

# Emerge - Application Submission

#### General

Application ID: CAPP-00030123 Date Submitted: 7/1/2025 3:11 PM

# **Language Access**

Is English your primary language? **Yes** 

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

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

# **Primary Point of Contact**

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	, 0		
	Salutation		
Ιαπο	First Name <b>Jane</b>		

Last Name

Middle Initial

Doe

Suffix

Title **CEO** 

Email Address test@test.com

#### **Email Address Confirmed**

#### test@test.com

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

# Phone Number and Extension (if available) (111) 222-3333

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?

#### Yes

*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?

Yes

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

### **Primary Point of Contact Address**

Country

**United States** 

Street Address 1

5 Times Sq

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

**New York** 

State / Province

NY

Zip / Postal Code njeda\_zipprimarypointofcontact

# **Authorized Representative**

Please input the following information for the contact who is authorized to sign legally binding documents and make legally binding certifications in this application on behalf of the applicant company.

#### Salutation

First Name Jane

Middle Initial

Last Name

Doe

Suffix

Title

(111) 222-3333

Email Address test@test.com

Email Address Confirmed

test@test.com

Phone Number and Extension (if available)

(111) 222-3333

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

#### **Authorized Representative Address**

Country

**United States** 

Street Address 1

5 Times Sq

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

**New York** 

State / Province NY Zip / Postal Code 10036

# **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.

#### Salutation

First Name **Jane** 

Middle Initial

Last Name

Doe

Suffix

Title **CEO** 

Email Address test@test.com

Email Address Confirmed test@test.com

Phone Number and Extension (if available) (111) 222-3333

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

# Chief Executive Officer/Owner/Equivalent Address

Country

**United States** 

#### Street Address 1

## 5 Times Sq

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

**New York** 

State / Province  $\mathbf{NY}$ 

Zip / Postal Code

# **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? $\ensuremath{\text{\textbf{No}}}$
Salutation
First Name
Middle Initial
Last Name
Suffix
Company
Title
Email Address
Email Address Confirmed
Phone Number and Extension (if available)
To include an extension with your phone number, simply enter the phone number first, followed by the extension.
Is the Consultant a Registered Governmental Affairs Agent?
Government Affairs Registration Number
Consultant Information Address

# 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

# **Legal Counsel**

If approved, NJEDA will utilize form contractual documents, such as an approval letter and a commitment agreement. Applicants will have limited opportunity to request non-standard modifications of the agreements. However, NJEDA will often work with an applicant's legal counsel to answer questions on these agreements. If you would like, please provide the contact information for the applicant's legal counsel that will support on this project. This contact may be either internal or external counsel.

Would you like to designate a Legal Counsel Contact? No
Salutation
First Name
Middle Initial
Last Name
Suffix
Company
Title
Email
Email Confirmed
Phone Number and Extension (if available)
To include an extension with your phone number, simply enter the phone number first, followed by the extension.
Is the legal counsel contact a Registered Governmental Affairs Agent?
Government Affairs Registration Number

# **Legal Counsel 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

#### **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? No
Salutation
First Name
Middle Initial
Last Name
Suffix
Company
Title
Email Address
Email Address Confirmed
Phone Number and Extension (if available)
To include an extension with your phone number, simply enter the phone number first, followed by the extension.
Accountant Information 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
Media Contact
NJEDA often works with applicants' public relations or media relations representatives on press releases and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.
and press inquiries regarding approved projects. If you would like, please provide the contact information
and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.
and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.  Would you like to designate a Media Contact?
and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.  Would you like to designate a Media Contact?  Salutation  First Name
and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.  Would you like to designate a Media Contact?  Salutation  First Name Jane
and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.  Would you like to designate a Media Contact?  Salutation  First Name Jane  Middle Initial  Last Name

#### Title

CEO

Email Address test@test.com

**Email Address Confirmed** 

test@test.com

Phone Number and Extension (if available)

(111) 222-3333

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

#### **Media Contact Address**

Country

**United States** 

Street Address 1

5 Times Sq

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

**New York** 

State / Province

 $\mathbf{N}\mathbf{Y}$ 

Zip / Postal Code

# **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 <a href="https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName">https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName</a>

#### Applicant Doing Business As (DBA)

Does your business operate under a different name?

#### **Certificate of Alternate Name**

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

File upload will be available under the document type "Certificate of Alternate Name."

# Applicant Entity Type **506,340,002**

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?

No

# Date Established 1/1/1998

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 **5 Times Sq** 

Street Address 2

City **New York** 

State / Province **NY** 

Zip / Postal Code **10036** 

Applicant Country of Incorporation/Formation **United States** 

Applicant State of Incorporation/Formation **NY** 

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

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

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

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

File upload will be available under the document type "Formation Document(s)."

Applicant Federal Employer Identification Number (FEIN) **12-3456789** 

The 9 digit Federal Tax ID number of your organization.

Applicant New Jersey Tax ID Number **987654321000** 

# Applicant Organization's Phone Number and Extension (122) 345-6767

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

Applicant Organization's Website https://emergeprogramtest.com

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.

xxxxxxxxxxxxxxxx

#### **NAICS**

# North American Industry Classification System (NAICS) Code **523930 - Investment Advice**

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.

#### **Tax Clearance Certificate**

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

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

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

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

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

#### **Religious Affiliation Form**

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

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

#### **Prior NJEDA Assistance**

Has the applicant, or any related entities, previously received NJEDA assistance?  ${\bf No}$ 

Please identify the entities who have received NJEDA assistance.

Please describe the NJEDA assistance the applicant previously received. Please be as specific as possible in detailing the programs through which you received NJEDA assistance, the facilities or projects associated with that assistance, the timeframes in which the assistance was provided, and the status of any awards or agreements.

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

No

# **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?

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?

No

# **Applicant Organization Continued**

Does the Applicant Organization have a US-based head quarters?  $\ensuremath{\mathbf{Yes}}$ 

# **Applicant Organization US Headquarters Address**

Address Line 1 **5 Times Sq** 

Address Line 2

City

New York

State

NY

Zip Code **10036** 

Does the Applicant Organization also have a different global head quarters?  $\mathbf{No}$ 

**Applicant Organization Global Headquarters Address** 

Address Line 1
Address Line 2
City
State / Province / Region
Postal / Zip Code
Country
If the NJEDA needs to mail the Applicant Organization any information, which address should be used? <b>US headquarters address</b>
Please enter alternate mailing address which can be used by NJEDA to send out mails
Address Line 1
Address Line 2
City
State/Province/Region
Postal/Zip Code
Country
Is the applicant organization a retail or point-of-sale business?  No
Please note, for projects that service the local market, such as a point-of-sale retailer, retail like or point-of-service, for example, but not limited to, retail stores, restaurants, medical/doctors' offices,

and local delivery services are not eligible for the Emerge program. Please reach out to the Emerge

team at emerge@njeda.gov if you need additional clarity or have any questions.

#### **Location and Employees**

#### Worldwide

How many locations or offices does your company have worldwide, including New Jersey? (Applicant Only)

1

How many employees (regardless of type of employee) do you estimate your company has across all locations, including New Jersey (Applicant Only)?

10000

#### **In the United States**

How many locations or offices does your company have in the United States, including New Jersey? 1

How many employees (regardless of type of employee) do you estimate your company has across all United States locations, including New Jersey?

10000

#### **In New Jersey**

How many locations or offices does your company have in New Jersey?

How many employees (regardless of type of employee) are currently working in a New Jersey office or location (please include employees who are associated with New Jersey offices or locations, but are now working remotely due to the COVID-19 pandemic)? Please provide the actual number for this field, not an estimate.

0

#### **Date of New Jersey Employee Count**

We recognize that employee numbers naturally vary over time. Please provide the date of the above employee count.

6/1/2025

#### **Small Business Designation**

The Emerge Program offers certain flexible terms for small businesses. For this program, "small business" is defined as a company engaged in a targeted industry, with less than 100 FTE employees at the time of application or within 6 months prior to application. FTE calculations should include any parent organizations that has 80% control of the applicant.

Please note that NJEDA will confirm your status as a small business under the Emerge Program through employment data you will upload later in this application.

Are you applying for the Emerge Program as a "Small Business"? **No** 

#### **Small Business Employee Information Worksheet**

Please download and complete the <u>Small Business Employee Information Worksheet</u>. On this worksheet, you will need to list all company employees. This includes employees of the applicant, as well as any parent company (if applicable). This should also include employees working across all locations – both in and outside of New Jersey. When complete, please upload the completed worksheet to attach this to your application.

Under Emerge, a Small Business may start to receive disbursement of tax credits without having met its full job creation requirement in full, if the business can show its meeting a growth plan (defined as annual full-time job growth of 25% of its workforce at the QBF).

Please describe how the small business intends to meet the growth plan of 25% annual full-time job growth of its workforce at the QBF.

#### **Growth Plan**

Upload the aforementioned small business growth plan here.

## **Targeted Industry**

*In this section we will collect information that will help determine if the applicant, project, or applicant's parent company qualifies to be in an Emerge Program targeted industry.* 

The Emerge Program has twelve targeted industries. Each of these industries has a specific definition, including a description of the industry, examples of types of activities that NJEDA will consider to be part of that industry and activities that NJEDA excludes from that targeted industry.

Please review the definitions for any industry that you think might apply to either the applicant, the primary work associated with the project, or the applicant's parent company (if applicable).

- Advanced Transportation and Logistics
- Advanced Manufacturing
- Aviation
- Autonomous Vehicle and Zero-emission Vehicle Research or Development
- Clean Energy
- Life Sciences
- Hemp Processing
- Information and High Technology
- Finance and Insurance
- Professional Services
- Film and Digital Media
- Non-retail Food and Beverage

Based on your review of the above definitions, please select all of the following that are true. The applicant company's core business is in a targeted industry.

Yes

The activity undertaken by the project's full-time employees will primarily be in a targeted industry **Yes** 

The applicant's parent company is in a targeted industry **Voc** 

The applicant, project, and applicant parent (if applicable) are not in a targeted industry **No** 

#### **Applicant Industry**

Please identify the targeted industry that you believe most closely matches the activities undertaken by the applicant. If you believe that the applicant meets the definitions of more than one, please select the best fit one and provide additional detail on the other industries in the below narrative description.

#### Industry

#### **Finance and Insurance**

See definitions of targeted industries for more information.

If you believe that the applicant meets the definitions of more than one targeted industry, please explain.

#### **Project Industry**

Please identify the targeted industry that you believe most closely matches the activities undertaken by the project. If you believe that the project meets the definitions of more than one, please select the best fit one and provide additional detail on the other industries in the below narrative description.

#### Industry

#### **Finance and Insurance**

See definitions of targeted industries for more information.

Please provide a 1–2 paragraph narrative description explaining how the project meets the definition of the industry

If you believe that the project meets the definitions of more than one targeted industry, please explain. 

#### **Parent Company Industry**

Please identify the targeted industry that you believe most closely matches the activities undertaken by the parent company. If you believe that the parent company meets the definitions of more than one, please select the best fit one and provide additional detail on the other industries in the below narrative description.

#### Industry

#### Finance and Insurance

See definitions of targeted industries for more information.

Please provide a 1–2 paragraph narrative description explaining how the parent company meets the definition of the Advanced Manufacturing industry

If you believe that the parent company meets the definitions of more than one targeted industry, please explain.

#### **Affiliates**

In this section, we need more information about any entities related to the applicant, including affiliates, real estate holding companies, and parent companies.

#### **Contributing Affiliates**

Other than the applicant, are any of the following related entities contributing jobs (new or at-risk of leaving New Jersey) or capital investment to the project as part of this application? These entities will be considered "Contributing Affiliates" of the applicant.

- Holding Company
- Subsidiary
- Parent Company With Control
- Parent Company Without Control
- Other Affiliates

No

#### **Non-Contributing Affiliates**

Does the applicant have other non-retail affiliates to report as part of this application that have similar business operations in New Jersey or significant business operations in New Jersey that may impact NJEDA's decision on this application?

No

<u>Please upload an organizational chart or provide documentation that describes or</u> demonstrates the relationship of all affiliates to the applicant company.

# **Ownership**

In addition to any parents/holding companies/affiliates identified in the prior section, is there any individual or entity with a 10% or greater ownership of the company? **No** 

# **Project Details**

In this section we will gather general information about the specific project you are proposing to locate in New Jersey.

#### **General Project Information**

Please provide a 1–2 paragraph description of the scale and scope of the proposed project for which you are seeking Emerge Tax Credits.

Please provide a 1–2 paragraph description of the types of activities and job functions included in the project for which you are seeking Emerge Tax Credits.

Please provide a 1–2 paragraph description of the anticipated facilities required for the project (referred to as the "qualified business facility") for which you are seeking Emerge Tax Credits.

Please provide a 1–2 paragraph description of the internal business case driving the applicant's strategic decision to execute the project, and how the project fits into the applicant's overall business plan and their business plan in New Jersey (or the region).

Will this project be split across multiple facilities or locations?

Please provide a 1–2 paragraph description of how the project will be split across multiple facilities or locations. If some new jobs will not be physically located at the qualified business facility, please describe.

You may attach or provide additional documentation that includes more detail for the NJEDA to understand more about the project.

#### **Headquarters**

Does this project include the establishment of the applicant's headquarters facility in New Jersey? **Yes** 

Please describe which of the following best describes the type of headquarters this project involves. **Regional** 

#### **Opportunity for Industry Leadership**

The Emerge Program allows for additional bonuses and the potential for a "Mega Project" designation if a project is determined to catalyze a new industry leading investment in a new technology or high-growth sub-industry or catalyzes a new sub-industry or industry cluster within the State that would provide New Jersey an opportunity to take a national or global leadership position in a targeted industry or new technology.

Does this project include an investment that would meet the "Mega Project" designation? **No** 

Please provide a 2–3 paragraph narrative description for how the proposed project meets the 'Mega Project' designation.

Please upload additional documentation that would help substantiate this claim.

#### **Project Schedule**

Anticipated Construction Start Date 12/31/2025

Anticipated Construction End Date 6/1/2026

Anticipated Start of Business Operations at QBF **6/30/2026** 

Anticipated Date when All Jobs and Capital Investment will be Certified 1/1/2030

#### **Environmental Sustainability**

I acknowledge that my qualified business facility must comply with Green Building Standards. **Yes** 

I acknowledge that I must provide plans for how the QBF will meet the Green Building Standards no later than 6 months after NJEDA Board approval.

Yes

## First Primary Project Location in New Jersey

In this section, we will collect information about the New Jersey location that you are considering for your project. These details will help NJEDA determine the appropriate base tax credit level and bonuses that are applicable for your project. If your project spans multiple locations (QBFs), blocks, lots, census tracts, etc., please provide the information that you think will be the future address of the project and provide additional details in the below narrative descriptions and uploads.

Please provide below details about the first primary address of the project in New Jersey.

#### **First Primary Project Address**

Address Line 1	Address Line 2	City	State	Zip Code
2 Gatehall Drive		Parsippany	NJ	07054

In 1-3 paragraphs. Please describe why this location was chosen as the best New Jersey location for this project (In your narrative description, please detail the factors that went in to choosing this site and what other sites in New Jersey were considered for this project)

#### **Qualified Business Facility and Usage**

Throughout the remainder of the application, we will refer to the facility at your proposed New Jersey location as the "Qualified Business Facility" or "QBF."

Will the Qualified Business Facility at the project location be leased or owned by the applicant/affiliate?

#### Owned

When does the lease end?

What is the class rating of the space you are considering for the New Jersey project location? **Class A** 

What is the class rating of the space you are considering for the New Jersey project location?

Describe the 'Other' class rating

#### Site Visit complete

Which of the following options best describes the current status of the real estate transaction at this location?

What is the total Square Footage of the Qualified Business Facility? (This should be for the entire facility, not just the portion which the applicant is utilizing) **200,000** 

Of the total square footage, what is the useable or leased square footage for the applicant within the QBF? (Useable Square Footage leased by the tenant) **200,000** 

Of the total square feet that would be used or leased by the applicant in the QBF, please provide break downs across the following uses for any new construction and any improvements to existing space:

#### <u>Usage (New Construction & Existing Space)</u>

Industrial: New Construction Industrial: Existing Space

Warehouse/Logistics: New Construction Warehouse/Logistics: Existing Space

Research & Logistics: New Construction Research & Logistics: Existing Space

Office/Other: New Construction Office/Other: Existing Space

200,000

Totals: New Construction Totals: Existing Space

200,000

Total Square Footage Breakdown (New Minimum Investment Construction + Existing Space) \$8,000,000.00

200,000

Based on the above, your project must meet or exceed this level of total capital investment to qualify for the Emerge program

Per-Square-Foot Minimum Investment

Based on the square footages entered above, your project must meet or exceed this level of

capital investment to qualify for the Emerge program.

How many permanent individual workstations (i.e. not common areas or coffee bars, but potentially hot desks) can the qualified business facility at the proposed New Jersey project location accommodate?

10,000

If available, please upload a copy of any site plans that will help NJEDA staff better understand the breakdown above, as well as understand the amount of workforce capacity at this site.

Please provide a 2-3 paragraph narrative description of the capital investment that the applicant anticipates making in the QBF as part of this project.

#### **Local Taxes and Other Public Assistance**

Is there a local payroll tax or other local taxes (other than property taxes) that would impact this project?

No

Please provide a description of the additional local taxes.

NJEDA does not typically include local property taxes in its net economic benefit calculations. However, for projects with new construction, we do provide an opportunity for applicants to make the case to NJEDA that new local property taxes will result in a positive net benefit to the State.

Do you intend to request NJEDA to include incremental property taxes in the net benefit calculation for your project?

No

What is the estimated incremental property taxes to the municipality per annum after making the project's capital investment?

(If you are applying as a small business in the Emerge Program, you can skip this question.)

Please provide an upload of documentation to support this estimate. (This may include any applicable PILOT agreements, information on local tax rates and applicable abatements, real estate appraisal, preliminary assessment from a tax assessor or any other relevant third-party document.)

Does the project intend to utilize Urban Enterprise Zone sales tax benefits? **No** 

Please provide a 2-3 paragraph narrative description, if applicable, of other government (federal, state, or local) financial assistance the project has received or is anticipated to receive, and intends to utilize on this project. (In this narrative description, please specify program name, granting body, dollar amounts or value, terms and status of application.)

<u>Please upload any documentation that would aid the NJEDA staff in understanding the other received or anticipated government (federal, state, or local) support for this program described above.</u>

<u>Landlord Information</u>
Landlord First Name
Landlord Last Name
Landlord Title
Landlord Company
<u>Landlord Address</u>
Landlord Address Line 1
Landlord Address Line 2
Landlord City
Landlord State
Landlord Zip Code
Landlord Email
Landlord Phone
When did or when does the landlord intend to acquire the site?
Is there a preexisting relationship—of any kind—between the landlord and the applicant?
Please explain the relationship between the landlord and the applicant.

Is there second primary location for this project? **No** 

#### **Other New Jersey project location**

Apart from already identified locations in this application, if there are any other locations. please identify them all by clicking on 'Add NJ Addresses' button below

Address Line 1	Address Line 2	City	State	Zip Code

# **Second Primary Project Location in New Jersey**

In this section, we will collect information about the New Jersey location that you are considering for your project. These details will help NJEDA determine the appropriate base tax credit level and bonuses that are applicable for your project. If your project span's multiple locations (QBFs), blocks, lots, census tracts, etc., please provide the information that you think will be the future address of the project and provide additional details in the below narrative descriptions and uploads.

Please provide below details about the Second Primary Address of the project in New Jersey.

#### **Second Primary Project Address**

Address Line 1 Address Line 2 City State Zip Code	
---	--

In 1-3 paragraphs. Please describe why this location was chosen as the best New Jersey location for this project (In your narrative description, please detail the factors that went in to choosing this site and what other sites in New Jersey were considered for this project)

#### **Qualified Business Facility and Usage**

Throughout the remainder of the application, we will refer to the facility at your proposed New Jersey location as the "Qualified Business Facility" or "QBF."

Will the Qualified Business Facility at the project location be leased or owned by the applicant/affiliate?

When does the lease end?

What is the class rating of the space you are considering for the New Jersey project location?

Describe the 'Other' class rating

Which of the following options best describes the current status of the real estate transaction at this location?

What is the total Square Footage of the Qualified Business Facility? (This should be for the entire facility, not just the portion which the applicant is utilizing)

Of the total square footage, what is the useable or leased square footage for the applicant within the QBF? (Useable Square Footage leased by the tenant)

Of the total square footage, what is the useable or leased square footage for the applicant within the QBF?(Useable Square Footage leased by the tenant)

Of the total square feet that would be used or leased by the applicant in the QBF, please provide break downs across the following uses for any new construction and any improvements to existing space:

#### <u>Usage (New Construction & Existing Space)</u>

Industrial: New Construction Industrial: Existing Space

Warehouse/Logistics: New Construction Warehouse/Logistics: Existing Space

Research & Logistics: New Construction Research & Logistics: Existing Space

Office/Other: New Construction Office/Other: Existing Space

Totals: New Construction Totals: Existing Space

Total Square Footage Breakdown (New

Construction + Existing Space)

Minimum Investment

Based on the above, your project must meet or exceed this level of total capital investment to

qualify for the Emerge program

Per-Square-Foot Minimum Investment

Based on the square footages entered above, your project must meet or exceed this level of capital investment to qualify for the Emerge program.

How many permanent individual workstations (i.e. not common areas or coffee bars, but potentially hot desks) can the qualified business facility at the proposed New Jersey project location accommodate?

# <u>Please upload a copy of any site plans that will help NJEDA staff better understand the breakdown above, as well as understand the amount of workforce capacity at this site.</u>

Please provide a 2-3 paragraph narrative description of the capital investment that the applicant anticipates making in the QBF as part of this project.

#### **Local Taxes and Other Public Assistance**

Is there a local payroll tax or other local taxes (other than property taxes) that would impact this project?

Please provide a description of the additional local taxes.

NJEDA does not typically include local property taxes in its net economic benefit calculations. However, for projects with new construction, we do provide an opportunity for applicants to make the case to NJEDA that new local property taxes will result in a positive net benefit to the State.

Do you intend to request NJEDA to include incremental property taxes in the net benefit calculation for your project?

What is the estimated incremental property taxes to the municipality per annum after making the project's capital investment?

(If you are applying as a small business in the Emerge Program, you can skip this question.)

Please provide an upload of documentation to support this estimate. (This may include any applicable PILOT agreements, information on local tax rates and applicable abatements, real estate appraisal, preliminary assessment from a tax assessor or any other relevant third-party document.)

Does the project intend to utilize Urban Enterprise Zone sales tax benefits?

Please provide a 2-3 paragraph narrative description, if applicable, of other government (federal, state, or local) financial assistance the project has received or is anticipated to receive, and intends to utilize

on this project. (In this narrative description, please specify program name, granting body, dollar amounts or value, terms and status of application.)
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Please upload any documentation that would aid the NJEDA staff in understanding the other received or anticipated government (federal, state, or local) support for this program described above.
<u>Landlord Information</u>
Landlord First Name
Danator a Trist Plante
Landlord Last Name
Landlord Title
Landlord Title
Landlord Title
Landlord Title  Landlord Company
Landlord Company  Landlord Address
Landlord Company
Landlord Company  Landlord Address
Landlord Company  Landlord Address  Landlord Address Line 1
Landlord Company  Landlord Address
Landlord Company  Landlord Address  Landlord Address Line 1
Landlord Company  Landlord Address  Landlord Address Line 1  Landlord Address Line 2
Landlord Company  Landlord Address  Landlord Address Line 1
Landlord Company  Landlord Address  Landlord Address Line 1  Landlord Address Line 2
Landlord Company  Landlord Address  Landlord Address Line 1  Landlord Address Line 2

Landlord Zip Code
Landlord Email
Landlord Phone
When did or when does the landlord intend to acquire the site?
Is there a preexisting relationship—of any kind—between the landlord and the applicant?
Please explain the relationship between the landlord and the applicant.

## **Other New Jersey project location**

Apart from already identified locations in this application, if there are any other locations. please identify them all by clicking on 'Add NJ Addresses' button below

Address Line 1	Address Line 2	City	State	Zip Code
----------------	----------------	------	-------	----------

# Additional Information about the New Jersey Project Location

Has your company, or any related entity, already obtained site control of the proposed qualified business facility/?project location in New Jersey?

No

Is the proposed New Jersey project location the same location from which your company is operating in New Jersey today?

Does your company, or any related entity, already have a purchase contract for the proposed qualified business facility/?project location in New Jersey?

Is the purchase contract contingent on the approval of an Emerge Tax Credit?

Has your company, or any related entity, already executed a lease for the proposed qualified business facility/project location in New Jersey?

No

Is the lease contingent on the approval of an Emerge Tax Credit?

Has your company, or any related entity, started construction on the qualified business facility? **No** 

Has your company or any related entity made any formal decision (such as a Board decision or a formal management decision) to locate the project in New Jersey?

Has the applicant or any related entity made any public announcement about locating the project in New Jersey?

No

Has the applicant or any related entity incurred any expenses related to the qualified business facility, including but not limited to: moving, furniture, fixtures and equipment purchases?

No

Note: this question does not pertain to any costs related to site evaluation or due diligence. It also does not pertain to costs that you have incurred across multiple site location to evaluate site options, such as concept engineering across multiple potential sites.

# New Full-Time Jobs at the New Jersey Project Location

## Upload a copy of the Emerge Employee Information Worksheet for NEW Full-Time Jobs

Enter the applicable data for each new full-time job in New Jersey. Click here to download a copy of the Emerge Employee Information Worksheet for New Full Time Jobs

Total number of New Full Time Jobs at New Jersey Location (Provide an aggregated number, details of all these jobs should be mentioned in the document asked to attach above)

10.000

- A) Of this number, how many full-time employees will primarily spend (over 50%) their time at the Qualified Business Facility?
   10,000
- B) Of this number, how many full-time employees will not primarily spend (less than 50%) their time at the Qualified Business Facility but will spend 80% of their work hours in NJ?

  0

I acknowledge that any jobs associated with this application (new or at-risk of leaving New Jersey) must be provided health benefits under a health plan, no later than 90 days after date of hire. **Yes** 

I acknowledge that any jobs associated with this application (new or at-risk of leaving New Jersey) must spend 80% of their time in New Jersey.

Yes

To receive any applicable bonuses for these jobs, all full-time employees working at the qualified business facility, whether they are the jobs for which the company is applying for an incentive or not, must receive wages that are the greater of \$15/hour or 120% of minimum wage.

Will all full-time jobs at the facility receive wages that are the greater of \$15/hour or 120% of minimum wage?

Yes

# **Current NJ Operations and At-Risk Employees**

In this section, we will collect additional information about any New Jersey locations currently occupied by the applicant or its official affiliates or parent company. This includes information about any jobs that are at risk of leaving if the proposed project does not happen in New Jersey, These locations may or may not be the same as the proposed New Jersey project location.

Is the applicant company or an official affiliate currently located in or operating in New Jersey?

NJEDA must establish a baseline of total non-retail employment for the applicant and any official affiliate at the end of the last tax period prior to application.

Please report each NON-RETAIL location for the applicant, official affiliates, and affiliate parent. Non-retail locations may include: offices, R&D facilities, industrial or production facilities, or warehousing.

Total existing full-time jobs at-risk of leaving New Jersey and would not primarily spend their time at the QBF at the proposed NJ project location: **0** 

To help NJEDA establish a baseline of current New Jersey employment, please upload the WR-30 filing(s) for the applicant and any official affiliates for the last tax period prior to application.

# **Alternate Project Location**

In this section, we will collect information about your project's alternative location outside of New Jersey, including location and project cost details. While there may be more than one state you are considering, we would like you to focus on the single alternative state that is being the most seriously considered for this project. If there are multiple addresses you are looking at within the state, you will have the opportunity to add those below.

### **Alternate Project Address**

Location Name	Times Square
Address Line 1	5 times square
Address Line 2	
City	new york
State	new york
Zip Code	10036
Is this location leased or owned?	Owned
When does the lease end?	
Provide description of the types of job	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
functions	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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dustrial: Existing Space
arehouse/Logistics: Existing Space
esearch & Logistics: Existing Space
ffice/Other: Existing Space
50,000
otals: Existing Space
50,000

Landlord Title	
Landlord Company	
Landlord Address	
Landlord Address Line 1	
Landlord Address Line 2	
Landlord City	
Landlord State	
Landlord Zip Code	
Landlord Email	
Landlord Phone	
Approximately when did the landlord acquire	
the project site?	
Is there a preexisting relationship—of any	
kind—between the landlord and the applicant?	
Please explain the relationship between the	
landlord and the applicant.	

In 2–3 paragraphs, please describe why this location was chosen as the best alternative (outside of New Jersey) location for this project. In your narrative description, please layout the factors that went in to choosing this site and what other alternative sites you considered.

### 

Please provide a 2-3 paragraph narrative description of the capital investment that the applicant anticipates making in the alternate location as part of this project.

XXXXXXXXXXXXXXXXXXXX

#### **Local Taxes and Other Public Assistance**

Has the applicant received a state or local incentive offer from the alternate location?  ${\bf No}$ 

Is this incentive offer subject to the discretion of the state or local entity?

#### Ves

Is there a local payroll tax or other local taxes (other than property taxes) that would impact this project?

#### No

Please provide a description of the additional local taxes.

XXXXXXXXXXXXXXXXXXXX

Has a PILOT agreement been negotiated between the applicant and the alternate project location? **No** 

## Please upload a copy of the agreement.

Has the project received a tax abatement? **No** 

## Please upload any documentation regarding the tax abatement.

### **Upload multiple files**

Please provide a 2-3 paragraph narrative description, if applicable, of other government (federal, state, or local) financial assistance the project has received or is anticipated to receive, and intends to utilize at this alternate location. In this narrative description, please specify program name, granting body, dollar amounts or value, terms and status of application.

<u>Please upload any documentation that would aid the NJEDA staff in understanding the other received or anticipated government (federal, state, or local) support for this program described above.</u>

# **Additional Details For Alternate Project Location**

Has your company, or any related entity, already obtained site control of the proposed qualified business facility/project location at the alternate project location?

No

Is the proposed alternate project location the same location from which your company is currently operating?

Does your company, or any related entity, already have a purchase contract for the proposed qualified business facility/project location at the alternate project location?

No

Is the purchase contract contingent on the approval of an incentive from the alternate project location?

Has your company, or any related entity, already executed a lease for the proposed qualified business facility/project location at the alternate project location?

No

Is the lease contingent on the approval of an incentive from the alternate project location

Has your company, or any related entity, started construction on the qualified business facility at the alternate project location?

No

Has your company or any related entity made any formal decision (such as a Board decision or a formal management decision) to locate the project at the alternate project location?

No

Has the applicant company or any related entity made any public announcement about locating the project at the alternate project location?

No

Has the applicant company or any related entity incurred any expenses related to the qualified business facility at the alternate project location, including but not limited to: moving, furniture, fixtures and equipment purchases?

No

Please provide a 1-2 paragraph narrative description of any additional expenses that have been made, when and why they were undertaken.

# **New Jobs at the Alternate Project Location**

Please provide information below on all new jobs that will be created at the alternate project location.

Please download 'Emerge Employee Info Worksheet for Full Time Jobs For Alternative Location' by clicking here.

Enter the applicable data for new full-time job at alternative location, save a copy on your machine and finally upload here by clicking on 'Upload' button.

Total number of New Full Time Jobs at alternate location (Provide an aggregated number, details of all these jobs should be mentioned in the document asked to attach above)

10,000

A) Of this number, how many full-time employees will primarily spend their time at the alternate project location?

10,000

B) Of this number, how many full-time employees will not primarily spend their time at the alternate project location?

0

### **Part Time Jobs**

Total number of New Part Time Jobs at alternate location (Provide an aggregated number, details of all these jobs should be mentioned in the document asked to attach above)

0

A) Of this number, how many part-time employees will primarily spend their time at the alternate project location?

0

B) Of this number, how many part-time employees will not primarily spend their time at the alternate project location?

0

#### Other Jobs

Total number of New Other Jobs at alternate location (Provide an aggregated number, details of all these jobs should be mentioned in the document asked to attach above)

0

A) Of this number, how many Other employees will primarily spend their time at the alternate project location?

0

B) Of this number, how many Other employees will not primarily spend their time at the alternate project location?

# **Award Timelines and Project Costs**

*In this section, we will collect information about the duration of your requested award and the project costs at your New Jersey and alternative locations.* 

## **Eligibility and Commitment Periods**

To estimate your tax credit award NJEDA needs to determine your project's Eligibility Period and Commitment Period.

Your projects Eligibility Period will be the number of years that you wish to get tax credits. The Emerge Program allows eligible applicants to select an Eligibility Period of up to seven (7) years. The longer your eligibility period, the greater your total award size will be. However, longer Eligibility Periods will also necessitate a longer Commitment Period (see below). NJEDA expects that most applicants will request seven (7) year Eligibility Periods.

If approved for a tax credit, how many years would you like your Eligibility Period to be (i.e., for how many years would you like to receive tax credits)?

7

To estimate your project's Total Project Comparison Costs for the New Jersey and the Alternative location NJEDA needs to determine your Commitment Period, or how many years you intend to commit to keep your project in New Jersey. Your Commitment Period will also be a key input into your projects Net Benefit Analysis.

At a minimum, your project's Commitment Period must be one and a half times as long as your project's Eligibility Period, rounded up to the nearest full year. For example, if you selected seven years for your Eligibility Period, your Commitment period will be seven multiplied by one and a half, which equals 10.5 years, rounded up to 11 years. Applicants can elect to extend their Commitment Period beyond the minimum to increase their calculated Net Benefit to the State (for example, to meet minimum program requirements or to potentially increase award size). Commitment Periods can be extended up to a maximum of 20 years (if an applicant provides evidence, such as a 20-years lease, to the NJEDA that it intends to keep the project in the State for longer). NJEDA expects most applicants will request Commitment Periods between 11 and 20 years.

If approved for a tax credit, how many years would you like your Commitment Period to be (i.e. how many years would you commit to keep your project in New Jersey for the purpose of calculating the project's benefit to the State)?

# **Project Costs**

11

In this section, we will collect information about the project costs the applicant expects to incur for the proposed project both at the New Jersey QBF or at the alternative location. NJEDA will use the below information for several different calculations, so please read these instructions carefully and be as thorough as possible in your answers to this section.

As part of our evaluation process, NJEDA will first review all cost estimates, both for the New Jersey location as well as the alternate project location for reasonableness. This evaluation will include looking at the applicant's justification and supporting documents. Please include relevant information on assumptions or how estimates were derived in the justification field for each category cost estimate.

Please provide any supporting documentation that will help NJEDA staff validate these assumptions. It is not necessary to upload the same supporting document multiple times. If you are using the same supporting document to support more than one cost, you may upload the document a single time and reference it within the justification narrative associated with other costs.

NJEDA staff may follow-up with applicants to get further information about any cost category that is not clearly justified or supported through documentation. Note: re-engaging with applicants to clarify cost estimates is one of the largest causes of application review delays. Providing clear, and where possible third-party document supported, cost justifications in your original application is one of the best ways to ensure timely processing of your application.

Upon validation of all costs, NJEDA will sum all the one-time costs for the project in New Jersey. This total will be the projects Total One-time Project Cost estimate.

NJEDA will then compute a Net Present Value for all the annual ongoing costs for the project in New Jersey for each of the years that the applicant is requesting to utilize as their project's Commitment Period. The result of this calculation will be the New Jersey project's Total Ongoing Project Cost estimate.

NJEDA will then calculate the Total New Jersey Project Comparison Cost by summing the Total One-time Project Cost and the Total Ongoing Project Cost.

NJEDA will repeat this procedure for the Alternative Project Location to calculate the Total One-time Alternative Project Cost, the Total Ongoing Alternative Project Cost, and the Total Alternative Project Comparison Cost respectively.

See below for a full list of both one-time and ongoing costs and descriptions of each cost category.

Applicants should complete an entry for each cost category. If there are no associated projects costs in the category, please enter "0" in the value field and "N/A" in the justification field.

In cases where there are significant differences in the alternative site as compared to the New Jersey location that would significantly alter the cost basis for the two projects (e.g., if the applicant was considering a 100,000 square foot Class A office facility in New Jersey and a 150,000 square foot Class B office facility in the alternative locations), please correct costs to create an "apples to apples" comparison. All adjustments should be made in the alternative location column and should be clearly explained in the justification field or in a supporting document.

NJEDA will also utilize the validated cost categories to determine the New Jersey project's estimated Eligible Capital Investment. Eligible Capital Investment will be calculated using the following categories:

- *Hard construction costs for new construction*
- *Hard construction cost for renovations, repairs, or improvements*
- Remediation
- Demolition and site preparation
- Site-related utility and infrastructure improvements
- Permanent heavy machinery and equipment acquisition and installation
- Furniture, Fixtures and Office Equipment
- *One-time technology infrastructure costs*
- Landlord contributions
- Eligible project soft costs (may be up to 20% of the total of all above categories)

Finally, NJEDA will utilize the validated cost category information to determine the New Jersey project's estimated Hard Construction Cost, which will be used as an input into the Net Benefit Analysis. Hard Construction Cost will be calculated using the following categories:

- Hard construction cost for renovations, repairs, or improvements
- Remediation
- *Demolition and site preparation*
- *Site-related utility and infrastructure improvements*
- Landlord contributions

### **UPFRONT COST CATEGORIES AND DEFINITIONS**

- **Building acquisition** (only for arms-length transactions)
- *Land acquisition* (if separate from building acquisition and only for arms length transactions)
- Hard construction costs for new construction (of buildings, structures, or facilities)
- Hard construction cost for renovations, repairs, or improvements (of a building, structure, or facility)
- **Remediation** (both site and building remediation can be included; please exclude any federal, state or local financial assistance)
- Demolition and site preparation
- **Site-related utility and infrastructure improvements** (including but not limited to: water, electric, sewer, and stormwater, and transportation infrastructure improvements; landscaping and tree planting; solar panel and energy storage components installations, installation costs of renewable energy systems, etc.)
- Permanent heavy machinery and equipment acquisition and installation (please include any major machinery or equipment that is permanently built into the facility and could not be moved to another location; examples of this type of equipment include a heavy-lift crane that is built into the facility or production equipment that the facility is built into the facility and installed before construction is completed; do not double count any costs already included in hard construction costs)
- Eligible project soft costs (eligible costs include, but are not limited to: architecture, design, permitting and permit fees, engineering, financing and legal, loan origination and closing costs, construction management, and freight and shipping delivery; note: for the sake of calculating the eligible capital investment for a project, soft costs totaling up to 20% of the six previous cost categories will be eligible; any excess costs in eligible categories will not be included in the capital investment calculation)
- Ineligible project soft costs (ineligible project soft costs will be included in the overall project cost comparison across sites, but will not be included as eligible capital investment to meet the Emerge Program's eligibility requirements; please include costs such as air fare, mileage, tolls, gas, meals, related to project development, site launch marketing costs, temporary signage costs, incentive consultant fees, Authority tax credit application fees, loan interest payments, escrows, or other similar costs).
- Non-permanent machinery and equipment acquisition and installation (including, but not limited to: movable production equipment, vehicles, and other heavy machinery that could be removed to another site or sold if the site were to be re-purposed for an alternative use; capital leases of non-permanent machinery and equipment can be included in this section as outlined in the program regulations)
- Furniture, fixtures and office equipment (such as copiers, desks, lighting fixtures, and other similar items; capital leases of furniture, fixtures, and office equipment can be included in this section as outlined in the program regulations)
- One-time technology infrastructure costs (including items such as local area network, servers, routers, and similar IT investments; excluding software, wireless service plans, or any other ongoing costs)
- One-time human resources-related costs (including severance, employee relocation costs, recruitment bonuses)

- Lease termination costs (please include any early lease termination costs associate both with any NJ locations or alternative locations)
- **Moving Costs** (including packing material)
- Other one-time costs (please specify what these costs are in the justification field; NJEDA staff will review justification and supporting documentation and determine eligibility of these items at the Authority's discretion)
- Landlord contributions (please specify the total amount of the above costs that are expected to be paid for by the site's landlord on behalf of the applicant (tenant); please provide additional documentation regarding these costs or allowances in the justification field)

#### ONGOING ANNUAL COST CATEGORIES AND DEFINITIONS

- **Rental costs** (Annual please utilize this cost category if you are a tenant in a landlord owned facility)
- Ownership costs (Annual if you have purchased your facility/site, please estimate the annual cost of ownership of the asset. For example, calculate the terminal value of the facility/site at the end of the project's commitment period; calculate the difference between the current fair market value (such as a sales price) and the terminal value; divide that difference by the total number of years in your commitment period, add in any relevant ongoing annual financing costs, and include that figure into this cost category; please provide a description of the methodology you are using in the justification field and support it with an attached document)
- **Real estate taxes** (Annual)
- **Property insurance** (Annual)
- **Building maintenance** (Annual)
- **Electricity** (Annual)
- *Other utilities* (Annual)
- Estimated payroll (Annual; applicants can include estimates that reflect the different labor market conditions across New Jersey and the alternative site; adjustments derived solely from changes in average tenure of employees due to current employees not relocating and being replaced by new employees should be excluded unless those savings can be realized in both the New Jersey and the alternative locations)
- **Disability & unemployment insurance** (Annual)
- **Healthcare coverage costs** (Annual)
- Facility security costs (Annual)
- **Facility transportation costs** (Annual including company-paid shuttle services, parking facility costs, and other related items)
- Inbound/outbound distribution and logistics costs (Annual include only costs that are directly linked to the specifics of distribution and logistics related to the project site; you may exclude this category if distribution and logistics costs will be similar across both New Jersey and the alternative location)
- Other annual costs (please specify what these costs are in the justification field; NJEDA staff will review justification and supporting documentation and determine eligibility of these items at the Authority's discretion)

# Please identify below all the One Time Costs of the project. You can add multiple one time costs by clicking on 'Add One Time Costs' button.

Cost Type	Building Acquisition
Cost for the above selected Cost Type at New	30,000,000.00
Jersey Project Location	

Cost for the above selected Cost Type at	80,000,000.00
Alternate Project Location	00,000,000.00
Who is incurring the cost at New Jersey	Applicant
Project Location	
Who is incurring the cost at Alternate	Applicant
Project Location	
Other (New Jersey Project location)	
Other ( Project Location)	
Justification / Description for New Jersey	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Project Location	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	X
Justification / Description for Alternate	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	Α
Cost Type	Hard construction cost for renovations, repairs,
dost Type	or improvements
Cost for the above selected Cost Type at New	5,000,000.00
Jersey Project Location	-,,
Cost for the above selected Cost Type at	0.00
Alternate Project Location	
Who is incurring the cost at New Jersey	Applicant
Project Location	
Who is incurring the cost at Alternate	Applicant
Project Location	
Other (New Jersey Project location)	
Other ( Project Location)	
Justification / Description for New Jersey	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	***************************************
Project Location	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	**************************************
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location  Justification / Description for Alternate	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location  Justification / Description for Alternate	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location  Justification / Description for Alternate	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location  Justification / Description for Alternate	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Project Location  Justification / Description for Alternate	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

# **Summary of One-Time Costs**

Total One-Time Project Costs at New Jersey

Project Location **\$35,000,000.00** 

Total Eligible Capital Investment at New Jersey

Project Location (Amount A)

\$5,000,000.00

Total Hard Construction Costs at New Jersey

Project Location

\$5,000,000.00

Total One-Time Project Costs at Alternate

Project Location **\$80,000,000.00** 

Total Eligible Capital Investment at Alternate

**Project Location** 

\$0.00

Total Hard Construction Costs at Alternate

**Project Location** 

\$0.00

Based on the values entered on 'New Jersey Project Location' page, the 'Minimum Qualified Capital Investment' (Amount B) would be:

\$8,000,000.00

How much of the total capital investment will be associated with industrial or warehousing space? (This will be used to calculate the Excess Capital Investment Bonus)

0.00

Your 'Total Expected Capital Investment (A)' is less than the 'Minimum Qualifying Capital Investment (B)' as shown above. To satisfy the minimum capital investment requirement, you may donate the balance of the minimum capital investment requirement to a local infrastructure recovery fund. (This should be at least 'Minimum Qualifying Capital Investment (B)' minus 'Total Expected Capital Investment (A)' amount to satisfy the minimum capital investment insufficiency.) **100,000,000.00** 

### Please upload the Cost Comparison Worksheet

Click here to download the Cost Comparison Worksheet

# **Award Timelines and Project Costs (Continue)**

## **Annual Ongoing Costs**

In this section, please identify annual ongoing costs.

Cost Type	
Cost for above selected Cost Type at New	
Jersey Project Location	
Cost for above selected Cost Type at	
Alternate Project Location	
Who is incurring the cost at New Jersey	
Project Location	
Who is incurring the cost at Alternate	
Project Location	
Other ( New Jersey Project Location)	
Other ( Alternate Project Location)	

Justification / Description for New Jersey	
Project Location	
Justification / Description for Alternate	
Project Location	
Cost Type	
Cost for above selected Cost Type at New	
Jersey Project Location	
Cost for above selected Cost Type at	
Alternate Project Location	
Who is incurring the cost at New Jersey	
Project Location	
Who is incurring the cost at Alternate	
Project Location	
Other ( New Jersey Project Location)	
Other ( Alternate Project Location)	
Justification / Description for New Jersey	
Project Location	
Justification / Description for Alternate	
Project Location	

Total Annual Ongoing Project Costs at New Jersey Project Location **\$805,000,000.00** 

Total Annual Ongoing Project Costs at Alternate Project Location **\$1,005,000,000.00** 

Have you made any adjustments to any of the alternate site project costs to create a fair comparison to the NJ location?

No

Please explain what adjustments were made

# **Award Timelines and Project Costs (Continue)**

## **Sources of Funding**

In this section, please identify Sources of Funding.

Based on the project costs reported in the prior section, the total eligible capital investment associated with this project for New Jersey location is expected to be:

5,000,000.00

In this section, we will need more information about the sources of funding the applicant intends to utilize to support the total eligible capital investment.

All funding sources must equal or exceed the total eligible capital investment amount for the New Jersey project location (Amount A)

Funding Source Name	Funding Source Type	Please describe the other funding source type	Funding Source Amount
self	Applicant Equity		\$1,000,000,000.0 0

Total Identified Funding Source Amount **\$1,000,000,000.00** 

## **Development Subsidies**

Is the applicant requesting/receiving development subsidies as defined by P.L. 2007, c. 200 (N.J.S.A. 52-39-1)?

No

## **Development Subsidies**

Examples include but are not limited to State, Federal or local grants; Foundation grants; PILOT agreements (Payments In Lieu Of Taxes) etc.

Name of Granting Body	Anticipated or	Date	Amount of Development
	Committed		Subsidy

Total of Development Subsidies **\$0.00** 

# **Project Bonus Criteria**

In this section, we will collect information to help us determine the tax credit bonuses for your project is eligible.

The Emerge Program has several bonuses that can increase a projects annual per-job awards based upon factors such as the number of new jobs created, median salary of the new jobs, level of capital investment, etc. Eligibility for those bonus categories will be assessed by NJEDA based upon the information provided elsewhere in this application.

In addition, there are a number of policy-based bonuses that a project could receive. The following question will help NJEDA assess the eligibility of the proposed project for those policy-based bonusses. These bonus categories also enable NJEDA to provide higher award amounts through it's "Inducement Methodology" (i.e., when a project's New Jersey to alternative site cost gap is less than its calculated award).

Note, NJEDA staff will confirm that the applicant has fulfilled the requirements of each bonus criteria awarded by the NJEDA Board during the project certification process (i.e., before any tax credits are awarded). Please indicate participation in bonuses that you reasonably believe that the applicant will actually complete. Significantly over-estimating bonuses at approval may cause NJEDA to re-run certain analyses, such as the net-benefit test, at certification.

Do you anticipate that the project will enter into a Labor Harmony Agreement for new or retained full-time employees involved in retail, distribution, or warehousing? Please distinguish between new/retained full-time employees at the QBF and new full-time employees outside of the QBF, and specifically how many in each group do you expect will enter into a Labor Harmony Agreement. **No** 

How many new jobs will be covered by the Labor Harmony Agreement?

How many retained jobs will be covered by the Labor Harmony Agreement?

Please provide a 1–2 paragraph narrative description explaining this part of your project.

Does the applicant company intend to provide all project employees with access to child care—either through an on-site quality child care facility free of charge to its employees, or by offering employees a minimum of \$1,500 per employee per year in reimbursements, subsidies or vouchers, paid by the applicant company for the cost of child care?

#### No

Please provide a 1–2 paragraph narrative description explaining this part of your project. In the description, please provide details as to whether the child care will be on-site or a reimbursement/voucher-based model. While the bonus will be available to all eligible new and retained jobs regardless of use, please estimate how many employees are expected to utilize the program annually.

Does the applicant intend to enter into a re-entry program for the purposes of identifying and promoting employment opportunities at the applicant for former inmates and current inmates leaving the corrections system, and does the applicant intend to hire at least one active participant from the re-entry system?

### No

Please provide a 1-2 paragraph description explaining this part of your project. In the description, please provide details on whether you have already engaged with a potential re-entry program or intend to do so in the future. While the bonus will be available to all eligible new or retained jobs regardless of whether or not they are criminal justice involved individuals, please estimate how many jobs you expect to fill through individuals from the re-entry program for this project.

Will the project generate at least 50% of the Qualified Business Facility's energy through on site solar, geo-thermal, wind or other renewable or distributed energy generation?

No

Please provide a 1-2 paragraph narrative description explaining this part of your project. In the description, please provide details on the size of the anticipated on-site solar, geo-thermal, wind or other renewable or distributed energy installations, how this will fit into your capital investment, and

any relevant corporate sustainability goals already announced by the applicant company or applicant's parent company.

Does the applicant company intend to fund a training program specific to the applicant company's industry, which has the capacity to enroll 10 percent or more of the applicant company's full-time workforce, or pay a State educational institution to provide to the public a training program specific to the applicant company's industry? Please note, this means industry-specific workforce training, and does not mean onboarding, professional development, or other standard forms of training that are routinely offered to employees, regardless of industry.

No

Will this training be provided by a State educational institution that is within 10 miles of the qualified business facility?

Please provide a 1–2 paragraph narrative description explaining this part of your project. In the description, please provide details on whether you have already engaged with potential educational institution training partner or if you intend to run the training program internally. Please explain if you anticipate this training will be for existing workforce or it will be made available to other members of the public.

Is the applicant engaged in a targeted industry, and does the applicant intend to use the Qualified Business Facility to conduct a full-time collaborative research relationship with a college or university? The full-time collaborative research relationship must commence after approval of the application and must require at least 35 hours per week of collaborative activity.

No

Please provide a 1–2 paragraph narrative description explaining this part of your project. In the description, please provide details on whether you have already engaged with New Jersey-based colleges or universities. Please explain what the topic of the collaborative research relationship would be and how the program would operate.

Will the qualified business facility be located in a qualified incubator facility, defined as a commercial building located within an incentive area: that contains 5,000 or more square feet of office, laboratory, or industrial space; that is located near and collaborating with a research institution, teaching hospital, college, or university; with at least 50 percent of the gross leasable area restricted for use by one or more technology startup companies?

No

Please provide a 1–2 paragraph narrative description explaining this part of your project. In the description, please provide details on which qualified incubator facility you project would utilize and your current relationship with that incubator. Please explain how your company would engage with other members of New Jersey's innovation economy located at the incubator.

Will the project be a marine terminal project in a municipality located outside a government-restricted municipality, but within the geographical boundaries of the South Jersey Port District?

No

Please provide a 1–2 paragraph narrative description explaining this part of your project. In the description, please include details on the proposed projects location, any prior experience running marine terminal projects in New Jersey or elsewhere, and any interactions the applicant company has had with the South Jersey Port Corporation to date. Please provide information on the South Jersey Port Corporation's level of interest in participating in this project.

What level of LEED Certification, if any, will the Qualified Business Facility achieve? **None** 

Please provide a 1–2 paragraph narrative description explaining this part of your project. In the description, please provide details on where in the LEED rating process you are currently and if the applicant company has any prior experience with LEED certified facilities. Please confirm that any incremental costs associated with the LEED certification process have been included in the proposed Total Project Costs for both the New Jersey project location and the alternative location.

A bonus available under Emerge if one-third or more of the members of the applicant's governing board or other governing body self-identify as members of an underrepresented community, which shall be Black, African American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, Alaska Native or lesbian, gay, bisexual, or transgender. If the applicant wishes to pursue this bonus, NJEDA reserves the right to speak with governing body members and/or collect information from the business or governing body members for compliance purposes.

Please select the option that is most accurate:

### The applicant does not wish to pursue this bonus

Please share any information that you can about how the governing body meets this requirement

# **Other Factors Driving Your Decision Making**

In this section we will collect information on the other factors that may be driving your decision making on where to locate the proposed project.

Additional Factors Driving Your Decision Making

Please provide a 3-4 paragraph narrative description of the business's rationale for the following:

- Please provide a description of the overall business rationale for locating this project in New Jersey. In your narrative, please specifically address the following:
  - Do you believe New Jersey's geographic location or infrastructure provide a unique benefit to this project compared to the alternate project location? Why or why not?
  - Do you believe this project would benefit from New Jersey's large retail / corporate customer base compared to the alternate project location? Why or why not?
- In addition, please also include information on what the business rationale would be for locating the project In the alternate location instead of New Jersey.

Alternatively, you may also choose to upload this as a document to be attached to the application.

## **Key Factors**

In alignment with the above narrative, please select (up to five) the most important factors that are driving the applicant's decision as to where to locate the project. Please weight these factors utilizing a total of 100 points. The higher the point total assigned to a factor, the more important it is to the applicant's decision making.

Factor	Weight
Costs	50
Talent Pool	50

**Total Weight** 

# **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: **No**Women: **No**Veteran: **No**LGBTQ: **No**Disabled: **No** 

None of the above are applicable: Yes

Prefer not to answer: No

Please indicate the majority owner's race(s)

Black or African American: No

American Indian and Alaskan Native: No

Asian: No

Native Hawaiian or Other Pacific Islander: No

Some Other Race: **No** Prefer not to Answer: **No** 

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

Black: No

East Asian (e.g., Chinese, Korean): No

Latino/a/x or Hispanic: No

Middle Eastern/Northern African (e.g., Egyptian, Iranian): No

North American Aboriginal, Alaska Native, First Nations, Metis, or Inuit: No

South Asian: (e.g., Indian, Sri Lankan): **No** Southeast Asian (e.g., Thai, Vietnamese): **No** 

Other: No

Prefer Not to Answer: No

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

Small Business Enterprise (SBE): **No** 

Disadvantaged Business Enterprise (DBE): **No**Minority-Owned Business Enterprise (MBE): **No**Woman-Owned Business Enterprise (WBE): **No**Veteran-Owned Business Enterprise (VBE): **No** 

Disable Veteran-Owned Business Enterprise (DVOB): No

None of the Above / I do not wish to identify: Yes

Prefer Not to Answer: No

#### Additional DE&I Information

In this section, we would like more information about any actions your company has taken or is taking with respect to Diversity, Equity & Inclusion. If these questions are not applicable, you may skip them.

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

Question is not applicable: Yes

Prefer not to answer: No

Please describe whether your company'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: Yes

Prefer not to answer: No

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

Question is not applicable: Yes

Prefer not to answer: No

#### **DE&I Initiatives Detail**

## Please upload any documentation detailing diversity initiatives, if available.

File upload will be available under the document type "DE&I Initiatives Detail."

# **Prevailing Wage and Other Program Requirements**

Construction and buildings services activities under Emerge are subject to New Jersey affirmative action and prevailing wage requirements. We want to make sure you are aware of this requirement.

Projects that have a total upfront project cost of at least \$10 million must enter into a community benefits agreement with NJEDA and the municipality in which the project is located. In some circumstances, the municipality may request that the relevant county enter into the agreement on the municipality's behalf. Certain other exceptions are possible when a project over \$10M in total upfront project cost is located at a site with an existing redevelopment agreement and the municipality or county certifies the NJEDA's Tax Credit Approval Letter.

For any questions about this requirement, please contact your NJEDA representative.

I have read the above statement and understand the Emerge Program's Community Benefit Agreement requirement.

#### Yes

Be advised that projects utilizing financial assistance for construction related costs are subject to state prevailing wage requirements. In addition, the Emerge Program also has prevailing wage requirements for building service workers.

If your application is approved all construction contracts related to this project must pay at least the relevant prevailing wage rate. This requirement will continue for two years after your first receipt of tax credits for those construction contracts subject to the New Jersey Prevailing Wage Act.

In addition, if your application is approved, all building service worker contracts (such as janitors, security guards, maintenance staff, etc.) must pay at least the relevant prevailing wage rate. This requirement will continue for the full commitment period of the project.

All contractors and subcontractors must be registered with Public Works Contractor Registration Act.

Effective April 1, 2020, any and all construction contracts awarded in New Jersey that require payment of prevailing wage must provide proof of valid Construction Contractor Registration Certification (CRC). The Act will not require contracts that were awarded prior to April 1, 2020 to provide proof of CRC. Bidders cannot list any subcontractors in any bid proposal unless the subcontractor is registered. Information regarding this Act can be found on the New Jersey Department of Labor's Website.

If you have any questions about these requirements, please contact your NJEDA representative before submitting this application.

I acknowledge that any construction on this project is subject to Prevailing Wage. **Yes** 

I acknowledge that any building services on this project is subject to Prevailing Wages. ("Building services" means any cleaning or routine building maintenance work, including but not limited to sweeping, vacuuming, floor cleaning, cleaning of rest rooms, collecting refuse or trash, window cleaning, securing, patrolling, or other work in connection with the care or securing of an existing building, including services typically provided by a door-attendant or concierge. "Building services" shall not include any skilled maintenance work, professional services, or other public work for which a contractor is required to pay the "prevailing wage" as defined in section 2 of P.L.1963, c.150 (C.34:11-56.26). Additionally prevailing wage shall also apply to Building Services at the Qualified Business Facility during the Commitment Period and any Extended Commitment Period.)

I acknowledge that any contractor working on this project must be registered with the New Jersey Department of Labor (DOL) prior to the start of construction.

Yes

I certify that any contractors or subcontractors that will perform work at the redevelopment project: (1) are registered as required by "The Public Works Contractor Registration Act," P.L.1999, c.238 (N.J.S.A. 34:11-56.48 et seq.); (2) have not been debarred by the Department of Labor and Workforce Development from engaging in or bidding on Public Works Contracts in the State; and (3) possess a tax clearance certificate issued by the Division of Taxation in the Department of the Treasury.

#### Yes

#### **Notice Form**

Please download, complete, and attach the <u>Notice Regarding Affirmative Action / Prevailing Wage</u> & Green Buildings Form.

# **Application Representation**

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

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

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

Please Describe

# **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 following 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.

## Legal Questionnaire

<u>Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C.</u>

**Certification of Application** 

## **Legal Questionnaire**

File upload will be available under the document type "Legal Questionnaire"

# Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3

File upload will be available under the document type "Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3"

## **Certification of Application**

File upload will be available under the document type "Certification of Application"

# New Jersey Economic Development Authority Legal Questionnaire

## Applicant Name: XYZ

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 people who have 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? **njeda\_hassignificantowners** 

#### **Affiliates Owners**

Entity/Individual	Ownership Percentage

## **Applicant-Owned Affiliates**

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

Entity	FEIN#

#### Other Affiliates

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

Entity	FFIN #
Literal	1 2 11 4 11

#### **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 officers or directors of Applicant, or any 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. **No** 

- 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. **No**
- 3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C. 874). **No**
- 4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision.

No

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.).

No

- 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. **No**
- 7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries.

  No
- 8. Debarment by any department, agency, or instrumentality of the State or Federal government. **No**
- 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.

No

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

- 10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million.
  - I. Laws banning or prohibiting discrimination or harassment in the workplace.
- II. Laws prohibiting or banning any form of forced, slave, or compulsory labor.
- III. The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other "Whistleblower Laws" that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.
- IV. Securities or tax laws resulting in a finding of fraud or fraudulent conduct.
- V. Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.
- VI. Laws banning anti-competitive dumping of goods.
- VII. Anti-terrorist laws.
- VIII. Criminal laws involving commission of any felony or indictable offense under State or Federal law.
  - IX. Laws banning human rights abuses.
  - X. Laws banning the trade of goods or services to enemies of the United States.

No

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

### **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.

No

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

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

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

File upload will be available under the document type "Legal Questionnaire Addendum."

## CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO RELEASE INFORMATION

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 **JaneDoe** 

Title CEO

Date Signed **7/1/2025 3:11 PM** 

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

Program Name: **Emerge Program** 

Applicant Name: XYZ

Applicant DBA:

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. 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

Yes

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

No

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.)

No

## If applicable, provide Additional Certification of Federal License

I, the undersigned, certify that Applicant is currently engaged in activity in Russia and/or Belarus, but is doing so consistent with federal law and/or regulation and/or license. Provide a detailed description of how the Applicant's activity in Russia and/or Belarus is consistent with federal law, or is within the requirements of the federal license.

## Russia Belarus Federal License

Please provide a copy of the Federal license.

# **Authorized Signature**

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

Applicant Authorized	Name	Title	Applicant FEIN
Representative			
	Jane Doe	CEO	12-3456789

E-Signature of Applicant Authorized Representative **Jane Doe** 

## **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.

# **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 program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I,Jane Doe, 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.

## Yes

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.

#### Yes

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.

#### Yes

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.

#### Yes

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

#### Yes

## **Fee Payment**

There is a **\$15,000.00** non - refundable application fee. The NJEDA will not begin review of your application until the application fee has been received.

In addition, the NJEDA charges fees during the application, approval and closing process. These fees vary depending upon the product chosen to fit your needs and the complexity / size of the project.

Please select a payment method:

Wire

### **Check Instructions:**

Please make check payable to NJEDA and mail to the below address:

**NJEDA** 

P.O. Box 990

36 West State Street

Trenton, NJ 08625-0990

Reference: Please include the product code **EMERGE**, **Applicant Name** and Applicant ID#: **CAPP-00030123** 

Application Id: CAPP-00030123

# **Payment Details**

Applicant Organization Name **XYZ** 

Application Fee Request ID **FREQ-0346455** 

Fee Amount **\$15,000.00** 

Payment	Method
Wiro	

# **Electronic Signature**

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.

End of Document
Full Name  Jane Doe
I am an Authorized Signer for this organization, and I accept the above terms and conditions. <b>Yes</b>
I agree to be bound by electronic signatures.  Yes
signatory to this document, also agree to be bound by electronic signatures.