# Film Tax Credit Studio Partner Program Application

## General

Application ID

**CAPP-**
**(this will be your application number displayed in the portal)**

Applicant Organization Name _____
(Name of production company incurring expenses and receiving credit)

Full Application Submitted

_____ _____

Application Status

Submitted

## Primary Point of Contact

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

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

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

Salutation**:**

First Name: _____
**(this will be the primary person that the NJEDA team will be reaching out to about the application)**

Middle Initial: ____

**Last Name:** _____

**Suffix:** _____

**Title:** _____

Email Address: _____

Email Address Confirmed: _____

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

**Phone Number and Extension (if available): (____) _____-_____**
*To include an extension with your phone number, simply enter the phone number first, followed by the extension.*

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

_____

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

**Is the Primary Point of Contact the Chief Executive Officer/equivalent officer for North America operations, or equivalent highest-ranking executive for the applicant company?**

_____

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

_____

**Primary Point of Contact Address**
_____ _____

**Country: United States**

**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

*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:_____
**(this will be the person that is legally authorized to sign for the applicant entity. We will need documentation showing he/she/they are authorized to sign. This person will also be on all email correspondence.)**

Middle Initial: _____

Last Name: _____

Suffix:_____

Title: _____
**(This individual needs to be Vice President or higher for the applicant entity or be named as an officer in an operating agreement or bylaws for the applicant entity.)**

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**

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: _____

## Chief Executive Officer/Owner/Equivalent

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

Salutation:

First Name: _____
**(This individual will not be copied on any email or correspondence unless he/she/they are also listed as the authorized representative.)**

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.*

### Chief Executive Officer/Owner/Equivalent Address

Country: **United States**

Street Address 1: _____

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

Street Address 2: _____
*Suite, Apt, Floor, etc.*

**City:** _____

**State / Province:** ____

**Zip/ Postal Code:**_____

## Media Contact

*NJEDA often works with 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: _____

**(This individual will not be copied on any email or correspondence. This contact is option and only if you would like to designate a specific contact for media/communication related requests.)**

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

**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

*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: _____

**(This should match the Tax Clearance Certificate and BRC down to the specific punctuation.)**

*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 (OBA): _____
*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 con usually be found on the state business records website* Division of Revenue & Enterprise Services: Business Records Service (njportal.com).

File upload with the prefix **" Certificate of Alternate Name"**

Applicant Entity Type: **Limited Liability Company**
*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/OO/YYYY*

**Mailing Address**

Country: _____

Street Address 1: _____

**(This should be the applicant entity headquarters and match the Tax Clearance Certificate and BRC.)**

*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: _____

Applicant State of Incorporation/Formation: _____

Please upload any formation documents for the Applicant 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 Incorooration 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 with the prefix" **Formation Document(s)"**

Applicant Federal Employer Identification Number (FEIN): _____-_____

*The 9-digit Federal Tax ID number of your organization. 000000001*

Applicant New Jersey Tax ID Number: _____

Applicant Organization's Phone Number and Extension: **(_____) _____-_____**

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

Applicant Organization's Website: _____

Please provide a high-level, 2-3 short paragraph description of the applicant. This may include the type of business you are involved in, your company's mission statement, the

markets or customer base the company serves, and any other information about your business that the NJEDA should understand to review your application.

## NAICS

North American Industry Classification System (NAICS) Code

*Please select the magnifying glass to launch the NA/CS search window. In the upp12r right hand of the window there is a search bar. In the search bar, you may enter your NA/CS code, the type of business you are, or the industry in which your business operates. If your search does not return a result, please try additional terms that describe your business until you return a result.*

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

## Tax Clearance Certificate

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

File upload with the prefix" **Tax Clearance Certificate Document(s)"**

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.

Is the applicant involved in religious activities or 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 with the prefix" **Religious Affiliation Form"**

## Prior NJEDA Assistance

Has the applicant, or any related entities, previously received NJEDA assistance? ____
**(continue this section if yes, can leave blank if no. This is referring to any grants or incentives from NJEDA.)**

Please identify the entities who have received NJEDA assistance.

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.

## 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?

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?

**Please note that the NJ Film Tax Credit Application uses several terms as defined under PL 2018 c.56 - Garden State Film and Digital Media Jobs Act and the Film & Digital Media Tax Credit Program Rules.**

**These terms will appear in blue - please hover over these terms for more information.**

## Applicant Ownership Information

| | |
|---|---|
| Owner Tvoe | **(Either Firm or Individual)** |
| Name (First, middle and last name) or Organization Name: | **(person/firm that owns the company)** |
| Address Line 1 | |
| Address Line 2 | |
| City | |
| State/Province/Reqion | |
| Postal/Zip Code | |
| Countrv | |
| Date Of Birth | **(if an individual)** |
| Percent Ownership | **(% that the firm/person listed owns of the applicant entity)** |
| SSN/FEIN<br>US Citizen | **(If this is a Firm, will need FEIN)** |
| Permanent Resident | |
| If Other, Please describe | |

## Project Information

Is the applicant the Studio Partner designee or making the film on behalf a Studio Partner?: _____

Contract between the applicant and the Studio Partner designee

Please upload a copy of the contract between the applicant and the Studio Partner designee proving that the company was contracted to produce the film on behalf of, or for the benefit of the Studio Partner.

File upload with the prefix " Applicant and the Studio Partner designee "

Please Identify the Designated Studio Partner _____

Application Fiscal Year End: _____/_____

**(The date on which the applicant entity's tax year ends.)**

Film or Project Title: _____

**(This should be the title of the film/documentary/series.)**

Long-Line Synopsis: Please provide a brief synopsis of the film or television production for which you are applying for a tax credit. :

_____

Indicate how the applicant entity files taxes: _____
**(this would be either New Jersey Gross Income Tax or NJ Corporate Business Tax. Typically, LLC's pay GIT and INC's pay CBT; but not always. Check with your accountant if you're unsure.)**

What is the planned distribution of the film project?

_____
**(Include all places film will be displayed and platforms.)**

Is this project being made on behalf of a major film or television studio / distributor?

_____

What is the name of the film or television studio/ distributor.

_____
**(If above is no, this will not pop up.)**

**Primary Shooting Location in New Jersey**

Zip Code**:** _____

City/Town: _____

State: _____

County: _____

Please provide the total estimated numbers of principal photography days for the project:

_____

Please provide the number of days you expect to shoot the film production in New Jersey:

_____

Est. Total Number of Employees Working on the Project: _____

Est. Total Number of Employees Working on the Project in New Jersey:

_____

Is this a Reality Show? _____

Reality Shows must be deemed eligible by the NJ Motion Picture and Television Commission, and must have obtained a minimum four-episode order from, and is commissioned and scheduled to premiere on, a major linear network or streaming service.

Do you have at least a 4-episode order from, and are commissioned and scheduled to premiere on, a major linear network or steaming service? _____
**(If above is no, this will not pop up.)**

Certification: Check/ Signature: To be eligible as a Reality Show, the project will have to meet both eligibility
thresholds for film projects. 1) At least 60% of the total film production expenses are incurred for goods and services through vendors authorized to do business in New Jersey, AND 2) the production incurs at least $1MM in qualified film production expenses in a single Fiscal Year.
**(If it is a reality show, this certification will appear, so that the applicant is aware they need a four episode order to be eligible as a reality show.)**

Estimated Date of Commencement of Principal Photography: _____
**(Start of film date)**

Estimated Date of Commencement of Principal Photography in NJ: _____
**(Start of filming in New Jersey date)**

Estimated Date of Principal Photography Completion in NJ: _____
**(End of filming in New Jersey date)**

Estimated Date of Project Completion: _____
**(End of overall project date. This would be the estimated date of final element delivery.)**

Estimated Submission of Project Certification (CPA Report): _____
**(This is the date you will submit the audit of production expenses. The applicant but be finished incurring expenses for the project before this could be included and submitted.)**

Principal photography of the film must commence within 180 days from the date of application.

Please indicate how the tax credits will be used (either as a NJ corporate tax offset or to be sold). If being sold, identify purchaser if known.

# NJ Resident Hiring Plan

**NJ RESIDENT HIRING BONUS INFORMATION:** Statute allows for a bonus tax credit of four percent of the qualified film/digital production expenses for projects that are accompanied by a hiring plan outlining specific goals, which may include advertising and recruitment actions, for hiring at least 25 percent of the employees working in New Jersey, including, but not limited to, extras, but excluding independent contractors, who are residents of an economically disadvantaged area in the State, a distressed municipality as that term is defined in N.J.S.A. 34:18-323, or land owned by the federal government on or before December 31, 2005, which has been approved by the Authority, and for which the Authority can verify that the applicant has met made good faith efforts in achieving those goals.

Does the applicant wish to submit a hiring plan for the film project pursuant to the above?

If so, please fill out a hiring plan form and save the final version as a PDF to include with your application.

**Promote NJ Bonus**

**PROMOTE NJ BONUS INFORMATION:** Statute allows for a bonus of **4%** (max **5%** in combination with hiring bonus) of the qualified film production expenses for projects that are accompanied by a plan outlining specific goals to promote or invest in New Jersey. The plan shall include at least four of the following criteria:

1. The creation of a video at least three minutes in length of publicly accessible locations in New Jersey used for the film, with commentary on how and why each location was chosen, published on the website promoting the film or in another form and manner approved by the authority. To receive credit for this promotional criterion, an approved applicant shall provide to the Authority a list of locations in New Jersey used for the film and relevant footage of the three-minute video for use without restriction by the authority and any other State entity for promotional purposes.
2. The creation of five public social media posts including commentary on positive experiences at publicly accessible New Jersey locations or positive experiences filming in the State. The social media posts shall originate from an official account of the approved applicant, the film, the director of the film, a leading actor or actress in the film, any actor or actress in the main cast, or as otherwise permitted by the authority. To receive credit for this promotional criterion, the approved applicant shall provide to the Authority the website or location on which the post is publicly visible for use by the authority and any other State entity for promotional purposes.
3. The placement of a New Jersey promotional logo provided by the authority or the commission for a two-second exposure, not displayed over content or on a shared card, and displayed before the below-the-line crew crawl and after contractual credit placement obligations. To receive credit for this promotional criterion, the approved applicant shall provide to the Authority a clip of the portion of the film displaying the New Jersey promotional logo.

4. The film is set, at least in part, in New Jersey, and the State is referenced in the film. To receive credit for this promotional criterion, the approved applicant shall provide to the Authority a clip of the portion of the film evidencing that the film is set, at least in part, in New Jersey and that New Jersey is referenced in the film.
5. Support for a workforce development program established by the approved applicant, the designated studio partner, or the film-lease production company tenant with one of the following entities in this State: a college, including but not limited to a community college; an entity with an apprentice program; or a university. The program shall include direct training or employment opportunities on the film for residents of this State during the dates of principal photography in New Jersey. To receive credit for this promotional criterion, the approved applicant shall provide a document evidencing the agreement between the approved applicant and the other entity demonstrating the establishment and support for a workforce development program and the period during which the program offered direct training or employment opportunities.
6. A film industry recruiting program established by the approved applicant, the designated studio partner, or the film-lease production company tenant, providing paid internships or entry-level employment opportunities in film crew positions for residents of an economically disadvantaged area in the State, a distressed municipality, as defined in N.J.S.A. 34:1B-323, or land owned by the federal government on or before December 31, 2005. The program shall be offered during the dates of principal photography in New Jersey. To receive credit for this promotional criterion, the approved applicant shall demonstrate its efforts to advertise and promote paid internships or entry-level employment opportunities in the designated areas during the film's principal photography in New Jersey.
7. The approved applicant incurs qualified film production expenses from at least five vendors authorized to do business in New Jersey that employ at least one full-time employee at a physical location of the vendor in an economically disadvantaged area in the State, a distressed municipality, as defined in N.J.S.A. 34:1B-323, or on land owned by the federal government on or before December 31, 2005. To receive credit for this promotional criterion, the approved applicant shall provide a certification from each vendor in a form provided by the authority.

Does the applicant wish to submit a Promote NJ plan for the film project pursuant to the above?

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If so, please fill out a Promote NJ plan form and save the final version as a PDF to include with your application.

## Budget Information Preamble

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**"Qualified Film Production Expenses":** An expense incurred in New Jersey after July 1, 2018, for the production of a film, including pre-production costs, and post-production costs incurred in New Jersey. "Qualified film production expenses" shall include, but not be limited to: wages and salaries of individuals employed in the production of a film on which the tax

imposed pursuant to N.J.S.A. 54A:1-1 et seq., has been paid or is due; and, the costs for tangible personal property used and services performed, directly and exclusively in the production of a film, such as expenditures for film production facilities, props, makeup, wardrobe, film processing, camera, sound recording, set construction, lighting, shooting, editing, and meals.

For New Jersey Studio Partners, "qualified film production expenses" includes the following expenses incurred in the production of the film, which expenses shall be included in a percentage proportional to the percentage of principal photography shoot days in the **State:** total production insurance premiums paid to insurance companies registered to do business in New Jersey, which premiums shall exclude payments for errors and omissions insurance; total out-of-State producer fees ("Out-of-State producer fees" means wages or salaries or other compensation paid to individuals who are listed in the credits for the film with a title that includes "producer" and payments made to a vendor that provides production **services.** To be Out-of-State producer fees, the individuals and vendor and loan-out employees performing the services shall not be physically located in New Jersey while performing the production services. Out-of-State producer fees do not include payments made to individuals including line producers or individuals involved in specific department responsibilities, or to vendors who provide production services for a specific geographic jurisdiction), and total intellectual property rights fees. For purposes of this paragraph, intellectual property rights include life, derivative, book, and music rights, but exclude intellectual property rights associated with script **costs.** However, cumulative expenses for total production insurance premiums, total out-of-State pro_ducer fees, and total intellectual property rights fees shall not exceed 7.5% of "qualified film production expenses" for any studio partner or film-lease production company, based on the order of calculation of expenses as set forth:

1. For purposes of calculating the seven and one-half percent limitation, total out-of State producer fees and rights fees, script costs, insurance premiums, and excess amounts paid to highly compensated individuals shall be included in the total amount of qualified film production expenses for any New Jersey film-lease production company or New Jersey studio partner. Out-of-State producer fees incurred outside New Jersey shall constitute qualified film production expenses notwithstanding that the tax imposed under the "New Jersey Gross Income Tax Act," N.J.S.54A:1-1 et seq. was not withheld from wages, salaries, or other compensation paid or incurred for such services.

## Budget Template Information

**1. Estimated Film Production Expenses (Must Match Schedule A on Budget Template)**
**$**_____

2. Of the Total Film Production Expenses, what are the **Estimated Post- Production Expenses** (Must Match Schedule A on Budget Template)

$_____

3. Of the Total Film Production Expenses, what are the estimated total film production expenses for services performed and goods purchased from **vendors authorized to do business** in **New Jersey?**(Must Match Schedule B on Budget Template)
$_____

4. Of the total film production expenses for services performed and goods purchased from vendors authorized to do business in New Jersey, please provide the amount of these expenses that are for Post Production. (Must Match Schedule B on Budget Template)
$_____

Are the Qualified Film Production Expenses of the project incurred over multiple applicant Fiscal Years?

_____

4a. What is the largest amount of Qualified Film Production Expenses incurred in a single fiscal year?
$_____

4. What is the "Legacy Qualified Spend for Application" as indicated on the SP Award Calculation page of the budget template?
$_____

**5.** Of the amount listed in Qualified Film Production Expenses above, what expenses are incurred for services performed and tangible personal property purchased for use within the 30- miles radius of Columbus Circle, NYC (the intersection of Eighth Avenue/Central Park West, Broadway, and West 59th Street/ Central Park South, New York, New York)? No expenses for wages and salary can be include in this figure. If the production has no days located inside the radius, this field should be zero. (Must Match Schedule D on Budget Template)

*Note: If a qualified film production expenses for services performed or tangible personal property purchased for use inside and outside the 30-mile radius of Columbus Circle (the intersection of Eighth Avenue/Central Park West, Broadway, and West 59th Street/ Central Park South, New York, New York) the full amount of the expense would show on Schedule C of the Budget Template and a prorated amount based on its use within the radius would appear on Schedule D of the Budget Template.*
$_____

6. What is the "Studio Partner NJ Qualified Spend for Application" as indicated on the SP Award Calculation page of the budget template?
$_____

## Additional Background Information

Payments to **loan out companies** or **independent contractors** must withhold 6.37% of the payment deemed to be withholding of liability pursuant to the "New Jersey Gross Income Tax Act" N.J.S.54A:1-1 et seq.*

All loan out companies need to be authorized to do business in New Jersey. To form a new entity or authorize a foreign (out-of-state) entity to do business in New Jersey click here.

Once the entity is formed, to register for tax purposes, click here.

I acknowledge that I have read this statement and any tax credit approved for this project is subject to meeting these conditions.

## Additional Background Information

Does the film production include award of a construction contract in New Jersey?

**(Work performed by employees on production pay role doesn't count.)**

Construction related activity includes but is not limited to: construction, reconstruction, demolition, alteration, custom fabrication, installation of equipment, set design, and painting and sculptures, or repair work done on any property or premises.

Effective April 1, 2020 all construction contracts in which prevailing wage applies must provide proof of valid NJ Department of Labor Construction Registration Certification. Please email PWCR@dol.nj.gov if you have any questions about this requirement. Please be advised that a valid Contractor Registration Certificate is required to perform construction on this NJEDA financially assisted project. These Prevailing Wage and Contractor Registration requirements would also be applicable to any construction related activities performed by independent contractors. Construction related activities performed by W2 employees of the applicant would not be subject to these requirements.

I have read this statement, understand the requirement, and wish to continue my application

Please set forth a description of all construction contemplated to be undertaken in connection with the Authority financial assistance for which you have applied. Such description should include any construction that you will undertake to fulfill any condition of receiving the authority financial assistance, including any contract to construct, renovate or otherwise prepare a facility for use in a film or digital media content production which will be necessary for the receipt of the Authority financial assistance.

## Additional Background Information

Prevailing Wage:
Be advised that projects utilizing financial assistance for construction related cost are subject to the state prevailing wage requirements. The summary in this application does not purport to explain all the prevailing wage requirements, conditions, or exemptions. For further questions regarding prevailing wage requirements on NJEDA financially assisted projects, please send correspondence to AffirmativeAction@njeda.com. For the latest prevailing wage rates, you can also visit the New Jersey Department of Labor Workforce and Development's website at https://www.nj.gov/labor/wagehour/wagerate/CurrentWageRates.html.

Please be advised that upon NJEDA Board and application approval, not less than the prevailing wage rate must be paid to workers employed in the performance of contracts for such construction. This requirement will continue for two years after your first receipt of tax credits hereunder.

Have you selected a construction contractor or awarded a construction contract at the time of this application?

_____

Does the contractor have valid NJ Department of Labor Construction Registration Certification?

_____

I have read this statement, understand the requirement, and wish to continue my application

_____

## Additional Background Information

The film's end credits must include, at no cost to the State, a placement of a "Filmed in New Jersey" or "Produced in New Jersey" statement.
Unless otherwise directed by the NJ Motion Picture & Television Commission, this is required in order to claim the film tax credit.
If you have any questions about this requirement, please contact the NJ Motion Picture & Television Commission:

**Motion Picture and Television Commission**
One Gateway Center
11-43 Raymond Plaza West
Suite 1410
Newark, New Jersey 07102
973-648-6279
njfilm@njeda.gov

I acknowledge that I have read this statement and any tax credit approved for this project is subject to meeting this condition.

_____

## Estimated Tax Credit Amount

Estimated Tax Credit Amount

Based on the project information, the estimated tax credit for this project is **$**_____.
Please note that this is an estimate only and any tax credit award is subject to the NJEDA's review and approval.

Formula: Film Tax Credit Studio Partner Amount= Studio Partner NJ Qualified Spend for Application* 44%.

Calculation: Film Tax Credit Studio Partner Amount= $92,000,000.00 * **44%.**

## Additional Background Information

The NJEDA Legal Affairs Department will conduct a full legal review of the applicant and its owners, as part of NJEDA's review of this application for tax credits. Please provide contact information for the best contact for NJEDA Legal Affairs to speak with regarding any potential legal issues that may come up in our review.

Name: _____

Title: _____

Telephone Number: **(_____) _____-_____**

Email Address: _____

## Applicant Representation

Is the individual filling out this application employed by the company that is applying for the tax credit?

_____

Does the individual filling out this application hold one of the following titles or positions in the applicant entity?

_____

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.

Please indicate which of the following best describes the title or position the individual filling out this application holds.

_____

Describe the nature and scope of the anticipated.

## Additional Background Information

I certify that:

1. (a) The taxpayer will incur after July 1, 2018 at least 60 percent of the total film production expenses, exclusive of post-production costs, for services performed and goods purchased through vendors authorized to do business in New Jersey, and/or (b) the qualified film production expenses of the taxpayer during one taxable year exceed $1,000,000 per production;
2. If a hiring plan is included in the application, the applicant intends on making good faith efforts to undertake its proposed hiring plan.

Furthermore, I acknowledge that any issuance of tax credits relating to the projected or actual expenses included in the application, including those made for use at a sound stage or other location within the targeted area, will be based on the ability of the project to demonstrate to the Authority's satisfaction that the project has met the program eligibility criteria and the expenses submitted upon certification meet applicable program **requirements.**

I am Authorized Signer and I certify the above statement

_____

## New Jersey Economic Development Authority Legal Questionnaire

Applicant Name : _____

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

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

**Note that this form has recently been modified.**
**Please review this form in its entirety prior to providing any responses or certifications.**

## DEFINITIONS

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

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

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

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

## RELEVANT AFFILIATES

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

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

_____

## 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?**

_____

| | |
|---|---|
| Entity / Individual | **_____ (Firm/Individual that owns the company)** |
| Ownership Percentage (%) | **_____ (This would be the % that the firm/person listed owns of the applicant entity)** |

**Affiliate Owners**

### 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.

### 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:

## 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. 52:130-12 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, commerci[illegible]l 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.** 52:130-13(9). 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.

Sections-Violation of the Conflict of Interest Law

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.

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Sections-Violation of any State or Federal Law

Part B. Pending Proceedings

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

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

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

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

File upload with the prefix **"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

_____

**(This can be general counsel rather than the representative.)**

Title

_____

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

_____

Program Name: _____

Applicant Name:_____

Applicant DBA: _____

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

**Certification**

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

**A. That the Applicant is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus and is not engaged in activities related to Russia or Belarus. OR**

_____

**B. That I am unable to certify as to** UA" **above because the Applicant is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus. OR**

_____

**C. That I am unable to certify as to "A" or "B" above because the Applicant, though identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus, is engaged in activities in Russia or Belarus consistent with federal law, regulation, license or exemption. A detailed, accurate and precise description of how the Applicant's activity related to Russia and/or Belarus is consistent with federal law is set forth below, including a copy of the license or listing the exemption. (Attach Additional Sheets If Necessary.)**

_____

**If applicable, provide Additional Certification of Federal License**

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

Russia Belarus Federal License

Please provide a copy of the Federal license.

File upload with the prefix **"Russia Belarus Federal License"**

## Authorized Signature

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

Applicant Authorized Representative
Name: _____

Title: _____

Applicant FEIN: __-_____

E-Signature of Applicant Authorized Representative
_____

## Required Attachments

The following items, if applicable, must be provided in order for the application to be deemed complete by the NJEDA

If an incomplete application is received, the NJEDA will notify the applicant, who will be required to provide the additional Information and re-submit the application. In this scenario, the date/time of receipt will be based upon when the complete application is resubmitted, not the initial submittal of the incomplete application.

**POST APPROVAL REQUIREMENTS - Please note that these are not requirements at time of application but will be required prior to issuance of tax credit**

1. Tax credit verification report prepared by a New Jersey licensed certified public accountant verifying the tax credit claim. The report should be prepared by the CPA in accordance with the guidelines agreed upon established by the NJ Division of Taxation and the NEDA.

Print List of Required Attachments

| Document | Files |
|---|---|
| Resumes, Biographies OR IMDB LINKS | File upload with the prefix **"Resumes, Biographies OR IMDB LINKS for the following principal talent".** |

| | |
|---|---|
| | *Provide resumes or biographies for the following principal talent currently signed to participate in the project:*<br><br>• Producer(s)<br>• Director(s)<br>• Principal and major supporting actor(s) and actress(es)<br>• Screenwriter(s)<br>• Cinematographer(s)/Director(s) of Photography<br>• Production Manager |
| Timeline & Proposed Shooting Schedule | **File upload with the prefix "Timeline & Proposed Shooting Schedule"**<br><br>*Timeline & Proposed Shooting Schedule - Please submit as an attachment to the application a detailed timeline of the project that includes: timing of the production/filming, filming locations, and anticipated or actual dates of commencement and completion of principal photography and total film production expenses.* |
| Detailed Project Synopsis | **File upload with the prefix "Detailed Project Synopsis"**<br><br>*Detailed Project Synopsis - Please submit as an attachment to the application a detailed synopsis of the film project that includes what is being filmed (ie. film project, digital project, reality TV project), a plot summary, the genre and subject matter, the anticipated film rating (if aoJJlicable)m the names of the principals and actors/actresses* |
| Budget Template | **File upload with the prefix "Budget Template"**<br>*Using this **budget template**, please provide a complete itemized budget for the film production. Please note the budget template includes Schedule A Total Film Production Expenses (All), Schedule B - Total Film Production Expenses from Vendors Authorized to do Business in New Jersey, Schedule (-Qualified Film Production Expenses (ALL), and Schedule D-Of the qualified film production expenses reported above, please provide the estimated qualified film production expenses incurred for services performed and tangible personal property purchased through vendors for use at a sound stage or other location, in New Jersey and within a 30-mile radius of Columbus Circle, New York City (the intersection of Eighth Avenue/Central Pork West, Broadway, and West 59th Street Central Pork South, New York, New York). All four schedules should be completed if aoolicoble.* |
| Division of Taxation Tax Clearance Certificate | **File upload with the prefil'.( "Division of Taxation Tax Clearance Certificate"**<br><br>*Provide Division of Taxation Tax Clearance Certificate. Certificates may be requested through the State of New Jersey's Premier Business Services /PBS) portal online.* |

| | |
|---|---|
| | • Under the Tax & Revenue Center, select Tax Services, then select Business Incentive Tax Clearance.<br>• Director(s)<br>• 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. |
| Affirmative Action/Prevailing Wage | File upload with the prefix **"Affinnative Action/Prevailing Wage"**<br><br>*If film project includes construction related costs, notice Regarding Affirmative Action/Prevailina WaQe, click here for form.* |
| NJ Location List | File upload with the prefix **"NJ Location List"**<br><br>*Detailed list of NJ shooting locations and if applicable description as it would aooear an the One-Liner.* |
| Operating Agreement/ Bylaws | File upload with the prefix **"Operating Agreement/ Bylaws"**<br><br>*Documents confirming owners/members/shareholders and authorized reoresentative.* |
| Budget Template Supplement for Excess Above-the-line and Deferred Compensation | **File upload with the prefix "Budget Template Supplement"**<br><br>**Please provide the budget template supplement that details the excess above the line benefit paid and a deferred compensation schedule.** |
| Hiring Plan | File upload with the prefix **"Hiring Plan"**<br><br>*If applicant wishes to submit a hiring plan for the additional 4% bonus, click here for form.* |
| Promote NJ Plan | File upload with the prefix **"Promote NJ Plan"**<br>*If applicant wishes to submit a hiring plan for the additional Promote NJ Bonus, click here for form. All related verification documents can be found at www.nieda.aovlfilm* |

## Payment Details

There is a $_____ non-refundable application fee. In addition, the NJEDA charges fees during the application, approval and closing process. These fees vary depending upon the product chosen to fit your needs and the complexity/size of the project.

The full amount of direct costs of any third party retained by the Authority, if the Authority deems such retention to be necessary, shall be paid by the applicant.

The following credit card types are accepted: Visa, MasterCard, Discover Card, AMEX

Payment Method

_____

## Payment Details

Applicant Organization Name: _____

Application Fee Request ID: **FREQ-**_____

Fee Amount: **$**_____

Is Payment Paid: _____

Payment Method: _____

*The following applies if the payment method is a mail check.*

**Mail Check:**
Amount Due: **$**_____
Make check payable to: New Jersey Economic Development Authority
Reference Application # **CAPP-**_____in the note field.
Address: _____
New Jersey Economic Development Authority
36 West State St
PO Box 990
Trenton, NJ 08625-0990

***The following applies if the payment method is wire.***

**Wire (Payment by Wire):**
Amount Due: **$**_____

Wire Service Instructions:
Reference Application# **CAPP-**_____ in the note field.

Wells Fargo (Trenton Branch - 1 West State Street)
ABA #: 121 000 248
Account Title: NJEDA Operating Account
Account#: 2100 00000 0000
Attention: Accounting & Financial Reporting (609-858-6701)
Reference: Film Tax Credit 228328

## 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:

_____

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

_____

Full Name: _____

**----------END OF DOCUMENT----------**