

New Jersey Film Works Grant Program Sample Application



Sample Application

New Jersey Film Works Grant Program

Before beginning the application read through the information provided on the welcome page.

Once ready click “Next” to begin the application

IMPORTANT TIP:

Click “Save” in the beginning to create a reusable link that will save your progress as you complete the application.



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Welcome: New Jersey Film Works Grant Program

Program Description

New Jersey Economic Development Authority (NJEDA) seeks to strengthen the state's workforce to ensure all New Jerseyans can benefit from the economic and workforce opportunities presented by the State's burgeoning film and digital media industry. New Jersey Film Works is a competitive program that will award grants to selected applicants that will aid in implementing innovative workforce training and skills programs focused on strengthening and diversifying New Jersey's film and digital media talent pipelines. The grant will support entities that provide New Jersey residents with access to workforce development training, internships, apprenticeships, and learning opportunities for careers in film and digital media. Applicants will also be expected to prioritize New Jersey's Overburdened Communities (as defined by NJ's Environmental Justice Law, N.J.S.A. 13:1D-197) and provide wraparound and other supportive services to foster diversity, equity, inclusion, and retention in the film and digital media industry. Grants will be awarded to proposals that achieve the highest overall scores based on the scoring criteria detailed within these instructions.

Among other factors, the evaluation criteria will consider programs that can provide near-term job placement for trainees within the film and digital media industry, including training providers with direct connections to employment partners or job placement organizations, training providers or employers that operate a train-to-hire program, entities partnering with relevant labor unions committed to placing trainees in a union apprenticeship program, and entities offering paid internships.

Information about NJ Film Works is available at: [New Jersey Film Works Grant Program - NJEDA](#)

Eligibility:

Eligible applicants can include, but are not limited to:

- Non-profit organizations
- Private workforce training organizations
- Labor unions
- Community-based organizations
- Educational institutions
- For-profit film and digital media companies or consortium/associations of private film and digital media companies

Educational institutions that have an executed MOU for film or digital media workforce training with NJEDA at the time of application are not eligible for this grant program.

Applicants will be required to conduct workforce development training, internship, apprenticeship, and learning opportunities in at least one (1) but no more than three (3) eligible occupation(s). Applicants must identify which eligible occupation(s) their initiative will target. The list of eligible occupations can be found here: [New Jersey Film Works Grant Program - NJEDA](#)

Training programs must either be in-person or hybrid (include both a virtual component and an in-person component). The program must describe a clear approach to make the training accessible for and targeted to New Jersey residents and linked to New Jersey employment opportunities in film and digital media careers.

Applicants may collaborate with additional entities to implement the training program as needed. However, the NJEDA will only award and enter into a grant agreement with the applicant entity.

In addition to the eligibility parameters already stated above, the applicant must also be in substantial good standing with the New Jersey Department of Labor and Workforce Development (NJDOLE) and, as applicable, the NJ Department of Environmental Protection (NJDEP). At the time of the execution of the grant agreement, a current tax clearance certificate will be required to demonstrate the applicant is properly registered to do business in New Jersey and in good standing with the NJ Division of Taxation.

Language Assistance

ATENCIÓN: si habla español, los servicios de asistencia lingüística, gratuitos, están disponibles para usted enviando un correo electrónico a languagehelp@njeda.com.

اكتروني إلى languagehelp@njeda.com: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانية متاحة لك عبر إرسال بريد إلكتروني.

注意: 如果您说普通话, 可以通过发送电子邮件至 languagehelp@njeda.com 免费获取语言协助服务。

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ਧਿਆਨ ਆਪੀ: ਜੇ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ languagehelp@njeda.com 'ਤੇ ਈ-ਮੇਲ ਦੁਆਰਾ ਆਪਣੀ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ।

ध्यान दें: यदि आप हिंदी बोलते हैं, तो languagehelp@njeda.com पर ईमेल द्वारा, आप के लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं।

ATTENZIONE: se parla italiano, può usufruire gratuitamente di servizi di assistenza linguistica scrivendo all'indirizzo languagehelp@njeda.com

알림: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 이메일 languagehelp@njeda.com을 통해 제공됩니다.

UWAGA: Jeżeli mówisz po polsku, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e-mail pod adres languagehelp@njeda.com.

ATENÇÃO: se você falar português, oferecemos serviços de apoio de idioma gratuitos. Envie um e-mail para languagehelp@njeda.com.

ATTENTION: Kung nagsasalita ka ng Tagalog, magagamit mo ang libreng mga serbisyonang tulong sa wika sa pamamagitan ng pag-email sa languagehelp@njeda.com.

Next >

Save

Language Access

Provide a “Yes/No” response to indicate whether English is your primary language or select “Prefer Not to Answer”.

Language Assistance

Is English your primary language? *

< Back Next > Save

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Free language assistance services are available to you by sending an email to languagehelp@njeda.gov.

Language Assistance

Is English your primary language? *

No

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

Yes

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

- Spanish (Spanish)
- العربية (Arabic)
- 粵語 (Cantonese Chinese)
- 國語 (Mandarin Chinese)
- ગુજરાતી (Gujarati)
- हिन्दी (Hindi)
- Italiano (Italian)
- 한국어 (Korean)
- Po Polsku (Polish)
- Português (Portuguese)
- Tagalog
- Other

Primary Point of Contact

On this page we will collect contact information for the Primary Point of Contact for this application.

Please ensure that the email provided is the correct email for the primary point of contact on this application.

This email will be used for the fee correspondence and any other communications to the applicant team.

Primary Point of Contact

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone Number *



REMINDER

Click “Save” to create a reusable link that will save your progress as you complete the application.

Authorized Representative

If the primary point of contact is not an authorized representative for the food retailer, you will be asked to fill out the contact information for the authorized representative.

Authorized Representative

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone *

Chief Executive Officer/Owner/Equivalent

If the primary point of contact is not Chief Executive Officer/Owner/Equivalent for the business, you will be asked to fill out the contact information for the Chief Executive Officer/Owner/Equivalent.

Chief Executive Officer/Owner/Equivalent

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone

Consultant Information

While not required, we understand that some applicants may choose to utilize consultants for support on grant applications.

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

IF YES, you will be asked to fill out the contact information for the consultant.

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.

Would you like to designate a consultant contact who is assisting with this application? *

Yes No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Company *

Title *

Email Address *

Applicant Organization

In this section, we are collecting information about the registered business that is applying for this program.

This page will request applicant organization information including but not limited to...

- Entity Type
- Date Established
- Entity Formation Documents
- Federal Tax Identification Number (FEIN)
- NJ Tax Identification Number
- NAICS Code
- NJ Tax Clearance Certificate (required prior to approval)

If the applicant is involved in religious activities or is religiously affiliated, an additional [Religious Activity Questionnaire](#) will be required.

Applicant Organization

In this section, we are collecting information about the company that is applying for assistance. We are focused on the primary applicant only. We may 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/COR/BusinessNameSearch/Search/BusinessName>

Applicant Doing Business As (DBA)

Entity Type *

Date Established *

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey? *

Yes No NA - Applicant Organization is Government Entity

Mailing Address *

Address Line 1

Address Line 2

City

State

Zip Code

Applicant Country of Incorporation/Formation *

United States

Applicant State of Incorporation/Formation *

State

Formation Document(s)

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 Proprietor: [Provide a Certificate of Trade Name](#) (filed with the County Clerk)
- LLC: [Certificate of Formation](#)
- Corporation: [Certificate of Incorporation and Bylaws](#)
- Not-for-Profit: [Certificate of Incorporation and Bylaws](#)
- Out of State: If your entity was formed out of state but operates within the State of NJ, you must file a Certificate of Authority when registering the business in NJ and provide that certificate.

or drag files here.

State Employee Ownership

State Employee Ownership

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey? *

Yes No NA - Applicant Organization is Government Entity

Religious Affiliation

Religious Affiliation

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

Yes No

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

Cannabis Questionnaire

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? *

Yes No

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? *

Yes No

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New Jersey State law prohibits certain cannabis licensees and certified personal use cannabis handlers' employers from receiving or continuing to receive most financial incentive awards.

Diversity Equity and 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.

Diversity, Equity, & Inclusion

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

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

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

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

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 Board of Directors 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.

Program Details

In this section, please provide information about the program you are proposing to be funded through this grant.

Program Details

In this section, please provide information about the program you are proposing to be funded through this grant.

What is the program name? *

What is the total grant amount your team is requesting? *

The minimum allowable request is \$250,000 and the maximum allowable request is \$750,000.

If applicable, what amount of the total requested grant will be for administrative and overhead costs?

There is a maximum cap of 10% for administrative and overhead expenses. If there is none, please enter "0".

Which occupation(s) will be the focus of your workforce development program? Please select at least one and no more than three: *


- | | | |
|---|--|--|
| <input type="checkbox"/> Assistant Camera | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> Assistant Editor | <input type="checkbox"/> Makeup Artist | <input type="checkbox"/> Set Dresser |
| <input type="checkbox"/> Audio and Video Technician | <input type="checkbox"/> Production Accountant | <input type="checkbox"/> Set Electrician/Electrician |
| <input type="checkbox"/> Audio Recordist | <input type="checkbox"/> Production Assistant | <input type="checkbox"/> Set Painter |
| <input type="checkbox"/> Camera Operator, Television, Video, and Film | <input type="checkbox"/> Props Craftsperson | <input type="checkbox"/> Sound Utility Technician |
| <input type="checkbox"/> Costume Designer | <input type="checkbox"/> Rigger/Grip/Set Grip | <input type="checkbox"/> Special Effects Artists (Physical) |
| <input type="checkbox"/> Digital Imaging Technician (DIT) | <input type="checkbox"/> Scenic Painter | <input type="checkbox"/> Visual Effects Artist |
| <input type="checkbox"/> Film and TV Editor | <input type="checkbox"/> Set Carpenter | <input type="checkbox"/> Wardrobe Assistant/Costume Attendant/Costumer |
| <input type="checkbox"/> Greens/Greensman | <input type="checkbox"/> Set Construction | |

Answering "Yes" will open a pop-up for additional information (see next page)

Where is the primary location that the training will take place? (Primary location must be within New Jersey) *

Will training take place at any other location(s)? *

Will training be offered completely in-person or hybrid (include both a virtual component and an in-person component) format? *

 Training cannot be 100% virtual.

Please describe the structured schedule of in-person and virtual instruction. If hybrid, please explain the rationale for offering the program in this format. *

Please limit your response to 2000 characters or less (approximately 400 words).

Will the applicant collaborate with any other entities to implement the program that will receive any portion of the grant funding received by the applicant? *

Will participation in the program require a cost to participants? *

Note: Costs include but are not limited to tuition, registration fees, book fees, etc.

Program Details Continued

Please provide the names and contact information of each collaborator.

⊗ Collaborator Organization Name 1

Name *

Collaborator's portion of requested grant amount *

Collaborator's role in the delivery of the program *

Please limit your response to 2000 characters or less (approximately 400 words).

Website

+ Add Collaborator

If Yes, what is the expected total cost each participant will be charged? Please list all individual costs included in the total. *

Please limit your response to 2000 characters or less (approximately 400 words).

Acknowledgements

Acknowledgements

Please acknowledge the following:

[NJ Film Works Grant Program - NJEDA](#)

- I acknowledge all reporting requirements as stipulated in the grant program, including submitting quarterly, mid-point, and end-of-project reports, demographic information for training participants, program outcomes/results (e.g., training enrollments, completions, and internship/apprenticeship/job placements), and evaluations/surveys.
- I acknowledge the requirements to provide NJEDA with a royalty-free, non-exclusive irrevocable license to reproduce, publish, or otherwise use any copyrightable materials developed utilizing funds awarded through this grant, inclusive of training curriculum materials and program reports.
- I acknowledge that NJEDA will review for approval program branding, including program names, flyers, websites, use of logos, and communication materials.
- I acknowledge that programs must include "NJ Film Works" as part of the program's branding, with logo and branding materials to be provided and/or approved by the NJEDA.
- I acknowledge that all educational institutions that have an executed MOU for film or digital media workforce training with NJEDA at the time of application are not eligible for this grant program.
- I acknowledge the requirement that any training program(s) that is funded through the grant shall be required to engage with the NJ Department of Labor's Eligible Training Provider List (ETPL).
- I acknowledge that, per the specifications of the grant program, 30% of the requested grant amount will be prorated based on program outcomes. (please visit website for more information on the disbursement of funds)

Narrative Part 1

In this section, we would like you to provide information to confirm the ability to meet the needs of New Jersey's film and digital media industry.

Narrative Part 1

In this section, we would like you to provide information to confirm the ability to meet the needs of New Jersey's film and digital media industry.

i. What is the goal of the program and what specific workforce-related need will the proposed program address? Describe the specific occupation(s) that the program will provide training for and evidence of the industry's need for the proposed training in New Jersey. *

Please limit your response to 3000 characters or less (approximately 600 words).

ii. What specific education, content, skills training, hands-on experiences, credentialing and/or certification opportunities will be offered through the proposed program? *

Please limit your response to 1000 characters or less (approximately 200 words).

iii. What is the proposed length of the training program? *

Please limit your response to 800 characters or less (approximately 160 words).

iv. Are there any strategic benefits to the proposed geographic location of your program? *

Please limit your response to 1000 characters or less (approximately 200 words).

v. Describe your strategy/ability to place training participants in workforce opportunities following completion of the program including your strategy for establishing direct connections to employment partners, job placement organizations, training providers or employers that operate train-to-hire programs, relevant labor unions committed to placing trainees in union apprenticeship programs, and/or entities offering paid internships. *

Please limit your response to 3000 characters or less (approximately 600 words).

If applicable, please submit any letters of commitment from employment partners (on official letterhead) stating their intent to hire or place program completers in paid internships, apprenticeships, or positions upon completion of the training program.

or drag files here.

vi. Do you anticipate any challenges in job placement for program completers and if so, how will you address these challenges? *

Please limit your response to 1000 characters or less (approximately 200 words).

vii. Describe your organization's relevant experience operating workforce development programs and the resulting outcomes. Please include relevant experience for any program collaborators that will support the design or delivery of the proposed program. *

Please limit your response to 3000 characters or less (approximately 600 words).

viii. Describe your organization's relevant experience in serving diverse populations and the outcomes achieved? *

Please limit your response to 2000 characters or less (approximately 400 words).

ix. If relevant, please describe any lessons learned from previous training programs that you may use to improve and/or expand this initiative. *

Please limit your response to 1000 characters or less (approximately 200 words).

Narrative Part 2

For the following question, please provide information for the ability to serve NJ's Overburdened Communities.

Narrative Part 2

For the following question, please provide information for the ability to serve NJ's Overburdened Communities.

i. What is your team's approach to recruit and serve residents of Overburdened Communities based on geographical considerations? *

Please limit your response to 3000 characters or less (approximately 600 words).

In this section, we would like you to provide information to confirm the ability to provide wraparound supports and low or no-cost training.

i. If relevant, what are the wraparound supports anticipated to be needed by the targeted participant population and how will your program address these needs? Describe the level of support that will be provided and an explanation of how that level of support was determined. *

Please limit your response to 3000 characters or less (approximately 600 words).

ii. If applicable, what is the expected cost per participant and rationale for why this cost is being charged? *

Please limit your response to 2000 characters or less (approximately 400 words).

Narrative Part 3

In this section, we would like you to provide information to confirm the ability to implement the proposed program for film and digital media occupations.

Narrative Part 3

In this section, we would like you to provide information to confirm the ability to implement the proposed program for film and digital media occupations.

i. The following proposed outcomes will be utilized in determining the final disbursement for an awarded grant (please visit program website for more information on disbursements). If proposing a cohort-based model, please include the totals for all cohorts combined:

[New Jersey Film Works Grant](#)

Number of participants to be enrolled in the program: *

Number of participants completing the program: *

Number of program graduates placed in permanent employment, apprenticeship, or paid internship within 90 days of completing the program: *

ii. Please provide an explanation of the proposed outcomes (enrollments, completions, and placements) and how these were determined. *

Please limit your response to 3000 characters or less (approximately 600 words).

iii. If applicable, please detail expected number of cohorts to be offered and the accompanying timelines for each cohort. If not proposing a cohort model, please mark this answer as N/A. *

Please limit your response to 3000 characters or less (approximately 600 words).

iv. Please describe the key personnel from your team and what will be their responsibilities in the project, including yet-to-be-hired roles. Please describe the qualifications and experience of the personnel who will design and/or implement and operate the training program. *

Please limit your response to 3000 characters or less (approximately 600 words).

v. Please describe the qualifications and experience of your class instructors and/or provide your plan to recruit and hire instructors with current, real-world experience in the industry to ensure relevant learning and facilitate job placement. *

Please limit your response to 2000 characters or less (approximately 400 words).

If applicable, please document their experience, including but not limited to, related occupation(s), years of experience, union membership(s), and relevant projects.

or drag files here.

vi. Describe the implementation timeline for the proposed program. Please include key milestones from grant award to program completion (on a quarterly timeline at minimum). *

Please limit your response to 2000 characters or less (approximately 400 words).

Upload a visualization of the timeline in a table, Gantt chart, graphic, or other format in addition to your description. *

or drag files here.

Narrative Part 3 Continued

vii. What challenges/risks does your team anticipate in implementing the proposed program and what steps will your team take to address those challenges/risks? *

Please limit your response to 2000 characters or less (approximately 400 words).

viii. How will your team ensure the ongoing evaluation and improvements of the proposed program? What specific metrics will be utilized to evaluate program success? *

Please limit your response to 1000 characters or less (approximately 200 words).

Narrative Part 4

In this section, we would like you to provide information about the budget of your project.

Narrative Part 4

In this section, we would like you to provide information about the budget of your project.

i. Please upload a budget for the proposed program utilizing the Budget Template. *

or drag files here.

A copy of the Budget Template can be found [here](#).

In the following section, please provide a description of the key expenses for the proposed program that are noted in the budget template. For any category without expenses, please mark as N/A.

Personnel, other than instructor fees *

Please limit your response to 1000 characters or less (approximately 200 words).

Instructor fees *

Please limit your response to 1000 characters or less (approximately 200 words).

Equipment and materials *

Outreach and recruitment costs *

Please limit your response to 1000 characters or less (approximately 200 words).

Facility fees *

Please limit your response to 1000 characters or less (approximately 200 words).

Wraparound services *

Please limit your response to 1000 characters or less (approximately 200 words).

Administration and overhead costs *

Please limit your response to 1000 characters or less (approximately 200 words).

Other

Please limit your response to 1000 characters or less (approximately 200 words).

ii. Please describe your team's plan for ensuring the sustainable operation of your program beyond the grant period, if applicable. Please use N/A if not applicable. *

Applicant Representative for Certifications

The New Jersey Economic Development Authority requires that the Legal Questionnaire, Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3, Acknowledgments of Applicant, and Certification of Applicant, are to be completed and signed by 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.

If you are not an Authorized Representative you will be prompted to Upload the Certifications page, which will require you to download and then upload signed copies of the acknowledgments and certifications listed above (Slide 48).

If you are an Authorized Representative you will be prompted to fill out these pages throughout the application (Slides 26-28).

Applicant Representation

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

Yes

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.

Yes

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

Applicant's General Counsel or Chief Legal Officer

Contact for a Government Entity

General Partner

Principal Executive Officer at or above the minimum level of Vice President

Sole Proprietor

Person with Legal Responsibility for the Application

None of the above

Upload Certifications

Only if the individual filling out the application is not an Authorized Representative will the applicant see this page.

Here you will be prompted to download and then upload signed copies of the acknowledgments and certifications listed below:

- [Legal Questionnaire](#) (if entity type is NOT "Government Body")
- [Certification of Non-Involvement in Activities in Russia or Belarus](#)
- [Application Certifications](#)

Upload Certifications

The New Jersey Economic Development Authority requires that the following information be completed and signed by one of the following:

- 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.

Because you have identified that you are not one of the individuals listed above, it is required that you download each of the three forms listed below and have someone who meets this definition for the applicant company fill out and sign each of the forms. Once the forms have been completed and signed, please attach them at the end of this application, along with any other necessary application attachments.

Your application for assistance will not be reviewed until the NJEDA has each of the signed forms from someone who is legally authorized to make these representations on behalf of the applicant company.

[Legal Questionnaire](#)

Does NOT show if applicant entity type is "Government Body"

[Certification of Non-Involvement in Activities in Russia or Belarus](#)

[Application Certifications](#)

Legal Questionnaire *

Upload or drag files here.

Certification of Non-Involvement in Activities in Russia or Belarus

Upload or drag files here.

Application Certifications *

Legal Questionnaire*

In this section we will be collecting the Legal Questionnaire for the applicant registered business.

*This page will only be visible if the individual filling out the application is the authorized representative and the applicant entity is NOT Government Body.

Legal Questionnaire

Applicant Name: Test Business Name

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

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. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

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

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

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

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.

Certification of Non-Involvement in Activities in Russia or Belarus*

In this section we will be collecting the Certification of Non-Involvement in Activities in Russia or Belarus.

*This page will only be visible if the individual filling out the application is the authorized representative.

Certification of Non-Involvement in Activities in Russia or Belarus

Program Name: [Insert Program Name]

Applicant Name: Test

Applicant Doing Business As: AppOrg

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List, available here: <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.

Certification

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

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

If applicable, please provide a copy of the license or list the exemption:

or drag files here.

Authorized Signature

Certification of Application**

Certification of Application

PLEASE NOTE:

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

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

I affirm, represent, and warrant that the information contained in this application and in all associated attachments submitted herewith is to the best of my knowledge true and complete and that the funding applied for herein is not for personal, family, or household purposes. *

I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJEDA which may at its option terminate its financial assistance. *

I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJEDA. *

I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the NJEDA. *

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

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

*This page will only be visible if the individual filling out the application is the authorized representative.

Application Submission

Application Submission

Thank you for your interest in the [Insert Program Name]

If you are ready to submit this application to the NJEDA for review, please click the Submit button and then complete your application fee payment following the instructions that will be sent to your email after you hit Submit.

If you would like to make any changes to the application at this point, please click the Back button.

If there is any additional supporting documentation that you would like to provide, please use the upload button below.

or drag files here.

Full Name *

Title *

Date *

1/19/2024

CLICK SUBMIT



< Back

Submit

Save