

Angel Match Program

Sample Application

As of June 9, 2026

Program Overview

The *Angel Match Program* is set up to propel the creation of an entrepreneurial ecosystem that stimulates innovation and economic development, providing employment opportunities for New Jersey residents.

This program matches angel investors' direct investment in early-stage, product-based technology companies within targeted industries on a 1-to-1 basis with unsecured convertible notes ranging from \$100,000 - \$1,000,000.

The most up to date information and more resources about this program can be found at <https://www.njeda.gov/angelmatch/>.



**Applications are accepted on a rolling basis, with no set deadline.
Program funding is dependent on the U.S. Government's continuation of
funding to the State Small Business Credit Initiative (SSBCI).**

Sample Application

Welcome

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

Once ready click "Next" to begin the application

IMPORTANT TIP:

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

Welcome: Angel Match Program Application

Program Description

The Angel Match Program is designed to disburse funding from the State Small Business Credit Initiative (SSBCI), a federal program administered by the US Department of Treasury. SSBCI was created to cause and result in the lending and investment of private capital into small businesses, unlocking capital for companies that would otherwise not have access to it. The Angel Match Program aligns with the goals of SSBCI, as angel investing is a critical source of early-stage capital to help high-quality start-up ventures build and test their products as well as scale their business models. The Program matches angel investors direct investment in early-stage, product-based technology companies on a 1-to-1 basis with an unsecured convertible note from \$100,000 up to \$1,000,000.

The information provided in this application will be used for analysis and final decision.

To be eligible, the company must have a physical office within New Jersey and, if approved, close external investment within 60 days from receiving a NJEDA commitment letter. Full program requirements can be found on the Angel Match Program [website](#).

There is a non-refundable, \$1000 fee to submit this application.

All Angel Match Program investments are subject to NJEDA approval and review.

Potential applicants for the Angel Match Program should consult with an NJEDA Innovation Officer prior to applying. Please refer to the following [checklist](#) to ensure that your business is eligible.

Since the Angel Match Program is a federally funded program, applicants will be required to download and sign the following certifications in the application to comply with federal guidelines:

- SSBCI Borrower / Investee Use of Proceeds and Conflict of Interest Certification
 - SSBCI Sex Offender Investor / Investee Certification
 - SSBCI Borrower / Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals (SEDI Owned businesses)
- An Innovation Officer will guide you through the application process.

If you have any questions, please email: AngelMatch@njeda.gov

Please make sure to hit "save" or "submit" on this application before closing this tab, otherwise all inputted information will be lost.

Language Assistance

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

الالكترونى الى languagehelp@njeda.com كتبه: إنا كنت تحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانية متاحة لك عبر إرسال بريد

注意: 如果您說粵語, 可以透過傳送電子郵件至 languagehelp@njeda.com 免費獲取語言協助服務。

注意: 如果您說普通話, 可以通过发送电子邮件至 languagehelp@njeda.com 免費獲取語言協助服務。

ध्यान आपो: जौ तमे जुञ्जतती भोवता छीय तो, तमारा माटे languagehelp@njeda.com पर छ-मेछव करवाथी भाषा सहायता सेवाओ मङ्गलतमां उपलब्ध छै।

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

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

Next >

Save

Initial Screening

We strongly suggest contacting a NJEDA representative to determine your eligibility for funding prior to completing this application.

Send an email to innovation@njeda.gov to get connected with a representative. Once you have a specific representative, complete this page and select the team member you are working with from the drop down menu.

Select the Next button to go to the next application page. On every page you will also see a Save button. Selecting Save allows you to save your progress and return to the application at a later time.

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

Initial Screening

Are you currently working with an NJEDA representative? *

Please select the NJEDA Technology Innovation Team Member that has been assigned to you *

Next >

Save

Primary Point of Contact

On this page we collect basic contact information for the best person to be in contact with regarding the application.

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

The email you provide on this page will be used for all correspondence regarding the application, including fee information, submission confirmation, and any questions or missing information concerning the application.

Primary Point of Contact

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone Number *



REMINDER

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

Authorized Representative*

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

An authorized representative is someone who is legally authorized to make decisions on behalf of the applicant. This can include:

- the applicant's General Counsel or Chief Legal Officer
- 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.

*This page will only be visible if the individual filling out the application is not the authorized representative, as indicated on the *Primary Point of Contact* application page.

Authorized Representative

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone *

Chief Executive Officer/Owner/Equivalent*

Contact information is needed for the applicant's Chief Executive Officer/Owner/Equivalent.

If the primary point of contact is not the Chief Executive Officer/Owner/Equivalent, this page will appear so you can enter this information.

*This page will only be visible if the individual filling out the application is not the CEO.

Chief Executive Officer/Owner/Equivalent

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone

Consultant Information

While not required, some applicants may choose to utilize consultants.

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

IF YES, you will be asked to fill out the contact information for the consultant, including the question shown below, asking if the consultant is a registered governmental affairs agent.



Are you a Registered Governmental Affairs Agent? *

Yes No

Government Affairs Registration Number *

Consultant Information

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

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

Yes No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Company *

Title *

Email Address *

Media Contact*

If the primary point of contact is not authorized to speak to the media on behalf of the applicant, you will be asked to fill out the contact information for the authorized media contact.

Media Contact

NJEDA often works with an applicant company'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 company's media contact that will support on this project.

Would you like to designate a media contact? *

Yes No

Salutation

First Name *

Middle Initial

Last Name *

*This page will only be visible if the individual filling out the application is not authorized to speak to the media on behalf of the applicant organization.

Legal Counsel

Legal Counsel designation is not mandatory, however, it is helpful for application and award purposes for NJEDA to have the basic contact information for your legal counsel, if you have one designated at the time of application.

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. If you would like, please provide the contact information for the applicant company'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? *

Yes No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Email Address Confirmed *

Phone *

Is the legal counsel contact a Registered Government Affairs Agent? *

Yes No

Government Affairs Registration Number *

Would you like the listed legal counsel contact to receive email communications from NJEDA about the status of your application? *

Yes No

Legal Counsel Address *

Address Line 1

Applicant Organization

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

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

- [Legal Business Name](#)
- Entity Type
- Date Established
- Entity Formation Documents
 - Sole Proprietors should provide a [Certificate of Trade Name](#)
 - LLCs provide a [Certificate of Formation](#)
 - Corporations provide [Certificate of Incorporation and Bylaws](#)
 - Nonprofits provide [Certificate of Incorporation and Bylaws](#)
- Federal Tax Identification Number (FEIN)
- NJ Tax Identification Number
- [NAICS Code](#)
- Short Organizational Description
- Organization Phone Number
- Organization Website
- [NJ Tax Clearance Certificate](#)

Applicant Organization

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

Applicant Organization Name *

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

Applicant Doing Business As (DBA)

Entity Type *

Date Established *

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

Yes No NA - Applicant Organization is Government Entity

Mailing Address *

Address Line 1

Address Line 2

City

State

Zip Code

Applicant Country of Incorporation/Formation *

United States

Applicant State of Incorporation/Formation *

State

Formation Document(s)

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

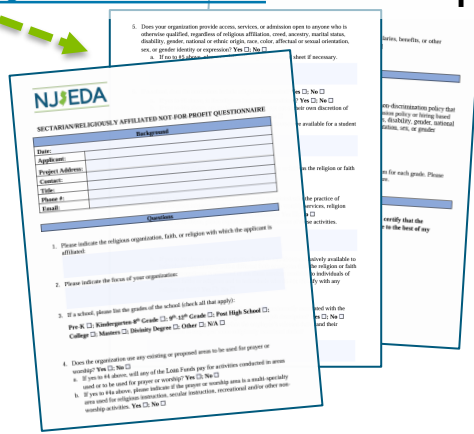
- Sole Proprietor: [Provide a Certificate of Trade Name](#) (filed with the County Clerk)
- LLC: [Certificate of Formation](#)
- Corporation: [Certificate of Incorporation and Bylaws](#)
- Not-for-Profit: [Certificate of Incorporation and Bylaws](#)
- Out of State: If your entity was formed out of state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

or drag files here.

Applicant Organization

(continued)

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



If the applicant organization (or any related entities) has previously received NJEDA, details of that funding is required to be included as part of the application.

Certification is also required that the applicant is not in default with any other State of New Jersey programs.

Applicant Federal Employer Identification Number (FEIN) *

##-####

Applicant New Jersey Tax ID Number *

Numerical

Applicant Organization's Phone Number *

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

North American Industry Classification System (NAICS) Code *

Numerical

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](#).

If the applicant organization has a Tax Clearance Certificate from the NJ Division of Taxation, please upload the information here.

Upload or drag files here.

Please note this is not required at the time of application, but will be required prior to approval.

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

Yes No

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

Religious Affiliation Form *

Upload or drag files here.

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](#).

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

Yes No

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

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

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Cannabis Questionnaire

New Jersey State law prohibits certain cannabis licensees and certified personal use cannabis handlers' employers from receiving or continuing to receive most financial incentive awards. Applicants will have to certify their status regarding cannabis licensing and handling.

Cannabis Questionnaire

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

Yes No

If the applicant is a property owner, developer, or operator of a project: is the property being used or intended for use, in whole or in part, (1) by or to benefit a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service, (2) to employ a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service, (3) by a person or entity that has applied or intends to apply to the New Jersey Cannabis Regulatory Commission (NJ-CRC) for a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service or has applied for certification to be, or intends to employ, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

Yes No

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Program Eligibility

In this section, we are collecting specific information relating to the applicant's eligibility for this program, including:

- Physical office location in New Jersey
- Status of 12-month trailing revenue of at least \$100,000
- Number of employees (must be between 2 and 100 to be eligible)
- Number of founders and their location (must be at least 2 working full-time in NJ)
- Location of full-time employees (at least 50% must be working in NJ)
- Anticipation of raising funds from external investors
- If external funding will be in the form of preferred equity with a defined price per share
- If applicant has a product-based business
- If funds will be used to support a construction project (NJEDA funds are prohibited from being used for construction)
- Company's [targeted industry](#)
- Confirmation that the financial instrument for the Angel Match Program entails warrant coverage for NJEDA (50% of NJEDA convertible note principal).

If an applicant does not have all appropriate eligibility criteria, the application will be declined and the \$1,000 fee will not be refunded.

Applicants can refer to the [FAQs](#) and [Qualification Checklist](#) for more information.

Program Eligibility

Have you reviewed the Angel Match Program Frequently Asked Questions? *

We recommend opening and following along while applying, as most questions will be answered. The Angel Match Program website can be found [here](#).

Does the company have a physical office location in NJ? *

Please refer to the Angel Match Program FAQs found on the website for clarification regarding what constitutes a physical office location.

Does the company have minimum 12-month trailing revenue of \$100k? *

Are there between 2-100 employees at time of application? *

Does the company have at least 2 founders / C-level executives working full-time in NJ? *

Are at least 50% of the company's full-time employees working in NJ? *

Please refer to the Angel Match Program FAQs found on the website for the definition of full-time employee.

Does the company anticipate raising at least \$100k from a minimum of one external investor within 60 days of NJEDA qualification decision? *

Will the investment raised from external investors be in the form of preferred equity with a defined price per share? *

Is this a product-based business? *

Will the funds provided by the Angel Match Program be used to support a construction project? *

NJEDA only invests in companies that are in one of its targeted industries. If your company operates in one of these targeted sectors, please indicate which below. *

Definitions of targeted industries can be found [here](#).

The financial instrument for the Angel Match Program entails warrant coverage for NJEDA (50% of NJEDA convertible note principal). *

I have read and accept this Program requirement.

Program Eligibility Documents

Specific documentation is required to confirm eligibility, including:

- Quarterly Historical Financial Statements for Three Years (Balance Sheet, Income Statement, and Cash Flow)
- Annually Projected Financials for Three Years (Balance Sheet, Income Statement, and Cash Flow)
- Fully Diluted Capitalization Table (Including Name of Company, Date, and Signature)
- List of Potential Investors
- Executive Summary of Business, Pitch Deck, Business Canvas, Business Plan, or other similar document
- Term sheet / draft agreement / letter of intent/ commitment letter or similar document from investors (Investment NOT closed)
- Federal 941 or W2 / NJWR30 or NJ927 / 1099's or K1's / PEO Letter / Employment Agreements or similar documents
- Please add any additional company, investment, employment document, etc. that the company would like to provide to assist with the due diligence process (if available)

Program Eligibility Documents

Quarterly Historical Financial Statements for Three Years (Balance Sheet, Income Statement, and Cash Flow) *

or drag files here.

Annually Projected Financials for Three Years (Balance Sheet, Income Statement, and Cash Flow) *

or drag files here.

Fully Diluted Capitalization Table (Include Name of Company, Date, and Signature) *

or drag files here.

List of Potential Investors *

or drag files here.

Executive Summary of Business, Pitch Deck, Business Canvas, Business Plan, or other similar document *

or drag files here.

Term sheet / draft agreement / letter of intent/ commitment letter or similar document from investors (Investment NOT closed) *

or drag files here.

Federal 941 or W2 / NJWR30 or NJ927 / 1099's or K1's / PEO Letter / Employment Agreements or similar documents *

or drag files here.

Please add any additional company, investment, employment document, etc. that the company would like to provide to assist with the due diligence process (if available)

or drag files here.

Diversity Equity and Inclusion

In this section, we would like more information about the diversity of your organization.

Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only.

Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

Diversity, Equity, & Inclusion

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

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

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

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

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

Additional DE&I Information

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

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). *

SSBCI Privacy Notice

Applicants must read through and acknowledge the privacy notice from the U.S. Department of the Treasury.

SSBCI Privacy Notice

Information from this application will be shared with the U.S. Department of the Treasury (Treasury). Treasury has published a Privacy and Civil Liberties Impact Assessment that describes what Treasury will do with the information your business provides in this application. It can be found on the Treasury website. If you have any questions about this document, please email Privacy@Treasury.gov.

PRIVACY ACT STATEMENT FOR SOLE PROPRIETORSHIPS: The Privacy Act of 1974 (Privacy Act) protects certain information that the federal government has about "individuals" (United States citizens and lawfully admitted permanent residents). The Privacy Act does not generally apply to businesses, but some federal courts have found that this law applies to sole proprietors (they are deemed "individuals" under the Privacy Act). If you, as the applicant, are a sole proprietor, you may have rights under the Privacy Act.

Authority: Small Business Jobs Act of 2010 (SBJA), Title III, 12 U.S.C. § 5701 et seq., as amended by the American Rescue Plan Act of 2021 (ARPA), section 3301; Executive Order No. 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 Fed. Reg. 7009 (January 25, 2021); and Interim Final Rule, State Small Business Credit Initiative; Demographics-Related Reporting Requirements, 87 Fed. Reg. 13628 (March 10, 2022).

Purpose: Information from this collection will be shared with Treasury. This information will be shared with Treasury so it can conduct oversight to ensure compliance with federal law, including requirements related to nondiscrimination and nondiscriminatory uses of federal funds. Treasury also receives this information (including any demographic information provided) to comply with reporting requirements under the authorities listed above and to advance fairness and opportunity in underserved communities in the allocation of federal resources.

Routine Uses: The information you furnish may be shared in accordance with the routine uses outlined in Treasury .013, Department of the Treasury Civil Rights Complaints and Compliance Review Files; Treasury .015, General Information Technology Access Account Records; and Treasury .017, Correspondence and Contact Information. For example, one routine use under Treasury .013 is to disclose pertinent information to appropriate agencies when Treasury becomes aware of a potential violation of civil or criminal law. Under this routine use, Treasury may disclose demographic information to the appropriate agencies if Treasury becomes aware of a violation of applicable antidiscrimination laws. More information about this and other routine uses can be found in the System of Records Notices (SORNs) listed above, which are posted on Treasury's website.

Disclosure: Providing this information is voluntary. However, failure to furnish the requested information (except for the demographic information) may result in the denial of your application. Providing demographic information is optional. If you decline to provide this information, it will not adversely affect your application.

I have read and accept this disclosure.

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Save

SSBCI Eligibility Questions

Additional details about the applicant are required, including:

- Gross revenue for the applicant's last fiscal year
- Net income for the applicant's last fiscal year
- Is the applicant a very small business? (less than 10 employees)
- Development Stage (Pre-Seed, Seed, or Early Stage)
- Primary transaction source of private capital
 - Growth equity capital fund
 - Angel investor or angel fund
 - Accelerator or incubator fund
 - For-profit venture capital fund
 - Nonprofit venture capital fund or venture/entrepreneurial development organization
 - Corporate venture capital fund
 - CDFI venture capital fund
 - Other for-profit investor
 - Other non-profit investor
 - No secondary transaction source
- If funds provided by the Angel Match Program will be used to support a business that makes climate-aligned investments.
- If business is located in a [climate- or energy-impacted community](#). Use this [Screening Tool link](#) to type in the business address and review the "Climate Change" and "Energy" indicators on the right side or below the map to determine whether you meet this definition.

SSBCI Eligibility Questions

What was the end date of the applicant organization's last fiscal year? *

What was the applicant organization's gross revenue in the last fiscal year? *

What was the applicant organization's net income in the last fiscal year? *

Is your organization a very small business as defined by SSBCI? *

SSBCI defines a very small business as having fewer than 10 employees, including independent contractors and sole proprietors, at the time of loan / investment support.

Please indicate current stage of the applicant organization's development. *

Please identify your entity's primary transaction source of private capital. *

Please identify your entity's secondary transaction source of private capital. *

Will the funds provided by the Angel Match Program be used to support a business that makes climate-aligned investments? *

Climate-aligned investments may reduce greenhouse gas emissions or promote adaptation to climate change or energy transitions. This could be either in the business's activities (including its production processes and use of energy, inputs, supply chain services, and/or actions to increase resiliency) or by supplying products and services that contribute to lower emissions.

Climate-aligned investments can include investment supporting weatherization; energy-efficient prefabrication or manufacturing; supply chain use, processes or production resulting in lower emissions; energy site transitions; sustainable and/or climate-smart agriculture and forestry; renewable energy development or implementation (including wind, solar, hydroelectric, biomass, geothermal, and other low-carbon technologies); electric vehicle innovation or use; and other investments that aim to build climate resilience, support adaptation to extreme weather and climate events, and/or mitigate climate change.

Is your business located in a climate- or energy-impacted community? *

A community is defined as climate- or energy-impacted if it is located in a census tract that is:

- *Climate Change*: At or above the 90th percentile for expected agriculture loss rate OR expected building loss rate OR expected population loss rate OR projected flood risk OR projected wildfire risk; OR
- *Energy*: At or above the 90th percentile for energy cost OR PM2.5 in the air.

SSBCI Eligibility Questions

(continued)

- The primary and secondary purposes of the requested Angel Match Program funds, with the options being:
 - Marketing, market research, and commercialization expenses
 - Research and Development
 - Technology integration in physical production, e.g., manufacturing or supply chain
 - Technology integration of nonphysical production, e.g., accounting, customers
 - Acquire land
 - Purchase existing building
 - Convert, expand, or renovate buildings – energy efficiency
 - Convert, expand, or renovate buildings – other
 - Acquire and install fixed assets
 - Acquire inventory
 - Purchase supplies and raw materials
 - Leasehold improvements
 - Working capital – wages, salaries, and benefits of employees
 - Working capital – other
 - Refinancing outstanding debt
 - Support employee stock ownership
 - Others
- Indicate if Angel Match investment will be used for any construction, renovation, or any other real estate related function
- If the applicant organization is involved in any political lobbying activities, then a [Political Activity Questionnaire](#) will need to be completed and uploaded.
- If the applicant is [affiliated with](#) another company/organization, the name and [employee log](#) for this affiliate must be provided.

Please indicate the primary purpose for which you will use the funds provided by the Angel Match Program. *

Please note, while the SSBCI funding source allows some uses, the Angel Match Program regulations may not. Please refer to the Angel Match Program FAQs on the website for clarification regarding eligible uses.

Please indicate the secondary purpose for which you will use the funds provided by the Angel Match Program. *

Will the Angel Match investment be used for any construction, renovation, or any other real estate related functions? *

Is your organization involved in political lobbying activities? *

You have indicated that your organization is involved in political lobbying activities. As such, please download, fill, and upload the form below.

[Political Activity Questionnaire](#)

or drag files here.

Is your business affiliated with another company / organization(s)? *

For an explanation of affiliation in relation to SSBCI please see [13 C.F.R. § 121.103](#).

Please provide the name(s) of the affiliated company / organization(s). *

Does the affiliate company / organization(s) have employees to report? *

Please upload an employee log for each affiliate company / organization with employees to report. *

or drag files here.

The employee log used to report affiliate employees is the same as that provided on behalf of the applicant organization earlier in this application.

A blank version of this form can be found here: [Angel Match Program Current Employee List](#)

SSBCI Eligibility Questions

(continued)

The *Full-Time Equivalent Calculation* section will walk the applicant through the calculations regarding the applicant's number of employees. SSBCI requires that the labor of an organization be defined in full-time equivalent employees (FTEs), including employees of its affiliates, rounded to the nearest whole number, at the time of the closing of the SSBCI-supported loan or investment. Additional information can be found at [13 C.F.R. § 121.103](#) or in the [Angel Match Program FAQs](#).

Applicants are asked to provide the

- Total number of current full-time employees
- Total number of current part-time employees
- Total hours worked, per week, by all current part-time employees
- Current number of temporary/seasonal employees
- Total hours worked in the last year by all seasonal/temporary employees
- Estimated number of full-time, part-time, and temporary jobs expected to be created as a direct result of the Angel match investment within no more than 2 fiscal years from the date of the investment closing.
- Estimated number of full-time, part-time, and temporary job losses averted as a direct result of the Angel Match investment (not including jobs that were not at risk of being lost).

Please indicate the number of current full-time employees employed by the applicant organization. *

Please indicate the number of current part-time employees employed by the applicant organization. *

Please indicate the number of total hours worked per week by all current part-time employees employed by the applicant. *

Total hours worked on average per week by part-time employees.
0.00

Full Time Equivalent (FTE) from part-time employee labor.
0.00
This is calculated by dividing the average part-time hours by 40, multiplying by part-time employee count and rounding to nearest whole number.
20 average hours on a single employee would thus be worth 1 FTE.

Please indicate the current number of temporary/seasonal employees employed by the applicant organization. *

Please indicate the number of total hours worked in the last year by all seasonal/temporary employees of the applicant. *

Full-Time Equivalent (FTE) from seasonal/temporary employees
0.00
This is calculated by dividing the yearly seasonal / temporary employee hours by 2080.

Full-Time Equivalent (FTE) for applicant organization
0
This is a sum of all FTE labor sources (full-time, part-time, and seasonal / temporary employee calculations), rounded to the nearest whole number.

Based on the full-time equivalent calculation, please provide an estimated number of full-time, part-time, and temporary jobs expected to be created as a direct result of the Angel match investment within no more than 2 fiscal years from the date of the investment closing. *

Please round up the sum of these job categories (full-time, part-time and temporary) to the nearest whole number.

Based on the full-time equivalent calculation, please provide an estimated number of full-time, part-time, and temporary job losses averted as a direct result of the Angel Match investment (not including jobs that were not at risk of being lost). These are jobs that would otherwise have been lost, had it not been for the investment. *

Please round up the sum of these job categories (full-time, part-time and temporary) to the nearest whole number.

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SSBCI Specific Demographic Information

SSBCI is a federal program, requiring additional demographic information. Some of the terms in this section are similar to what was requested previously in the application; however, they are distinct and defined within this section of the application. Please fill out all fields as requested using the definitions given for each field.

1. Minority-owned or controlled business status

For purposes of this form, **minority individual** means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Native Hawaiian or Other Pacific Islander; Hispanic or Latino/a; or one or more than one of these groups.

For purposes of this form, an applicant is a **minority-owned or controlled business** if the business meets one or more of the following:

- (1) if privately owned, 51 percent or more is owned by minority individuals;
- (2) if publicly owned, 51 percent or more of the stock is owned by minority individuals;
- (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or
- (4) one or more minority individuals have the power to exercise a controlling influence over the business.

Is the applicant a minority-owned or controlled business? *

Yes

No

Prefer not to respond

2. Women-owned or controlled business status

For purposes of this form, an applicant is a **women-owned or controlled business** if the business meets one or more of the following:

- (1) if privately owned, 51 percent or more is owned by females;
- (2) if publicly owned, 51 percent or more of the stock is owned by females;
- (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or
- (4) one or more individuals who are females have the power to exercise a controlling influence over the business.

Is the applicant a women-owned or controlled business? *

3. Veteran-owned or controlled business status

For purposes of this form, an applicant is a **veteran-owned or controlled business** if the business meets one or more of the following:

- (1) if privately owned, 51 percent or more is owned by veterans;
- (2) if publicly owned, 51 percent or more of the stock is owned by veterans;
- (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or
- (4) one or more individuals who are veterans have the power to exercise a controlling influence over the business.

Is the applicant a veteran-owned or controlled business? *

SSBCI Specific Demographic Information (continued)

Each principal owner of the applicant is encouraged to provide demographic information on their ethnicity, race, ancestry, gender, sexual orientation, and veteran status, however, each question includes an answer option of prefer not to respond.

This information is being collected to help ensure that communities' small business credit needs are being fulfilled and allow SSBCI to analyze the populations that SSBCI funding is benefiting.

A principal owner of the applicant is a natural person who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity of the business. If a trust owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the business, the trustee is a principal owner.

For each principal owner of the applicant, indicate which of the following categories the principal owner identifies with. Submit a separate copy of this table for each principal owner of the applicant (up to four).

⊗ Principal Owner 1

1. Ethnicity *

Hispanic or Latino/a Not Hispanic or Latino/a Prefer not to respond

2. Race (select all that apply) *

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Prefer not to respond

3. Middle Eastern or North African Ancestry *

Middle Eastern or North African Not Middle Eastern or North African Prefer not to respond

4. Gender *

5. Sexual Orientation *

6. Veteran Status *

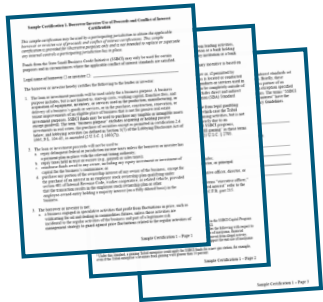
Veteran Non-Veteran Prefer not to respond

[+ Add Principal Owner](#)

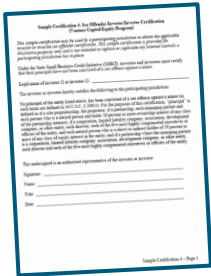
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SSBCI Certifications

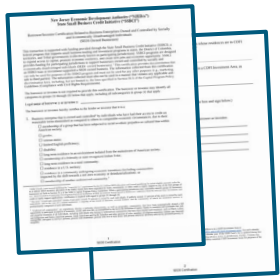
SSBCI requires the following forms to be completed and uploaded as part of the application:



[Investee Use of Proceeds and Conflict of Interest Certification](#)



[Sex Offender Investor / Investee Certification](#)



[Borrower / Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals \(SEDI-Owned Businesses\)](#)

SSBCI Certifications

Please print and sign the following forms to meet SSBCI compliance requirements. Physical signatures are necessary for the following three documents:

[Investee Use of Proceeds and Conflict of Interest Certification](#)

[Sex Offender Investor / Investee Certification](#)

[Borrower / Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals \(SEDI-Owned Businesses\)](#)

Borrower / Investee Use of Proceeds and Conflict of Interest Certification *

or drag files here.

Sex Offender Investor/Investee Certification *

or drag files here.

Borrower/Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals (SEDI-Owned Businesses) *

or drag files here.

I agree to SSBCI compliance requirements. I understand that, as an approved company, maintaining this standard of performance is a requirement of ongoing participation. I agree to submit compliance documents as requested for continued monitoring during the allotted time frame for SSBCI funding.

Duplication of Benefits Affidavit

In this section, please provide information regarding other funding and assistance you have received.

Sources of funds include, but are not limited to: Federal, State and local loan/grant programs, private or bank loans, gifts or donations, and insurance proceeds.

For each program or funding source, you will be asked to provide Name of Funding Source, Status (In process or Approved), Approved/Applied Date, Approved/Applied Amount, and Purpose of Funds.

Applicants must certify that there is no duplication of benefits – that no funds from different government agencies will be covering the same expenses.

Duplication of Benefits Affidavit

This affidavit must be completed by all businesses that are applying for the Angel Match Program, have been awarded, and/or are receiving any assistance funded by the State Small Business Credit Initiative (SSBCI).

As an authorized Signor (Owner, CEO, or similar level of officer) for this entity, I hereby state and certify to the United States Federal Government and to NJEDA as follows:

Have you applied for any other federally funded programs? *

Relevant assistance would have been issued after February 2020.

Which of the following federally funded awards did you receive / pursue? *

- Any other SSBCI Funded Program (in NJ and/or other US states)
- SBIR - Small Business Innovation Research Grant
- STTR - Small Business Technology Transfer
- Other Program/Funding Source Assistance

Have you applied for any other state funded programs? *

Which of the following state funded awards did you receive/pursue? *

- NJEDA- New Jersey Economic Development Authority
- CSIT- Commission on Science, Innovation and Technology
- Other State Program/Funding Source Assistance

I certify that there is no Duplication of Benefits and no other government funds were used for expenses beyond those detailed above.

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Applicant Representative for Certifications

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

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

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

If you are an Authorized Representative, you will be prompted to fill out these pages throughout the application.

Applicant Representation

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

Yes

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

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

Yes

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

- Applicant's General Counsel or Chief Legal Officer (recommended); or
- Principal Executive Officer at or above the minimum level of Vice President
- General Partner
- Sole Proprietor
- Person with Legal Responsibility for the Application
- Contact for a Government Entity
- None of the Above

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Upload Certifications

If the individual filling out the application is not an authorized representative, this page will appear so that the certifications listed below can be downloaded, completed by and authorized representative, and then uploaded as part of the application.

[Legal Questionnaire](#)

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

[Application Confirmation](#)

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 forms listed below and have someone who meets this definition for the applicant company fill out and sign each of the forms. Once the forms have been completed and signed, please attach them at the end of this application, along with any other necessary application attachments.

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

[Legal Questionnaire](#)

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

[Application Certifications](#)

Legal Questionnaire *

or drag files here.

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

or drag files here.

Application Confirmations *

or drag files here.

Legal Questionnaire*

In this section, applicants are required to answer background question pertaining to any causes that may lead to debarment, disqualification, or suspension from eligibility.

Additionally, applicants are required to identify any "affiliate" entities. There are two main types of Affiliates:

First, applicants must identify any individuals or entities that hold a 30% or more ownership in the applicant.

Second, applicants must identify any individual or entity where 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.

Applicants should take their time and make sure to read this section carefully.

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

Legal Questionnaire

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.

DEFINITIONS

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

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

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

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

RELEVANT AFFILIATES

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

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

Applicant-Owned Affiliates

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

+ Add Applicant-Owned Affiliate

Other Affiliates

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

+ Add Other Affiliate

Legal Questionnaire (continued)

There are several specific questions regarding the **past proceedings** of an applicant.

It is essential that applicants take their time, reading this section carefully, while keeping in mind the corresponding "look-back" periods for civil, criminal, environmental, and other legal matters.

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. *
2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty. *
3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C.874). *
4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision. *
5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.). *
6. To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor. *
7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries. *
8. Debarment by any department, agency, or instrumentality of the State or Federal government. *
9. Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below:
 - (i) No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).

(ii) The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.

(iii) No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actually or appearance of a conflict of interest.

(iv) No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.

(v) No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

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.
- (ix) Criminal laws involving commission of any felony or indictable offense under State or Federal law.
- (x) Laws banning human rights abuses.
- (xi) Laws banning the trade of goods or services to enemies of the United States.

Part B. Pending Proceedings

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

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

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

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

Certification of Legal Questionnaire and Authorization to Release Information

This certification shall be signed as follows:

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

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

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

Electronic Signatures

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

Legal Questionnaire Electronic Signature *

Title *

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

As is required in N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)), this section we will be collecting the Certification of Non-Involvement in Prohibited Activities in Russia or Belarus and ensuring that the applicant is not listed on the [Office of Foreign Assets Control \(OFAC\) Specially Designated Nationals and Blocked Persons List](#).

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

Certification of Non-Involvement in Activities in Russia or Belarus

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List, available here: <https://sanctionssearch.ofac.treas.gov/>. If the New Jersey Economic Development Authority finds that an Applicant has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

Certification

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

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

Authorized Signature

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

Application Certifications*

On this page, applicants will affirm the accuracy and truthfulness of the application information provided.

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

Application Certifications

PLEASE NOTE:

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

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

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

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

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

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

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

Fee Acknowledgement

Applicants must acknowledge the fee amount and process.

Applicants must follow the instructions that will be sent to the primary point of contact email address in order to submit their application fee. This email will be sent from NJEDAFeePaymentRequest@njeda.com after all other application pages are submitted.

Fee Acknowledgment

Please note that this program only accepts credit card as a payment method.

Please hit save to generate the correct Application ID.

Pay by Credit Card Instructions

Application ID#: ANGMATCHLO-00

Amount Due: \$1,000

Please read this information carefully.

An email will be sent to . This email will provide instructions and a link to make the credit card fee payment. **The payment must be completed before the NJEDA will begin reviewing the application.**

The email will come from NJEDAFeePaymentRequest@njeda.com. Please check your spam/junk folders if you do not see the email in your inbox.

I acknowledge that there is a \$1,000 non-refundable application fee payable to NJEDA prior to this application being deemed complete.

< Back

Next >

Save

Electronic Signature

Applicants must agree to the terms and digitally sign their application.

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.

I agree to be bound by electronic signatures

Full Name *

Title *

Signature * **Date ***

×

[draw](#) type

Application Submission

Applicants are provided with a field to upload any remaining relevant materials and asked for a final confirmation of their application submission.

Application Submission

Thank you for your interest in the Angel Match Program. Your application is now complete.

If you are ready to submit this application to the NJEDA for review, please click the Submit button.

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

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

or drag files here.

Full Name *

Title *

Date *

Application Submission

After successful submission, you will see the confirmation page, which will list the Applicant's application confirmation number.

You will also receive a confirmation and copy of your application to the email address provided for the Primary Point of Contact. All future application communication will be sent to that email address.

However, **your application will not be considered for funding until the application fee has been received.**

You can download a PDF copy of your application from this page. This is the same file that will be sent by email.

NJEDA
ECONOMIC DEVELOPMENT AUTHORITY

Angel Match Program Application

Thank you for completing the application for the Angel Match Program.

Your confirmation code is: ANGMATCHLO-000

Any communications on the status of your application will be sent to:

For questions regarding your application, please reach out to program administrators at AngelMatch@njeda.gov.

To learn about other NJEDA programs, visit njeda.gov.

Thank You,
NJEDA

 [Program - \[Entry Number\]](#)



www.njeda.gov/angelmatch



@NewJerseyEDA

njeda.gov

844.965.1125