



Application ID: [REDACTED]

Date Submitted: [REDACTED]

## NJ ZEV

### Language Access

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Is English your primary language?

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

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

### Primary Point of Contact

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

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

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

Salutation

First Name

Middle Initial

Last Name

Suffix

**Title**

**Email Address**

**Email Address Confirmed**

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

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

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

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

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?**

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

**Primary Point of Contact Address**

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**Country**

**Street Address 1**

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

**Street Address 2**

*Suite, Apt, Floor, etc.*

**City**

**State / Province**

**Zip / Postal Code**

## Authorized Representative

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*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

#### Middle Initial

#### Last Name

#### Suffix

#### Title

#### Email Address

#### Email Address Confirmed

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

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

## Authorized Representative Address

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#### Country

#### Street Address 1

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

#### Street Address 2

*Suite, Apt, Floor, etc.*

#### City

#### State / Province

**Zip / Postal Code**

[REDACTED]

## Chief Executive Officer/Owner/Equivalent

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

**Salutation**

**First Name**

[REDACTED]

**Middle Initial**

**Last Name**

[REDACTED]

**Suffix**

**Title**

[REDACTED]

**Email Address**

[REDACTED]

**Email Address Confirmed**

[REDACTED]

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

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

**Chief Executive Officer/Owner/Equivalent Address**

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**Country**

[REDACTED]

**Street Address 1**

[REDACTED]

*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**

[REDACTED]

**State / Province**

**Zip / Postal Code**  
[REDACTED]

## Consultant Information

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

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

[REDACTED]

**Salutation**

**First Name**

**Middle Initial**

**Last Name**

**Suffix**

**Company**

**Title**

**Email Address**

**Email Address Confirmed**

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

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

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

**Government Affairs Registration Number**

**Consultant Information Address**

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**Country**

**Street Address 1**

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

**Street Address 2**

*Suite, Apt, Floor, etc.*

**City**

**State / Province**

**Zip / Postal Code**

## **Legal Counsel**

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*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?**

**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**

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**Country**

**Street Address 1**

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

**Street Address 2**

*Suite, Apt, Floor, etc.*

**City**

**State / Province**

**Zip / Postal Code**

**Accountant Information**

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*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?**



**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**

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**Country**

**Street Address 1**

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

**Street Address 2**

*Suite, Apt, Floor, etc.*

**City**

**State / Province**

**Zip / Postal Code**

## **Media Contact**

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*NJEDA often works with an applicant's public relations or media relations representatives on press releases and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.*

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

**Salutation****First Name****Middle Initial****Last Name****Suffix****Company****Title****Email Address****Email Address Confirmed****Phone Number and Extension (if available)**

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

**Media Contact Address**

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**Country****Street Address 1**

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

**Street Address 2**

*Suite, Apt, Floor, etc.*

**City****State / Province****Zip / Postal Code**

## Applicant Organization

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

### Applicant Organization Name

The full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName>.

### Applicant Doing Business As (DBA)

Does your business operate under a different name?

### Certificate of Alternate Name

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

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

### Applicant Entity Type

What is the ownership structure of the applicant?

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

### Date Established

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

## Mailing Address

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### Country

### Street Address 1

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

### Street Address 2

### City

### State / Province

### Zip / Postal Code

**Applicant Country of Incorporation/Formation**  
[REDACTED]**Applicant State of Incorporation/Formation**  
[REDACTED]**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)**  
[REDACTED]

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

**Applicant New Jersey Tax ID Number**  
[REDACTED]**Applicant Organization's Phone Number and Extension**  
[REDACTED]

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

**Applicant Organization's Website**  
[REDACTED]

**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.**

  
[REDACTED]

## NAICS

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

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

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

## Tax Clearance Certificate

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

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

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

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

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.

## EDA Vehicle Programs

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**Are you also applying for an NJ ZIP voucher from NJEDA for the vehicle(s) for which you are seeking NJ ZEV Financing?** [REDACTED]

The NJEDA offers the NJ ZIP program to provide voucher-style grants to reduce the up-front cost of medium and heavy duty zero emission vehicles.

**Please provide the Application Record Number for your NJ ZIP Application for reference (if known).** [REDACTED]

Your Application Record number can be found in the application portal or PDF record of your application.

## OBC Eligibility

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**Do you consider yourself to be an Overburdened Community Applicant to the NJ ZEV Financing program based on the explanation below??** [REDACTED]

A portion of the program funding is temporarily set aside for Overburdened Community Applicants who are defined as follows:

1. The Applicant organization's business address (property can be owned or leased) is located within an Overburdened Community or formally designated Adjacent Community;

AND

2. The Applicant commits to registering new vehicles financed via the NJ ZEV Program to an Applicant's business located within an Overburdened Community or formally designated Adjacent Community.

See online map linked below of New Jersey Overburdened Communities (OBCs) as defined by the State's Environmental Justice Law.

<https://experience.arcgis.com/experience/548632a2351b41b8a0443cf3a9f4ef6>

What is the address you are using to justify this qualification?

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**Country**  
[REDACTED]

**Address Line 1**  
[REDACTED]

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

**Address Line 2**

**City**  
[REDACTED]

**State**

**Zip Code**  
[REDACTED]

**Please upload proof of property for the provided address. This can include lease agreement, deed, property tax records, utility bills, etc.**

File upload will be available under the document type “**Proof of Property**”

**Do you agree to register any new vehicles financed via the NJ ZEV program to an Applicant owned or Applicant leased property that is located within an Overburdened Community or formally designated Adjacent Community?**

*This is a requirement in order to obtain access to the OBC Applicant set-aside amount. It does not need to be same address as the organization's business address/headquarters if the organization owns/leases multiple properties within Overburdened Communities or formally designated Adjacent Communities.*

**Is there any other additional information you wish to share about your Overburdened Community Applicant status or clarification to answers to the above questions?**

## **Existing Fleet**

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**Does your entity/organization have an existing motor vehicle in operation in New Jersey?**

*An existing vehicle is not required to receive NJ ZEV Financing. This question is for information purposes only and will not affect Application eligibility.*

**How many existing vehicles in total does your entity currently have in operation (own or lease) in New Jersey?**

*Include all vehicles that are required to be registered with a state motor vehicle commission. This is for informational purposes only and will not affect Application eligibility.*

**What are your existing vehicle(s) currently used for in New Jersey?**

*Explain generally what your organization uses vehicles for, this can include multiple applications with different vehicle types. (e.g.: Buses for local passenger transportation on fixed route, maintenance vehicles for garbage/recycling pick-up, tractor trailers for long-haul trucking, etc.). This is for informational purposes only and will not affect Application eligibility.*

**What is the average age of your existing vehicle(s) in NJ?**

**Is there any other additional information you wish to share about your entity's existing vehicles or clarifications to answers provided above?**

## **Proposed Vehicles**

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**Are you purchasing a new zero emission vehicle(s)?**

**Is your vehicle(s) intended for commercial or industrial use (i.e., not personal use)?**

*Personal use vehicles are not able to be financed under the program.*

**Do you intend to purchase and register the vehicle(s) within 18 months of receiving a loan commitment letter from NJEDA?**

For at least 3 continuous years following registration in New Jersey, will the vehicle(s) remain registered and operate with more than 75% of vehicle miles traveled (VMT) in New Jersey?

I acknowledge that I will be required to report vehicle usage via telematics device or similarly approved technology to prove my vehicle operation is in compliance with this in-state mileage requirement.

**NJ ZEV** requires applicants to report via a State-provided telematics device vehicle mileage for the 3-year compliance period.

**I acknowledge that NJEDA will be placing a lien on all vehicles financed via the NJ ZEV Financing program.**

**NJEDA** will place a lien on the title of financed vehicles. This lien will be released when loan obligations are resolved.

**I acknowledge that I will be required to name NJEDA as an additionally insured party on my vehicle insurance policy.**

*NJ ZEV requires applicants to name NJEDA as additionally insured.*

**What approved program vendor will you be using to purchase your vehicle(s)?**

Burke Chevrolet,cadillac,gmc inc.

Only one vendor may be selected per application. NJ ZEV Financing program uses the same approved vendors as the NJ ZIP program. The list of approved vendors can be found here: <https://www.njeda.gov/nj-zip-vendor-list/>. Note, you may switch your selected vendor prior to accepting the NJ ZEV Financing Commitment Letter. After this time, selecting an alternate vendor will only be allowed for limited circumstances.

## Proposed Vehicles Continued

### How many vehicles will you be applying for?

*Please include a separate line item for each individual vehicle which you are replacing through the NJ ZEV program.*

What is the make/model of the vehicle you are intending to purchase?	Country	Street Address 1	Street Address 2	City	State	Zip code	What is the intended use of this vehicle?	What is the anticipated annual mileage for this vehicle?	Will you be leasing this vehicle to others?	How long do you plan to own the vehicle?
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**How will your zero-emission vehicle(s) purchased with NJ ZEV Financing be charged/fueled?**

*In order for an applicant to receive NJ ZEV Financing, they must have one of the following options for charging/fueling. If you have questions about charging/fueling infrastructure, please email [njzevfinancing@njeda.gov](mailto:njzevfinancing@njeda.gov).*

**Please upload proof of existing charging/hydrogen fueling infrastructure**

File upload will be available under the document type **“Proof of Existing Charging/Hydrogen Fueling Infrastructure”**

**Please upload proof of public charging infrastructure that is available for use. Identify the location of the infrastructure relative to vehicle location/operation.**

*Note: NJEDA cautions applicants that there are risks to ZEV owners relying extensively on public charging given unknown availability. Please reach out the NJ ZIP Help Desk for additional technical assistance and planning if you are relying exclusively on public charging infrastructure.*

File upload will be available under the document type **“Proof of Public Charging Infrastructure”**

**Please upload your developed and detailed plan for new charging/fueling infrastructure.**

File upload will be available under the document type **“Plan for New Charging/Fueling Infrastructure”**

**Is there any other additional information you wish to share about the vehicles intended to be purchased or clarifications to any of your answers provided above?**

**Please provide any additional supporting documents here**

File upload will be available under the document type **“Additional Supporting Documents”**

## **Vehicle Replacement**

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**Are you replacing (selling or scrapping) any of your existing medium/heavy duty vehicles with the new medium/heavy duty vehicle(s) financed by the NJ ZEV Program?**

*This is for data collection only and will not impact your eligibility to receive NJ ZEV Financing. If you are keeping your existing vehicles in operation, the answer to this question is "No."*

*Please include a separate line item for each individual vehicle which you are replacing through the NJ ZEV program.*

Vehicle Make & Model	Vehicle Gross Vehicle Weight Rating (GVWR):	Vehicle Model Year	Engine Model Year	Vehicle Fuel Type	Annual Fuel Usage (In Gallons)	Annual Mileage	Do you plan on scrapping or selling the vehicle being replaced?

**Is there any other additional information you wish to share about your entity's existing vehicles being replaced or clarifications to answers provided above?**

## **Financing**

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**What is the purchase price of your eligible vehicle? If purchasing multiple vehicles, provide the combined total purchase price for all vehicles you will use NJ ZEV Financing to purchase.**

[REDACTED]  
*This is the total purchase price of the vehicle(s), not including taxes, fees, or costs of supporting equipment (such as chargers).*

**Please upload a vehicle cost estimate (vendor quote):**

*Provide a quote from an eligible program vendor.*

File upload will be available under the document type **“Vehicle Cost Estimate”**.

**What is the amount of financing that you are seeking from the NJ ZEV program?**

[REDACTED]  
*How much of a loan are you requesting? NJ ZEV Financing loans must be a minimum of \$50,000 and are capped at \$500,000 per applicant.*

**Will you use the NJ ZEV Financing loan to pay for the full cost of the vehicle(s)?**

[REDACTED]  
*NJ ZEV Financing can cover up to 100% of total eligible project costs, but this is not required.*

**How do you plan to fund the balance of eligible vehicle costs not covered by NJ ZEV Financing loan?**

*NJ ZEV Financing must be the sole lender for every vehicle seeking financing under the program. Other costs can be met by existing cash on hand, other grants or incentives, or other general working capital available to the applicant entity.*

**Please upload other documents that may be relevant to proof of other funding for costs beyond the NJ ZEV Financing loan amount.**

File upload will be available under the document type **“Proof of Other Funding”**

**What is your organization's annual revenue based on your most recent tax filing?**

[REDACTED]  
**What other debt obligations, if any, does your organization currently have?**

*Please provide a summary of all outstanding debt obligations for the entity, including amount, type, and regular payments due. These can include mortgages, existing commercial loans, etc. Please complete and upload the attached [Debt Schedule form](#).*

File upload will be available under the document type **“Debt Obligations”**.

**Please upload recent business tax filing or financial summary statements for the organization for the previous 2 calendar years, including documentation to support the reported annual revenue and any other ongoing debt obligations.**

*Additional financial documentation may be requested during the Underwriting evaluation.*

File upload will be available under the document type **“Business Tax Filing or Financial Summary Statements”**.

**Please upload recent personal tax returns for the previous 2 calendar years for all owners of the Applicant organization with a minimum 10% ownership share of the Applicant entity.**

*Additional financial documentation may be requested during the Underwriting evaluation.*

File upload will be available under the document type **“Personal Tax Returns”**.

**Is there any other additional information you wish to share about your requested financing or clarifications to answers provided above?**

## Cannabis Questionnaire

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

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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?

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## Diversity, Equity, & Inclusion

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

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

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

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

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Black or African American: █  
American Indian and Alaskan Native: █  
Asian: █  
Native Hawaiian or Other Pacific Islander: █  
Other: █  
Prefer not to answer: █

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

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Black: █

East Asian (e.g., Chinese, Korean):

Latino/a/x or Hispanic:

Middle Eastern/Northern African (e.g., Egyptian, Iranian):

Native Hawaiian or Other Pacific Islander:

South Asian (e.g., Thai Vietnamese):

Asian, Other:

Other:

Prefer not to answer:

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

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Small Business Enterprise (SBE):

Disadvantaged Business Enterprise (DBE):

Minority-Owned Business Enterprise (MBE):

Woman-Owned Business Enterprise (WBE):

Veteran-Owned Business Enterprise (VOB):

Disable Veteran-Owned Business Enterprise (DVOB):

None of the above:

Prefer not to answer:

#### Additional DE&I Information

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

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



Question is not applicable

Prefer not to answer

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

**Question is not applicable**

**Prefer not to answer**

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

**Question is not applicable**

Prefer not to answer

## 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".

## Applicant Representation

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

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

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

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

## **Please Describe**

## 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

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 “**Legal Questionnaire**”

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**”

File upload will be available under the document type “**Certification of Application**”

New Jersey Economic Development Authority Legal Questionnaire

**Applicant Name:**

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

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

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

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

## DEFINITIONS

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

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

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

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

## RELEVANT AFFILIATES

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

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

### Affiliate Owners

Entity/Individual	Ownership Percentage (%)
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### Applicant-Owned Affiliates

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

Entity	FEIN # - if applicable
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### Other Affiliates

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

Entity	FEIN # - if applicable
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## RELEVANT TIMEFRAMES

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

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

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

### Part A. Past Proceedings

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

1. **Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract.**  
[REDACTED]
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.**  
[REDACTED]
3. **Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C. 874).**  
[REDACTED]
4. **Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision.**  
[REDACTED]
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.).**  
[REDACTED]

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.  
[REDACTED]
7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries.  
[REDACTED]
8. Debarment by any department, agency, or instrumentality of the State or Federal government.  
[REDACTED]
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, 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.

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

**10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million.**

- i. Laws banning or prohibiting discrimination or harassment in the workplace.
- ii. Laws prohibiting or banning any form of forced, slave, or compulsory labor.
- iii. *The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other "Whistleblower Laws" that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.*
- iv. Securities or tax laws resulting in a finding of fraud or fraudulent conduct.
- v. *Environmental laws, where the monetary award, penalties, damages, etc., amounted to more than \$1 million.*
- vi. Laws banning anti-competitive dumping of goods.
- vii. Anti-terrorist laws.
- viii. *Criminal laws involving commission of any felony or indictable offense under State or Federal Law.*
- ix. Laws banning human rights abuses.
- x. Laws banning the trade of goods or services to enemies of the United States.



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

**Part B. Pending Proceedings**

**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.**



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 diligent 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**

[REDACTED]

**Title**

[REDACTED]r

## Applicant Certifications

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

I, [REDACTED], 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.  
[REDACTED]

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.  
[REDACTED]

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.  
[REDACTED]

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.  
[REDACTED]

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

## Payment Method

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Select form of payment:  
[REDACTED]

## Payment Details Credit Card

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Applicant Organization Name: [REDACTED]

Application Fee Request ID: [REDACTED]

Fee Amount: [REDACTED]

## Payment Details Mail Check

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### **Pay by Check Instructions**

Please be advised that NJEDA must confirm receipt of check before any review of the application may begin.

Make check payable to: New Jersey Economic Development Authority

Mailing Address:

New Jersey Economic Development Authority  
36 West State St  
PO Box 990  
Trenton, NJ 08625-0990

### **Application Organization Name**

[REDACTED]

### **Application Fee Request ID**

[REDACTED]

**Fee Amount:**

[REDACTED]

### **Electronic Signature**

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

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

[REDACTED]

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

[REDACTED]

**Full Name**

[REDACTED]