

START A NEW APPLICATION			
Please enter a brief description of your project (up to 50 characters). The description is for your reference only. It will not be submited with the application.			
Would you like to import your contact information and organization data from another application?			
Start Application			

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Application ID #202594 **Applicant: Clark Smith** Company: test **Application Manager** Project: 2017 NJ CoVest Sample App HELP / Assistance Introduction **Product Selection** Organization Information **Applicant Contact Information Project Information** Additional Background Application Date: 6/30/2017 Information Salutation: Attachments First Name: Clark Certification of Application Middle Initial: Payment Last Name: Smith Suffix: Title: CEO Test Tech Company Company: Mailing Address: 1 Main Street Address Line 2: New Brunswick City/Town: State: New Jersey ZIP Code: 08901 1234567890 Telephone Number: Phone Ext. Fax Number: 1234567890 E-mail: cws@test.com Continue

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Applicant: Clark Smith Company: Test Tech Company		Application ID #202594
Project: 2017 NJ CoVest Sample App		? HELP / Assistance
Applicant Organization Information		
Applicant Organization Name: (legal name without abbreviations)	Test Tech	
Federal Employer's I.D. No. (FEIN):	123456789	
Doing Business As Name:	N/A	
Holding Company Name:	n/a	
Authorized Representative Name: (person able to legally bind the applicant)	Clark Smith	
Authorized Representative Email Address:	cws@test.com	
Title:	CEO	
Is the Organization's address the same as the Contact's address?	YES ▼	
County	Middlesex	
	Contin	ue

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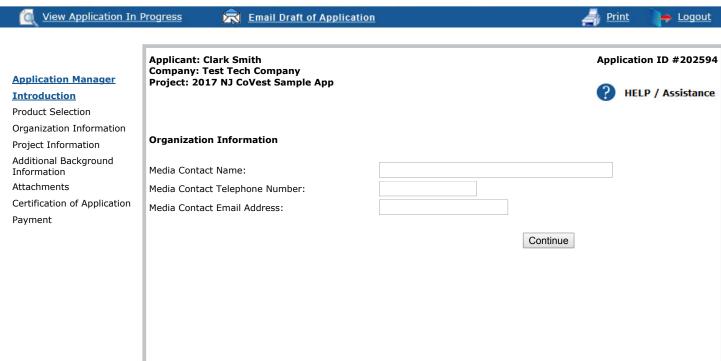
Application Manager Introduction

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Applicant: Clark Smith Company: Test Tech Company	Application ID #202594
Project: 2017 NJ CoVest Sample App	? HELP / Assistance
Applicant Operation Teformation	
Applicant Organization Information	
Telephone Number:	1234567890
Web Site Address:	www.testtech.com
Number of Employees:	5
NAICS Number:	123456
(To find this number, look to the federal determination provilink to determine based upon current business functions,	

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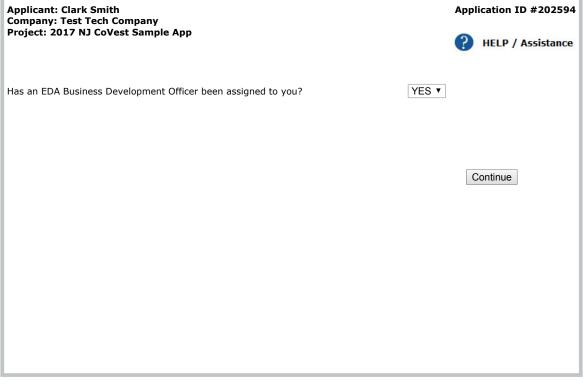




Application Manager Introduction

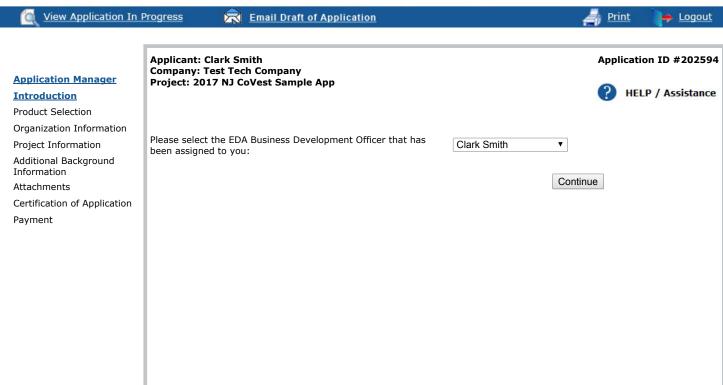
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Applicant: Clark Smith Company: Test Tech Company			Appli	cation ID #202594
Project: 2017 NJ CoVest Sample App			•	HELP / Assistance
Please select the EDA products/programs your B	ısines	s Development Officer recom	nmended.	
Available Product(s): Add		Product(s) Selected:	Remove	
Camden Economic Recovery Board Grant Camden Economic Recovery Board Loan	•	NJ CoVest Fund		
Direct Loan				
Economic Redevelopment and Growth (ERG) Program				
Edison Innovation Angel Growth Fund				
Edison Innovation Growth Stars Fund				
Edison Innovation VC Growth Fund Grow New Jersey Program				
New Jersey Advantage				
NJ CoVest Fund	•			•
	Со	ontinue		

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Applicant: Clark Smith Company: Test Tech Company Application Manager Project: 2017 NJ CoVest Sample App **Product: NJ CoVest Fund**

HELP / Assistance

Application ID #202594

NJ CoVest Fund

Please complete the subsequent pages to apply for match funding via the NJ CoVest Fund. The information provided in this application will be used for analysis and final investment decisions. Prior to starting this application, an applicant must engage a member of the EDA's Technology & Life Sciences team regarding the NJ CoVest eligibility.

Upon completing the EDA's online application for the NJ CoVest Fund, the Due Diligence Checklist and supporting documents should be submitted. Please find the instructions for completing the Due Diligence

Several the items listed on the Due Diligence Checklist will be submitted as a part of the online application. The balance of the due diligence items will not be required for submission until after the applicant presents at the Authority's Technology Advisory Board (TAB). After the applicant's Technology Advisory Board Presentation, a member of the EDA's Technology & Life Sciences team will inform the applicant as to whether the application will advance to full due diligence. For those companies that are proceeding forward, the Authority will request that they submit all the materials listed on the Due Diligence Checklist. This checklist is provided in advance merely to allow you the option of organizing these materials in advance of the actual request for submission.

Additional instructions regarding application attachments are available in the Attachments section of the application.

A \$500 application fee will be charged to submit this application for EDA investment consideration. This fee can only be paid via credit card at the end of this application. This fee is NON-REFUNDABLE regardless of the outcome for this financing request.

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Applicant: Clark Smith
Company: Test Tech Company
Project: 2017 NJ CoVest Sample App
Product: N1 CoVest Fund

Application ID #202594

PHELP / Assistance

Thank you for your interest in the NJ CoVest Fund. Please be advised that Clark Smith will contact you to review your qualification information and assist in the completion of your application.

Please enter an authorization code to continue:

* An authorization code is required to continue.

Continue

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Applicant: Clark Smith Application ID #202594 **Company: Test Tech Company** Project: 2017 NJ CoVest Sample App HELP / Assistance **Product: NJ CoVest Fund** Has the applicant Company secured match funding in the form of equity or convertible debt? Yes O No Was the match funding received within 90 days of filing this application? O No What is the dollar amount of matching funds closed by Company 500000 within 90 days of filing this application? Was this match funding from Angel Investors, Angel Funders, Private Equity Funds and/or Venture Capital Funds? Yes O No Did this matching funding come from at least 2 unique investor sources from the previous question? Yes O No Continue

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund

HELP / Assistance

Application ID #202594

Please click "Add Investor" to input Investor information. When finished adding Investors, click "Continue" to move on to the next section of this application.

Add Investor

INVESTORS

Name

Percentage Ownership

Investment Amount

Continue

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Applicant: Clark Sm Company: Test Tech Project: 2017 NJ Co Product: NJ CoVest	Company Vest Sample App		Appl	ication ID #202594 HELP / Assistance
Add Match Funding	Investor			
Name (First, middle a	nd last name):	Angel Investor		
Organization Name:		Angel Group		
Address (Business Add	dress for Organizations):	2 Second Street Newark, NJ		
Telephone Number:	9876543210			
E-mail:	ai@angel.com			
Percentage Ownership				
Investment Amount:	250000			
US Citizen: YES ▼				
			Continue	

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund Application ID #202594

PHELP / Assistance

Please click "Add Investor" to input Investor information. When finished adding Investors, click "Continue" to move on to the next section of this application.

Add Investor INVESTORS

Name Percentage Ownership Investment Amount

Edit Remove Angel Investor 10% \$250,000

Continue

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Applicant: Clark Smit Company: Test Tech (Project: 2017 NJ CoV Product: NJ CoVest F	Company est Sample App		Application ID #2	
Add Match Funding I	nvestor			
Name (First, middle and	l last name):	Venture Investor		
Organization Name:		VC Firm		
Address (Business Addr	ess for Organizations):	3 Third Ave Trenton, NJ		
Telephone Number:	999999999			
E-mail:	vi@vc.com			
Percentage Ownership:	10			
Investment Amount:	250000			
US Citizen: YES ▼				
			Continue	

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App

Product: NJ CoVest Fund

<u>Edit</u>

Application ID #202594

HELP / Assistance

Please click "Add Investor" to input Investor information. When finished adding Investors, click "Continue" to move on to the next section of this application.

Add Investor

INVESTORS

Investment Amount

Name <u>Edit</u> **Remove** Angel Investor

Remove Venture Investor

10% 10% \$250,000 \$250,000

Continue

Percentage Ownership

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Application Manager Introduction **Product Selection** Organization Information

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund	Appl	ication ID #202594 HELP / Assistance
Has the applicant Company closed financing prior to the current matching financing round Yes No	?	
Has the applicant Company generated sales revenues from at least three commercial references on the customers? • Yes • No	encea	ble
Continue		

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Application Manager Introduction **Product Selection**

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Applicant: Clark Smith
Company: Test Tech Company
Project: 2017 NJ CoVest Sample App
Product: N1 CoVest Fund

Application ID #202594 HELP / Assistance

Please click "Add Customer" to input Customer information. When finished adding Customers, click "Continue" to move on to the next section of this application.

At minimum, list 3 current, referenceable commercial Customers

Add Customer CUSTOMERS

> **Customer Name** Annual Revenue

> > Continue

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Application Manager Introduction **Product Selection** Organization Information Additional Background Information Attachments Certification of Application Payment

Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund	Application ID #202594 HELP / Assistance
Add Customer Name (First, middle and last name):	Customer One
Organization Name:	Customer Company One
Address (Business Address for Organizations):	1 Corp Drive Jersey City, NJ
Telephone Number: 1111111111 E-mail: c1@com.com	
Estimated amount of annual revenue generated from this Custmer relationship:	10000
	Continue

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App

Product: NJ CoVest Fund

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Please click "Add Customer" to input Customer information. When finished adding Customers, click "Continue" to move on to the next section of this application.

At minimum, list 3 current, referenceable commercial Customers

Add Customer

CUSTOMERS

Customer Name Annual Revenue

Edit Remove Customer One \$10,000

Continue

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Application Manager Introduction **Product Selection** Organization Information Additional Background Information Attachments Certification of Application Payment

Applicant: Clark Smith Company: Test Tech Company	Application ID #202594
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Add Customer	
Name (First, middle and last name):	Customer Two
Organization Name:	Customer Company Two
Address (Business Address for Organizations):	2 Corp Rd Hoboken, NJ
Telephone Number: 2222222222	
E-mail: c2@corp.com	
Estimated amount of annual revenue generated from this Custmer relationship:	15000
	Continue

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App

Project: 2017 NJ CoVest Sample Ap Product: NJ CoVest Fund

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Application ID #202594

Please click "Add Customer" to input Customer information. When finished adding Customers, click "Continue" to move on to the next section of this application.

At minimum, list 3 current, referenceable commercial Customers

Add Customer			CUSTOMERS	
		Customer Name	Annual Revenue	
<u>Edit</u>	<u>Remove</u>	Customer One	\$10,000	
<u>Edit</u>	Remove	Customer Two	\$15,000	

Continue

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Applicant: Clark Smith Company: Test Tech Company		Application ID #202594		
Project: 2017 NJ CoVes Product: NJ CoVest Fun	t Sample App	? HELP / Assistance		
Add Customer				
Name (First, middle and la	ast name):	Customer Three		
Organization Name:		Customer Company Three		
Address (Business Address	s for Organizations):	3 Company Dr Kearny, NJ		
Telephone Number:	333333333			
E-mail:	c3@com.com			
Estimated amount of annual revenue generated from this Custmer relationship:		20000		
		Continue		

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App

Product: NJ CoVest Fund

Application ID #202594

HELP / Assistance

Please click "Add Customer" to input Customer information. When finished adding Customers, click "Continue" to move on to the next section of this application.

At minimum, list 3 current, referenceable commercial Customers

Add Customer			CUSTOMERS	CUSTOMERS	
		Customer Name	Annual Revenue		
<u>Edit</u>	Remove	Customer One	\$10,000		
<u>Edit</u>	Remove	Customer Two	\$15,000		
<u>Edit</u>	Remove	Customer Three	\$20,000		

Continue

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Application ID #202594 **Applicant: Clark Smith** Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund HELP / Assistance Does the applicant have proprietary intellectual property? Yes O No Please choose: Patents Patent Filed Continue

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Applicant: Clark Smith Company: Test Tech Company		Application ID #202594	
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Does the applicant Company have a full-time management team with domain experience?			
● Yes ○ No			
○ NO			
Does the applicant Company have a physical office space in New Jersey? Please note, this working and/or incubator space.	may i	nclude co-	
Yes			
○ No			
Does the applicant Company have a management team/founders that have a financial comcompany? (sweat equity not considered)	ımitm	ent in the	
Yes			
● No			
Continue			

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App **Product: NJ CoVest Fund**

Application ID #202594 HELP / Assistance

Please click "Add Management/Officer" to input Management/Officer information. When finished adding Management/Officers, click "Continue" to move on to the next section of this application.

Add Management/ **Officer**

MANAGEMENT/OFFICERS

Name

Percentage Ownership

Investment Amount

Continue

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Applicant: Clark Smith Company: Test Tech C		Application ID #202	Application ID #202594	
Project: 2017 NJ CoVe Product: NJ CoVest Fu	est Sample App	? HELP / Assista	nce	
Add Management/Off	icer			
Name (First, middle and	last name):	Clark Smith		
Title (i.e. Founders, CEC), etc.):	CEO		
		1 Main Street New Brunswick, NJ		
Address (Business Addre	ess for Organizations):			
Telephone Number:	1234567890			
E-mail:	cws@test.com			
Percentage Ownership:	20			
Investment Amount:	20000			
US Citizen: YES ▼				
		Continue		

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund

<u>Edit</u>

Application ID #202594

HELP / Assistance

Please click "Add Management/Officer" to input Management/Officer information. When finished adding Management/Officers, click "Continue" to move on to the next section of this application.

Add Management/
Officer
MANAGEMENT/OFFICERS

Name Percentage Ownership Investment Amount
Remove Clark Smith 20% \$20,000

Continue

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Application Manager

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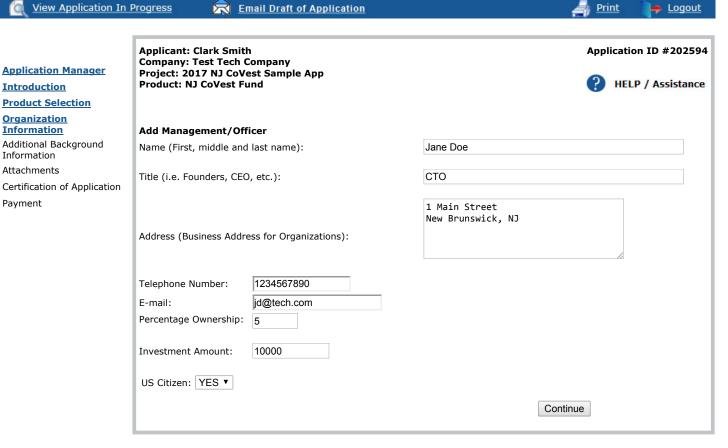
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Product: NJ CoVest Fund

Application ID #202594

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Please click "Add Management/Officer" to input Management/Officer information. When finished adding Management/Officers, click "Continue" to move on to the next section of this application.

Officer MA			MANAGEMENT/OI	MANAGEMENT/OFFICERS	
		Name	Percentage Ownership	Investment Amount	
<u>Edit</u>	<u>Remove</u>	Clark Smith	20%	\$20,000	
Edit	Remove	Jane Doe	5%	\$10,000	

Continue

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Project: 2017 NJ CoVe Product: NJ CoVest Fu			? HELP / Assistance
Add Management/Off	icer		
Name (First, middle and	last name):	John Doe	
Title (i.e. Founders, CEC	Title (i.e. Founders, CEO, etc.):		
Address (Business Addre	ess for Organizations):	1 Main Street New Brunswick, NJ	
Telephone Number:	1234567890		
E-mail:	jd2@tech.com		
Percentage Ownership:	0		
Investment Amount:			
US Citizen: YES ▼			
			Continue

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Certification of Application Payment Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund Application ID #202594

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Please click "Add Management/Officer" to input Management/Officer information. When finished adding Management/Officers, click "Continue" to move on to the next section of this application.

Add Ma Officer	nagement/	MANAGEMENT/OFFICERS			
		Name	Percentage Ownership	Investment Amount	
<u>Edit</u>	Remove	Clark Smith	20%	\$20,000	
<u>Edit</u>	Remove	Jane Doe	5%	\$10,000	
<u>Edit</u>	Remove	John Doe			

Continue

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Application ID #202594 **Applicant: Clark Smith Company: Test Tech Company** Project: 2017 NJ CoVest Sample App HELP / Assistance **Product: NJ CoVest Fund** Does the applicant Company have a formal Board of Directors/Advisors? Yes O No Continue

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Certification of Application Payment Please click "Add Board of Directors/Advisors" to input Directors/Advisor information. When finished adding Directors/Advisors, click "Continue" to move on to the next section of this application.

Add Board of Directors/Advisors

Project: 2017 NJ CoVest Sample App

Applicant: Clark Smith Company: Test Tech Company

Product: NJ CoVest Fund

BOARD OF DIRECTORS/ADVISORS

Name

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Application Manager Introduction **Product Selection** Organization Information Additional Background Information Attachments Certification of Application Payment

Applicant: Clark Smit		Application ID #2025	94
Company: Test Tech (Project: 2017 NJ CoV Product: NJ CoVest Fo	est Sample App	? HELP / Assistance	æ
Add Board of Director	rs/Advisors		
Name (First, middle and	l last name):	Clark Smith	
		1 Main Street New Brunswick, NJ	
Address (Business Addr	ess for Organizations):		
Telephone Number: E-mail: US Citizen:	1234567890 cws@test.com YES ▼	Continue	

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Please click "Add Board of Directors/Advisors" to input Directors/Advisor information. When finished adding Directors/Advisors, click "Continue" to move on to the next section of this application.

Add Board of Directors/Advisors

Project: 2017 NJ CoVest Sample App

Applicant: Clark Smith Company: Test Tech Company

Product: NJ CoVest Fund

BOARD OF DIRECTORS/ADVISORS

Name

<u>Edit</u> **Remove** Clark Smith

Continue

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Applicant: Clark Smit		Application ID #202594
Project: 2017 NJ CoV Product: NJ CoVest F	est Sample App	? HELP / Assistance
Add Board of Directo	rs/Advisors	
Name (First, middle and	d last name):	Board Member One
		123 Broadway New York, NY
Address (Business Addr	ess for Organizations):	
Telephone Number:	2122122112	
E-mail:	board1@com.com	
US Citizen:	NO ¥	Continue

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Applicant: Clark Smith

Company: Test Tech Company

Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund

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HELP / Assistance

Please click "Add Board of Directors/Advisors" to input Directors/Advisor information. When finished adding Directors/Advisors, click "Continue" to move on to the next section of this application.

Add Board of Directors/Advisors

BOARD OF DIRECTORS/ADVISORS

Name

<u>Edit</u> **Remove** Clark Smith **Edit Remove** Board Member One

Continue

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Applicant: Clark Smit Company: Test Tech		Application ID #2025	94
Project: 2017 NJ CoV Product: NJ CoVest F	est Sample App	? HELP / Assistance	e
Add Board of Director	rs/Advisors		
Name (First, middle and	d last name):	Board Member Two	
		999 Drive Way Camden, NJ	
Address (Business Addr	ess for Organizations):		
Telephone Number: E-mail:	6096096090 board2@com.com		
US Citizen:	YES •	Continue	

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App

Product: NJ CoVest Fund

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Please click "Add Board of Directors/Advisors" to input Directors/Advisor information. When finished adding Directors/Advisors, click "Continue" to move on to the next section of this application.

Add Board of BOARD OF DIRECTORS/ADVISORS **Directors/Advisors**

Name <u>Edit</u> **Remove** Clark Smith **Edit Remove** Board Member One **Edit** Remove Board Member Two

Continue

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Applicant Organization Information			
Principal Bank Reference Information			
Bank Name:	Bank		
Contact Name:	Banker		
Contact Telephone Number:	555555555		
E-mail:	Banker@bank.com		
	С	ontinue	

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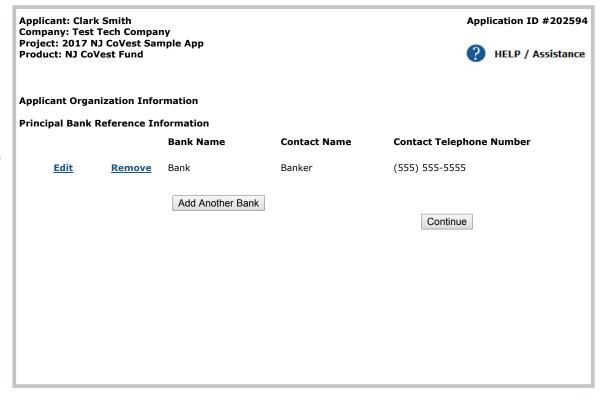






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Applicant Organization Information	
Legal Information	
Name of Counsel to applicant:	Lawyer
Law Firm Name:	Law Firm
	1 Law Way Trenton, NJ
Address:	
Telephone Number:	1112223333
E-mail:	law@law.co
Accountant Information	
Accountant Name:	Acct
Accounting Firm Name:	Acct Firm
	54321 Number St Philadelphia, PA
Address:	
Telephone Number:	3332221111
E-mail:	acct@acct.com
	Continue

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Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App

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Additional Background Information

Businesses applying for eligibility 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 pertaining to the commission of certain actions that can lead to debarment or disqualification from eligibility under the Regulations.

All capitalized terms used in this Questionnaire, except those defined elsewhere herein, shall be defined at the bottom of this form.

Has Applicant, any officers or directors of Applicant, or any Affiliates (collectively, the "Controlled Group") been found guilty, liable or responsible in any Legal Proceeding 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).

NO v 1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract thereunder, or in the performance of such contract or subcontract.

NO v 2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty.

NO v 3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C.874).

NO • 4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision

NO ▼ 5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A 10:10, et seq.).

NO • 6. To the best of your knowledge after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor.

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

NO v 8. Debarment by any department, agency, or instrumentality of the State or Federal government.

NO v 9. Violation of 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 of 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-13i, 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-13g.
- 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 Executive Commission on Ethical Standard.
- 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-13g. Any relationships subject to this subsection shall be reported in writing to the Executive Commission on Ethical Standards, 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, actuality or appearance of a conflict of interest.
- iv. No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.
- v. No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

NO • 10. Has any member of the Controlled Group been found guilty, liable or responsible for the violation in any Legal Proceedings of any State, Federal or foreign 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 any monetary award, damages, verdict, assessment or penalty has been made against any member of the Controlled Group, 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).

- Laws banning or prohibiting discrimination or harassment in the workplace on the basis of gender, race, age, religion or handicapped status.
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- iii. Laws protecting workers who have reported the wrongdoing of their employers to governmental authorities, commonly referred to as "Whistleblower Laws".
- iv. Securities or tax laws resulting in a finding of fraud or fraudulent conduct.
- v. Environmental laws.
- vi. Laws banning the possession or sale of, or trafficking in, firearms or drugs.
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NO v 11. To the best of your knowledge, after reasonable inquiry, is any member of the Controlled Group 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?

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 and court in which such matters were tried or are pending; (ii) the charges or claims adjudicated or alleged; and (iii) a brief explanation of the circumstances giving rise to such matters. Also, for affirmative answers to question 1-10, copies of the final judgments, consent orders or administrative findings, as the case may be, that were entered or made in such matters must be attached.

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Continue

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Application Manager
Introduction
Product Selection
Organization
Information
Additional Background

Information
Additional Background
Information
Attachments

Certification of Application Payment ----

Company: Test Tech Company
Project: 2017 NJ CoVest Sample App

Product: NJ CoVest Fund

Applicant: Clark Smith

Application ID #202594



HELP / Assistance

Required Attachments

- <u>Due Diligence Checklist</u> Please note that the following exhibits from the Due Diligence Checklist must be submitted at the time of application submission. Further details on each exhibit can be found on the Due Diligence Checklist
- · Exhibit A Company Formation Documents
- Exhibit B Executive Summary
- Exhibit C Business Plan / Latest Investor Presentation
- Exhibit I Historical Financial Statements
- Exhibit J Projected Financial Statements
- Exhibit N Investment Documentation for Matching Financing
- Exhibit P Capitalization Table

The balance of the due diligence items is required for submission following a successful Technology Advisory Board Presentation. This includes a Tax Clearance Certificate. Instructions for obtaining this are below:

- Division of Taxation Tax Clearance Certificate required. Certificates may be requested through the <u>State of New Jersey's Premier Business Services (PBS) portal online.</u>
 - 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.

Please note: It is the applicant/client's responsibility to maintain a current and clear tax clearance certificate. If a current and clear certificate is not evidenced to EDA at time of closing, EDA will not proceed with closing.

Print List of Required Attachments

Continue

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Application Manager Introduction Product Selection Organization <u>Information</u> **Additional Background Information Attachments**

Certification of Application Payment

Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App **Product: NJ CoVest Fund**

Application ID #202594

HELP / Assistance

Required Attachments

Attachments may be submitted in the following formats:

- Microsoft Word (*.doc, *.docx)
- Microsoft Excel (*.xls, *.xlsx)
- WordPerfect (.wpd)
- Text (*.txt)
- Adobe PDF (*.PDF)

Attachments may also be mailed to:

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

Attachment may also be emailed to Business Development/Venture Officer. Send attachments to the attention of Clark Smith and indicate the application reference number: #202594

Do you have electronic attachments to submit?

YES ▼

Continue

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Application Manager Introduction **Product Selection** Organization Information **Additional Background Information Attachments** Certification of Application

Payment

Applicant: Clark Smith Company: Test Tech Company	Appl	lication ID #202594
Project: 2017 NJ CoVest Sample App Product: NJ CoVest Fund	?	HELP / Assistance
Attachments		
The following files are attached to the application:		
• 01.pdf - [Remove]		
Attachments may be submitted in the following formats: • Microsoft Word (.doc, .docx)		
Microsoft Excel (.xls, .xlsx) WordPerfect (.wpd) Text (.txt) Adobe PDF (.pdf)		
Files should be 5MB or less in size.		
Select file(s) to attach:		
Select		
Upload Files Continue		

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Email Draft of Application



Print



Application Manager Introduction **Product Selection Organization** Information **Additional Background**

Information

Certification of Application

Payment

Applicant: Clark Smith Company: Test Tech Company Project: 2017 NJ CoVest Sample App **Product: NJ CoVest Fund**

HELP / Assistance

Application ID #202594

Certification of Application

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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:
- 1. I have received a copy of the "Regulation on Payment of Prevailing Wages" and the "Affirmative Action Regulation" and am prepared to comply with the requirements contained therein.
- 2. I affirm, represent, and warrant that the applicant has no outstanding obligations to any bank, loan company, corporation, or individual not mentioned in the above application and attachments; that the information contained in this application and in all attachments submitted herewith is to the best of my knowledge true and complete and that the bond/loan applied for herein is not for personal, family, or household purposes.
- 3. 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 EDA which may at its option terminate its financial assistance.
- 4. 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 EDA.
- 5. I authorize the EDA to obtain such information including, but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and/or investors.
- 6. I authorize the EDA 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 EDA.

I am Authorized Signer and I accept the terms and conditions.

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Application Manager
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mpany: Test Tech Company oject: 2017 NJ CoVest Sample App oduct: NJ CoVest Fund	HELP / Assistance
plication Fee	
ere is a \$500 non-refundable application fee.	
The following credit card types are accepted: Visa, MasterCard Pay by Credit Card Continue	

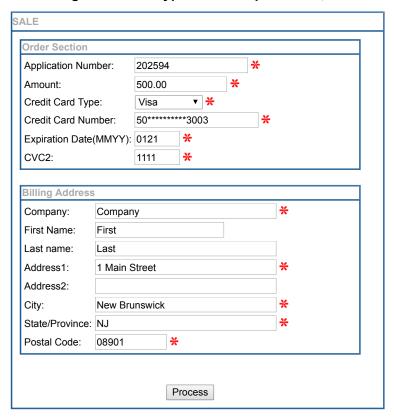
Privacy Policy | Refund Policy | Security Policy



The company we keep, by keep, by keeps getting better.

New Jersey Economic Development Authority Payment Form

The following credit card types are accepted: Visa, MasterCard





an The company we keep, Packagin anon keeps getting better.Bayonn

New Jersey Economic Development Authority Payment Form

Transaction Detail

Authorization Results

User: NJEDA
Payment Type: CREDITCARD

Transaction Type: SALE

Date / Time: 06/30/2017 12:40:28 PM

Response: AA

Message: APPROVED
Approval Code: 123456
AVS Response: X
CVV2 Response: P
Account Balance: 0.00

Order Section

Application Number: 202594 Amount: 500.00 Credit Card Type: Visa

Credit Card Number: ********3003

Expiration Date(MMYY): ****

Final Step - Click here to submit application



Application Submission		
	Your application has been submitted.	
	Continue	

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OFFICIAL COPY

APPLICATION NUMBER: 202594

Application Date: 6/30/2017

Who is your NJEDA contact? Clark Smith

Products Selected: NJ CoVest Fund

Application Fee: \$500

Payment Method: BYCREDIT

Application Fee Received Date: 6/30/2017 12:40:43 PM

Confirmation #: 00000000-0000-0

NJ CoVest Qualification Summary:

Has the applicant Company secured match funding in the form of equity or convertible debt?	YES
Was the match funding received within 90 days of filing this application?	YES
Was this match funding from Angel Investors, Angel Funders, Private Equity Funds and/or Venture Capital Funds?	YES
Did this matching funding come from at least 2 unique investor sources from the previous question?	YES
Has the applicant Company closed financing prior to the current matching financing round?	YES
Has the applicant Company generated sales revenues from at least three commercial referenceable customers?	YES
Does the applicant Company have proprietary intellectual property?	YES
Does the applicant Company have a full-time management team with domain experience?	YES
Does the applicant Company have a physical office space in New Jersey? Please note, this may include co-working and/or incubator space.	YES
Does the applicant Company have a management team/founders that have a financial commitment in the company? (sweat equity not	YES

considered)

Does the applicant Company have a formal Board of Directors/Advisors? YES

Applicant Organization Information

Applicant Organization Name:

(legal name without abbreviations)

Test Tech

Federal Employer's I.D. No. (FEIN):

12-3456789

Doing Business As Name:

N/A

Holding Company Name:

n/a

Authorized Representative:

Clark Smith

Authorized Representative Title:

CEP

Authorized Representative Email Address:

cws@test.com

Is the Organization's address the same as the

Contact's address?

YES

County:

Middlesex

Telephone Number:

(123)456-7890

Website Address:

www.testtech.com

Number of Employees:

5

Media Contact Name

Media Contact Telephone Number

Media Contact Email Address

NAICS Number:

123456

(To find this number, look to the federal determination provided when the applicant entity was formed, or visit the following link to determine based upon current business functions, http://www.census.gov/epcd/www/naics.html.)

Nature of Business:

start up tech company

Year Established:

2016

Ownership Structure:

C Corporation

State of Incorporation/Formation:

NJ

NJ CoVest Fund

Has the applicant Company secured match

funding in the form of equity or convertible

YES

debt?

Was the match funding received within 90

days of filing this application?

YES

What is the dollar amount of matching funds

closed by Company within 90 days of filing

\$500,000

this application?

Was this match funding from Angel Investors, Angel Funders, Private Equity Funds and/or YES

Venture Capital Funds?

Did this matching funding come from at least 2 unique investor sources from the previous question?

YES

YES

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Tn	ve	ct	\mathbf{a}	rc

Name: Angel Investor

Organization Name: Angel Group

Address: 2 Second Street Newark, NJ

Phone: 9876543210

Email: ai@angel.com

Ownership Percentage: 10

Investment Amount: \$250,000

US Citizen: YES

Name: Venture Investor

Organization Name: VC Firm

Address: 3 Third Ave Trenton, NJ

Phone: 9999999999

Email: vi@vc.com

Ownership Percentage: 10

Investment Amount: \$250,000

US Citizen: YES

Has the applicant Company closed financing prior to the current matching financing round?

Has the applicant Company generated sales revenues from at least three commercial

referenceable customers?

Customers

Name: Customer One

Organization Name: Customer Company One

Address: 1 Corp Drive Jersey City, NJ

Phone: 1111111111

Email: c1@com.com

Estimate Amount of Annual Revenue: \$10,000

Name: Customer Two

Organization Name: Customer Company Two

Address: 2 Corp Rd Hoboken, NJ

Phone: 2222222222

Email: c2@corp.com

Estimate Amount of Annual Revenue: \$15,000

Name: Customer Three

Organization Name: Customer Company Three

Address: 3 Company Dr Kearny, NJ

Phone: 33333333333

Email: c3@com.com

Estimate Amount of Annual Revenue: \$20,000

Does the applicant Company have proprietary

intellectual property?

YES

Intellectual Property Types:

Software copyrights registered through the Library of Congress

Does the applicant Company have a full-time management team with domain experience?

YES

Does the applicant Company have a physical office space in New Jersey? Please note, this may include co-working and/or incubator space.

YES

Does the applicant Company have a management team/founders that have a financial commitment in the company? (sweat

YES

Management/Officers

Name: Clark Smith

equity not considered)

Title: CEO

Address: 1 Main Street New Brunswick, NJ

Phone: 1234567890

Email: cws@test.com

Ownership Percentage: 20

Investment Amount: \$20,000

US Citizen: YES

Name: Jane Doe

Title: CTO

Address: 1 Main Street New Brunswick, NJ

Phone: 1234567890

Email: jd@tech.com

Ownership Percentage: 5

Investment Amount: \$10,000

US Citizen: YES

Name: John Doe

Title: CFO

Address: 1 Main Street New Brunswick, NJ
Phone: 1234567890
Email: jd2@tech.com
Ownership Percentage: 0
Investment Amount:
US Citizen: YES

Does the applicant Company have a formal

Board of Directors/Advisors?

YES

Board of Directors/Advisors

Name: Clark Smith

Address: 1 Main Street New Brunswick, NJ

Phone: 1234567890 Email: cws@test.com

US Citizen: YES

Name: Board Member One

Address: 123 Broadway New York, NY

Phone: 2122122112 Email: board1@com.com

US Citizen: NO

Name: Board Member Two

Address: 999 Drive Way Camden, NJ

Phone: 6096096090

Email: board2@com.com

US Citizen: YES

Principal Bank Reference Information

II -		ıı •	Contact Email Address
Bank	Banker	(555)555-5555	Banker@bank.com

Legal Information

Name of counsel to applicant: Lawyer
Law Firm Name: Law Firm

Address:

Telephone: (111)222-3333

E-mail: law@law.co

Accountant Information Accountant name: Acct Accounting Firm Name: Acct Firm Address: 54321 Number St Philadelphia, PA Telephone: (333)222-1111 E-mail: acct@acct.com Has the applicant, or any related parties, previously received EDA assistance? NO **Applicant Contact Information** Salutation: Clark First Name: Middle Initial: Last Name: Smith Suffix: Title: CEO Company: Test Tech Company Mailing Address: 1 Main Street Address Line 2: City/Town: **New Brunswick** State: N1 ZIP Code: 08901 Telephone Number: 123-456-7890 Ext. Fax Number: 123-456-7890

Additional Background Information

Email Address:

Businesses applying for eligibility 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 pertaining to the commission of certain actions that can lead to debarment or disqualification from eligibility under the Regulations.

cws@test.com

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Has Applicant, any officers or directors of Applicant, or any Affiliates (collectively, the "Controlled Group") been found guilty, liable or responsible in any Legal Proceeding 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).

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NO

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- 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, actuality or appearance of a conflict of interest.
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- 4. 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 EDA.
- 5. I authorize the EDA to obtain such information including, but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and/or investors.
- 6. I authorize the EDA 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 EDA.
 - ☑ I am Authorized Signer and I accept the terms and conditions.

Required Attachments

• <u>Due Diligence Checklist</u> - Please note that the following exhibits from the Due Diligence Checklist must be submitted at the time of application submission. Further details on each exhibit can be found on the Due Diligence Checklist

- Exhibit A Company Formation Documents
- Exhibit B Executive Summary
- Exhibit C Business Plan / Latest Investor Presentation
- Exhibit I Historical Financial Statements
- Exhibit J Projected Financial Statements
- Exhibit N Investment Documentation for Matching Financing
- Exhibit P Capitalization Table

The balance of the due diligence items is required for submission following a successful Technology Advisory Board Presentation. This includes a Tax Clearance Certificate. Instructions for obtaining this are below:

- Division of Taxation Tax Clearance Certificate required. Certificates may be requested through the <u>State of New Jersey's Premier Business Services (PBS) portal</u> <u>online.</u>
 - 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.

Please note: It is the applicant/client's responsibility to maintain a current and clear tax clearance certificate. If a current and clear certificate is not evidenced to EDA at time of closing, EDA will not proceed with closing.