NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

Labor Compliance Completion Certificate

RECIPIENT OF AUTHORITY FINANCIAL ASSISTANCE COMPANY NAME *(Legal Name of Recipient of NJEDA Financial Assistance)*

PROJECT NAME and LOCATION *(include the Facility Name, Street Address, City and Zip Code of where construction was undertaken)*

CONSTRUCTION COMPLETION DATE** **NJ COUNTY** *(Project Location)* **AAPWR NUMBER**

****The "Construction Completion Date" is defined as the final day on which a prevailing wage trade laborer or mechanic, as recorded on the certified payroll, performed work at the construction site.**

Signature required from the Recipient's authorized representative and the Contractor or Construction Manager.

In connection with the completion of this project and receipt of NJEDA Financial Assistance, I/We make the following certifications:

- I/We, the authorized representative of the Recipient of NJEDA Financial Assistance and the Contractor or Construction Manager, certify that I/we have no knowledge or information which would cause me/us to believe that any facts, information or representations made herein are false or misleading.
- I/We, the undersigned, also certify to the New Jersey Economic Development Authority that this contractor is complete as follows:
    - All workers on this project have been paid at least the NJ Prevailing Wage rate, except where exempted by N.J.A.C. 19:30-4.2(a), (b), or 19:30-4.4. This certification is based on payroll records from the general contractor, prime contractor, and all subcontractors, including lower-tier subcontractors.
    - All contractors & subcontractors subject to Prevailing Wage requirements are registered with the Department of Labor & Workforce Development as Public Works Contractors in accordance with N.J.S.A 34:11-56.48, et seq.
    - We have made good faith efforts to achieve minority and women workforce participation goals and submitted all reports and certificates required by the Authority's Affirmative Action requirements.

RECIPIENT OF AUTHORITY FINANCIAL ASSISTANCE	Date (mm/dd/yyyy)	Signature of Authorized Representative - Recipient of NJEDA Financial Assistance
	Authorized Rep. Phone Number	Print Authorized Representative Name and Title
		Print Company's Legal Name - Recipient of NJEDA Financial Assistance
		Company's Street Address
		City, State and Zip Code
CONTRACTOR/ CONSTRUCTION MANAGER	Date (mm/dd/yyyy)	Signature of Authorized Representative - General Contractor/Prime/ Construction Manager
	Authorized Rep. Phone Number	Print Authorized Representative Name and Title
		Print Company's Legal Name
		Company's Street Address
		City. State and Zip Code

SAMPLE