Small Business Enterprise (SBE)**
- ☐ **Disadvantaged Business Enterprise (DBE)**
- ☐ **Minority-Owned Business Enterprise (MBE)**
- ☐ **Woman-Owned Business Enterprise (WBE)**

- ☐ **Veteran-Owned Business Enterprise (VOB)**
- ☐ **Disabled Veteran-Owned Business Enterprise (DVOB)**
- ☐ **None of the above**
- ☐ **Prefer not to answer**

Additional DE&I Information

In this section, we would like more information about any actions your 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 a diversity initiatives, prog ams or plans the appli ant o gan zatio has established.*

- ☐ Question is not applicable
- ☐ Prefer not to answer

DE&I Initiatives Detail

Please upload any documentation detailing diversity initiatives, if available.

Document	Files
DE&I Initiatives Detail	<div>ⓘ Add Files</div>

Application Instructions

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

Select 

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Headquarters or Base of Operations in NJ

Please provide the address for the applicant business's headquarters or base of operations in New Jersey by clicking the blue button. If you need to update the address, click on the icon next to the ZIP code. *

Add Headquarters or Base of operations in NJ

Street Address	Address2	NJ City	State	Zip Code
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There are no records to display.

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? *

Select

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? *

Select

▼

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

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

Select

▼

Applicant Years of Existence

Year Established *

Incorporation/Formation Date :

Incorporation/Formation State :

Was applicant created by a merger or acquisition? *

Select

▼

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Applicant Industry

In what industry does the Applicant conduct business? *

Select 

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Protected Proprietary Intellectual Property (PPIP)

Does the applicant have PPIPs? *

Select

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

Select

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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 PPIP

How is the PPIP documented/protected

There are no records to display.

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Applicant Ownership Structure

Is the Applicant a public or private company? *

Select

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? *

Select

Does the applicant have a consolidated group or affiliate? *

Select

Does the applicant have a subsidiary? *

Select

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.

Please attach 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 *here* (https://www.njeda.gov/wp-content/uploads/2025/02/nol_exhibit_d_2024_listofshareholders_1.xlsx)

Document	Files
List of Shareholders *	<div>⬆ Add Files</div>

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.

Please attach 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 *here* (https://www.njeda.gov/wp-content/uploads/2025/02/nol_exhibit_e_2024_employee_log-1.xlsx)

Document	Files
Employee Log *	<div> Add Files</div>

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Employment Data

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" value="0"/>	Box B** <input type="text" value="0"/>
<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> <p>Box A must meet the minimum Full-Time Employees in New Jersey numbers based on years since earliest incorporation/formation.</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? *

Select▼

Health Insurance Information

Health Carrier *

Policy Number *

Contract Holder *

Group Contract Number *

Policy Term From *

MM/DD/YYYY



Policy End Date *

MM/DD/YYYY



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? *

Select

▼

Have any of your employees opted out of your health coverage? *

Select

▼

Please attach the evidence of coverage, beginning / end dates of the policy, cover page of policy, invoices, etc.

Document	Files
Evidence of coverage *	<div><div><div><div></div></div><div>Add Files</div></div></div>

Calculation of NOL and R&D Tax Credit Benefit

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 tax credits available to sell.

Total available amounts will be communicated 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 reduced 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** (<https://www.nj.gov/treasury/taxation/cbt/wks500p.shtml>)
- **TB95®** (<https://www.nj.gov/treasury/taxation/pdf/pubs/tb/tb95.pdf>)
- **TB94®** (<https://www.nj.gov/treasury/taxation/pdf/pubs/tb/tb94.pdf>)

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.

Add NOLs

Year ↑	Pre Allocation NOL Requested	Post Allocation NOL Requested
--------	------------------------------	-------------------------------

There are no records to display.

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.

Add R&Ds

Year ↑

Amount available to be sold

There are no records to display.

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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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 *

\$20 million lifetime credit - \$0.00 = \$20,000,000.00 estimated remaining benefit.

Year	Pre Allocation NOL Request	Post Allocation NOL Request	R & D Tax Credit for Sale
2024	\$0.00	\$1.00	\$0.00
Totals	\$0.00	\$1.00	\$0.00
Total Available Requested: \$0.09			

Please attach the 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.

Document	Files
Financial Statements *	<div>⬆ Add Files</div>

New Jersey Economic Development Authority Legal Questionnaire

Applicant Name:

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

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

Note that this form has recently been modified.

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

DEFINITIONS

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

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. This includes (however is not limited to):

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

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

RELEVANT AFFILIATES

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

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

Select

Applicant-Owned Affiliates

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

ADD APPLICANT-OWNED AFFILIATES

Entity ↑	FEIN #
There are no records to display.	

Other Affiliates

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

ADD OTHER AFFILIATES

Entity ↑	FEIN #
There are no records to display.	

RELEVANT TIMEFRAMES

Responses should be given based on the following "look-back" periods:

- For civil matters, those that were either pending or concluded within 5 years of the reporting date;
- For criminal matters, those that were either pending or concluded within 10 years of the reporting date;
- For environmental regulatory matters, those that were either pending or concluded within 10 years of the reporting date; and
- For all other regulatory matters, those that were either pending or concluded within 5 years of the reporting date.

Note that in cases where Applicant has previously submitted and certified a legal questionnaire to the Authority, the Applicant may refer to its prior legal questionnaire and report only those matters that are new or have changed in status since the date of last reporting.

Part A. Past Proceedings

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

1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract. *

Select

▼

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. *

Select

▼

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

Select

▼

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

Select

▼

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.). *

Select

▼

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. *

Select

▼

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

Select

▼

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

Select

▼

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.

Select

▼

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.

Select▼

Part B. Pending Proceedings

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

Select

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

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

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

Document	Files
Legal Questionnaire Addendum	<div>ⓘ Add Files</div>

CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO
RELEASE INFORMATION

This certification shall be signed as follows:

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

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

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

Electronic Signatures

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

Legal Questionnaire Electronic Signature *

Title *

CERTIFICATION OF NON-INVOLVEMENT IN ACTIVITIES IN RUSSIA OR BELARUS

CERTIFICATION OF NON-INVOLVEMENT IN ACTIVITIES IN RUSSIA OR BELARUS

Program Name: **Net Operating Loss Program (NOL)**

Applicant Name: .

Applicant DBA:

Pursuant to N.J.S.A. 52:32-60.1, et seq. (P.L. 2022, c.3 (https://pub.njleg.state.nj.us/Bills/2022/PL22/3_.PDF)) 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 identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: (<https://sanctionssearch.ofac.treas.gov/>) (<https://sanctionssearch.ofac.treas.gov/>). 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. By signing this certification, Applicant agrees that it has an affirmative ongoing obligation to disclose to NJEDA whether it appears on the OFAC list for any reason, during the application process and the agreement term.

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


Select



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

Select 

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.)

Select 

Description of Prohibited Activity - *include duration of engagement & anticipated cessation date*

Authorized Signature

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

Applicant Authorized Representative	Name	Title	Applicant FEIN
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E-Signature of Applicant Authorized Representative *

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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Applicant Certifications

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

I, Sdfsd fs Asdasd, 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. *

Select



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. *

Select



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. *

Select



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. *

Select



I certify my understanding that an electronic signature of this Application and any Approval Letter or Agreement shall be a binding on the parties. *

Select



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Certification of Technology Business Tax Certificate Transfer (NOL) Program

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.

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

Select

Payment Details

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

Note: Application is not submitted because fee is not 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.

Payment Method *

Select 

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Payment Details

Applicant Organization Name

asdasd

Application Fee Request ID

×

Q

Fee Amount

\$

1000

Payment Method

Credit Card

✓