

New Jersey Child Care Facilities Improvement Program Phase 1 Sample Application



New Jersey Child Care Facilities Improvement Program

The Child Care Facilities Improvement Program will provide grants between **\$50,000 and \$200,000** to New Jersey child care providers for facilities improvements that will contribute to high quality early childhood learning environments.

Child care centers licensed by the NJ Department of Children and Families (NJDCF) as of June 4, 2021 are eligible to apply for facility improvement grants. Child care providers may own or lease the space where the facility improvement will occur. **Landlords are not eligible to apply.** Applicants are limited to two applications per Employer Identification Number (EIN). Applicants operating from multiple locations under a sole EIN must submit separate applications for each NJDCF-licensed location, up to two locations.

Applicants must meet the following eligibility requirements:

- Child care center licensed by NJDCF as of June 4, 2021*.
- Applicants must currently enroll, or have enrolled in the 12 months prior to the date of application, at least one (1) child receiving support through New Jersey Department of Human Services (NJ DHS) Child Care Assistance Program.
- Applicants may be for-profit businesses or non-profit organizations
- Can own or lease space.
- Applicants must be in good standing with the New Jersey Departments of Labor and Workforce Development, Environmental Protection, NJDCF, and NJ DHS.
- Applicant must not be debarred from receiving federal funds, as indicated through System for Award Management (SAM)
- Applicants are limited to one (1) application per DCF-licensed child care center location, and two (2) applications per Employer Identification (EIN).
- Applicants who are not currently enrolled in DHS' Grow NJ Kids (GNJK) quality rating system must commit to enroll within one (1) year of executing a grant agreement with the EDA.
- Grantees must commit to maintaining their licensure with DCF to provide child care for four (4) years following execution of the grant agreement at the location of the facility improvement project.

* Home-based child care providers are **not** eligible for the first phase of the program. Funding for registered family child care homes will be available in subsequent program phases.

New Jersey Child Care Facilities Improvement Program

Facility improvement projects must meet the following eligibility requirements:

- Total project costs between \$50,000 and \$200,000
- Labor and materials cost for interior and exterior facility improvements to create high quality early childhood learning environments. [Please see the full list of eligible facility improvement projects here.](#)
- Soft costs are capped at up to 20% of total grant and are limited to: architect fees, permit fees, construction management, freight and shipping delivery, environmental assessment
- Contractors conducting facility improvements must be a DOL Public Works Registered Contractor and abide by state prevailing wage and affirmative action requirements
- The Program will not provide reimbursement for costs already incurred prior to award

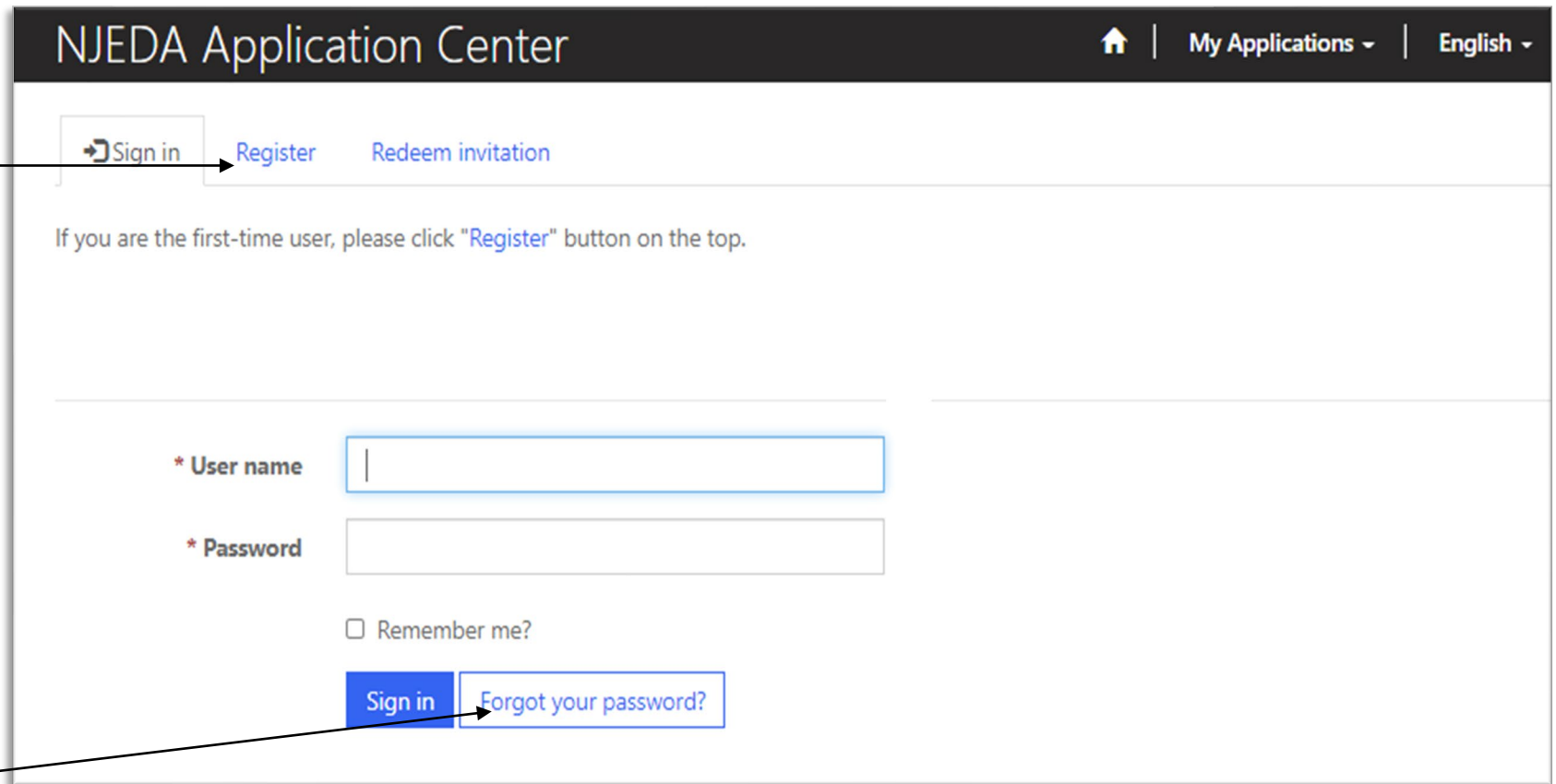
Please review the Child Care Facilities Improvement Program website at : <https://www.njeda.com/child-care-improvement-program/>.

If you have any questions, please contact customercare@njeda.com.

NJEDA Application Center Sign In Page

<https://programs.njeda.com/en-US/>

If this is the first time you are using this portal to apply for an NJEDA product, please click “Register” button on the top



If you have forgotten your password, simply click on the “Forgot your password?” button and follow the instructions. An email will be sent enabling you to reset. Please note that your Username will be included in the email you receive, be sure to confirm that you are using the correct username when you sign in.

How to Register Your Email Address

1. Enter your email, username (can be the same as your email) and password.

Passwords must contain characters from at least three of the following four classes: uppercase, lowercase, digit, and non-alphanumeric (special).

2. Once information is filled in click “Register”

NJEDA Application Center [Home](#) | [My Applications](#) | [English](#) | [Sign in](#)

[Sign in](#) | **Register** | [Redeem invitation](#)

THIS IS NOT AN APPLICATION FOR NJEDA ASSISTANCE. THIS PAGE ALLOWS YOU TO CREATE A USER ACCOUNT THAT YOU WILL USE TO LOG IN TO NJEDA'S PRE-REGISTRATION AND/OR APPLICATION PORTAL.

Register for a new local account


* Email

* Username

* Password

* Confirm password

[Register](#)

 PLEASE MAKE SURE TO WRITE-DOWN/
SAVE YOUR USERNAME AND PASSWORD

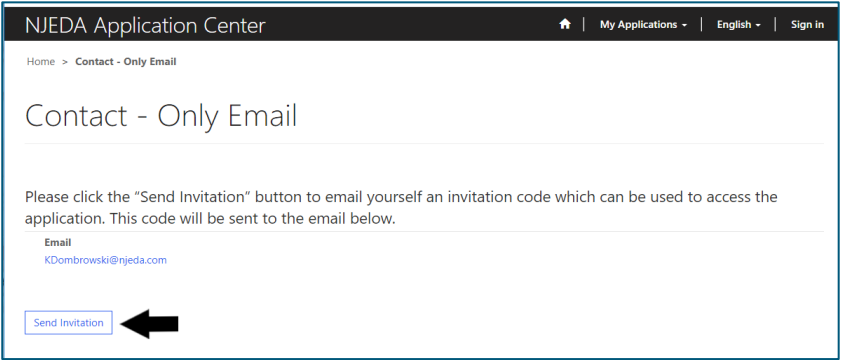
If Your Email is Recognized By the Application Portal

If after clicking on “Register” you receive the following pop-up, that indicates that your email address is already recognized in our system, and you need to request an Invitation Code. Begin by clicking on the blue “OK” button.

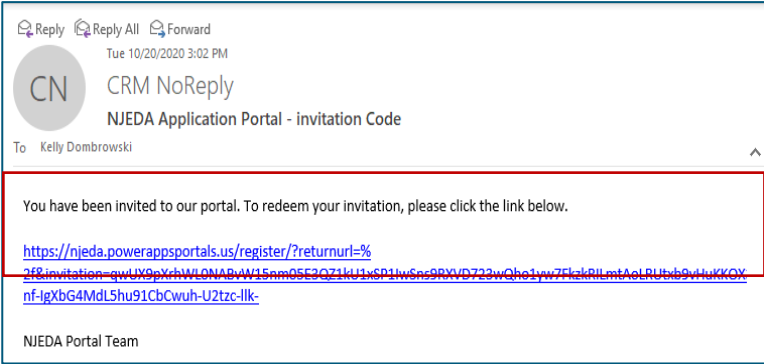
The screenshot shows the NJEDA Application Center registration page. At the top, there are navigation links for "Sign in", "Register", and "Redeem invitation". Below these is the heading "Register for a new local account". The registration form includes fields for "Email" (kdombrowski@njeda.com), "Username" (NJEDAKdombrowski), "Password", and "Confirm password", followed by a "Register" button. A pop-up message from "programs.njeda.com" is overlaid on the page, stating: "The email address kdombrowski@njeda.com is already in our system. This may be because you have previously applied for other NJEDA programs. Please click OK to email yourself an invitation code which can be used to access this program application." A blue "OK" button is visible in the pop-up, with a black arrow pointing to it from the right.

Redeeming An Invitation Code

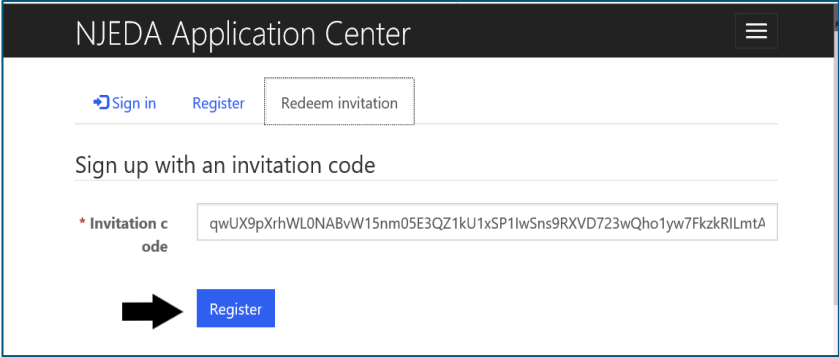
1. Click **SEND INVITATION** to email yourself an invitation code.



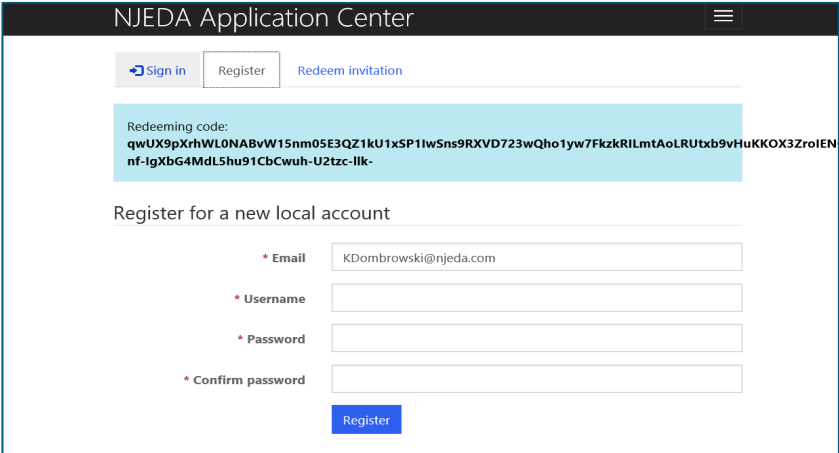
2. Check your email (including junk/spam) for an email from CRMNoReply. **Click the link in that email.**



3. The link from email should send you to this page on the portal. Make sure you are on the Redeem Information tab and **Click REGISTER**



4. **Fill in the information** requested and **click REGISTER** to complete the process. Remember this username and password – you will need it each time you access the application portal



Setting Up Applicant Profile

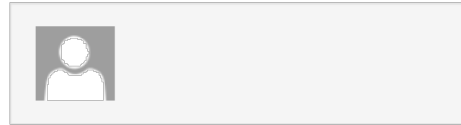
(If Your Email is New and Not Recognized by the Portal)

Setting up your Profile

1. Once you click Register, you must enter “Your Information”
2. First Name, Last Name and Phone Number is Required
3. Confirm your email address is correct (this will be the primary way the NJEDA contacts your business)
4. Once complete, click “Update”

Home > Profile

Profile



Profile

Security

Change password

Change email

Manage external authentication

Please provide some information about yourself.

If you need language assistance, please send NJEDA your name, spoken language and telephone number to languagehelp@njeda.com

You must complete your profile before using the features of this website. ×

Your information

First Name *

Last Name *

E-mail

Phone *

Organization Name

Title

Web Site

Update

Confirming Email

Confirming Your Email

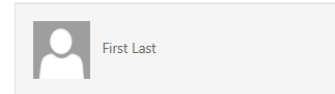
1. Once “Your Information” is complete, you will need to confirm your email.
2. Within the blue box, click on “Confirm Email”
3. An email will be sent to the email address listed.
4. Go to your email and follow the instructions within the email.
5. You MUST confirm your email address



Once your email is confirmed please return to the portal to begin your application.

Home > Profile

Profile



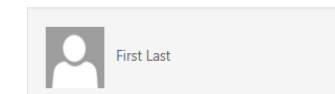
Profile

- Security
 - Change password
 - Change email ⓘ
 - Manage external authentication

You must complete the email confirmation below before using the features of this site!

ⓘ Your email requires confirmation.

[Confirm Email](#)



Profile

- Security
 - Change password
 - Change email ⓘ
 - Manage external authentication

Confirm E-mail

ⓘ A Confirmation Email has been sent to your below email account. Please follow the instructions in the email to complete the registration.

E-mail

Trouble Logging Into the Portal?



If you are having any issues creating a username or password, redeeming an invitation code, or generally logging into the portal, please call our **Customer Care line (844) 965-1125** and a representative will assist you.

NJEDA Application Center Sign In Page

<https://programs.njeda.com/en-US/>

NJEDA Online Application Center

Welcome to the NJEDA's online application for the NJEDA Online Application Center. We look forward to helping you as you grow your business in New Jersey!

Please DO NOT use Internet Explorer as your browser to complete this application as it is unsupported and may cause delays to your application processing. Alternative browsers include "Microsoft Edge," "Chrome," or "Safari."

To register for access to submit an application on this website, please [review this link for details](#). For additional questions, call NJEDA at 1-844-965-1125.

Main Street Micro Business Loan

Small Business Improvement Grant Program

Small Business Lease Grant Program

Henri/Ida Business Assistance Grant Program

Food Security Planning Grant Application

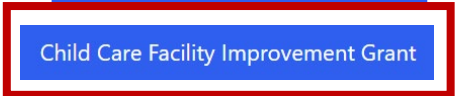
NJ ZIP Vendor Phase 2 Application

NJ ZIP Vendor Phase 1 Application

NJ ZIP Purchaser Phase 1 Application

Child Care Facility Improvement Grant

Click here to
begin application



Start Application

New Jersey Child Care Facilities Improvement Program - Phase 1 Application

WELCOME

The NJ Child Care Facilities Improvement Program is part of the Child Care Revitalization Fund, passed by the New Jersey State Legislature and signed into law by Governor Murphy in July 2021. The program will provide grants to New Jersey child care providers for facilities improvements that will contribute to high quality early childhood learning environments.

Eligibility Information

During Phase 1 the NJ Child Care Facilities Improvement Program provides grants to New Jersey child care center providers for facilities improvements that will contribute to high quality early childhood learning environment. Applications are limited to one (1) per DCF-licensed site and two (2) per Employer Identification number (EIN). The DCF License Number entered here is for the location where the proposed project will take place. All eligible child care centers must have been licensed by the New Jersey Department of Children and Families (DCF) as of June 4th, 2021. Eligibility for phase 1 of the program will be limited to child care centers licensed by DCF to provide full-day child care (6 or more hour per day for 10 or more months of the year). If you plan to apply for two (2) DCF-licensed sites under the same Employer Identification number (EIN), please fill out one application for each of the DCF-licensed sites, or a total of two (2) applications.

- Center-based provider licensed by the NJ Department of Children and Families (NJDCF) as of June 4, 2021 and offer full time care for 6 hours or more per day for at least 10 months a year.
- Must currently enroll or have enrolled in the last 12 months prior to the date of application submission, at least one (1) child receiving assistance subsidy from DHS Child Care Assistance Program
- Non-profits, for profits and religiously affiliated programs may all apply
- Own or lease the facility space
- Be in good standing with the New Jersey Departments of:
 - i. Labor and Workforce Development
 - ii. Environmental Protection
 - iii. Division of Taxation
 - iv. Children and Families
 - v. Human Services
- Not debarred from receiving federal funds as indicated through System for Award Management (SAM).
- Enroll in Grow NJ Kids (GNJK), the NJ Quality Rating and Improvement System within one (1) year of executing a grant agreement with the New Jersey Economic Development Authority (NJEDA).
- Commit to maintaining their license with the Department of Children and Families (DCF) to provide care for at least four (4) years following the execution of a grant agreement with the NJEDA at the location of the facility project.

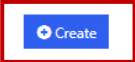
Please review the [NJ Child Care Facilities Improvement Program](#) website for more information.
For language assistance with the application, please send NJEDA your name, spoken language and telephone number to languagehelp@njeda.com.

To find additional guidance on completing your application, please use the [Application Quick Start Guide](#) found [here](#).

Read this information before starting your application.



Click CREATE button to start application.



NJ Department of Children and Families License

All eligible child care centers must have been licensed by the New Jersey Department of Children and Families (DCF) as of **June 4th, 2021**. If you don't know your DCF license # or to verify it, please contact dcf.childcarelicensing@dcf.nj.gov.

In order to be eligible for Phase 1 of this program, **you must be a licensed center that serves at least 6 children**. **If you serve 5 or fewer children, you are not eligible for this phase of the program** and, therefore, you should not continue with the application.

NJ Department of Children and Families License

During Phase 1 the NJ Child Care Facilities Improvement Program provides grants to New Jersey child care center providers for facilities improvements that will contribute to high quality early childhood learning environment. Applications are limited to one (1) per DCF-licensed site and two (2) per Employer Identification number (EIN). The DCF License Number entered here is for the location where the proposed project will take place. All eligible child care centers must have been licensed by the New Jersey Department of Children and Families (DCF) as of June 4th, 2021. Eligibility for phase 1 of the program will be limited to child care centers licensed by DCF to provide full-day child care (6 or more hour per day). If you plan to apply for two (2) DCF-licensed sites under the same Employer Identification number (EIN), please fill out one application for each of the DCF-licensed sites, or a total of two (2) applications.

If you need information about your DCF License number please contact the Office of Licensing at dcf.childcarelicensing@dcf.nj.gov

New Jersey Department of Children and Families (DCF) License Number *

Name of Facility *

What is total licensed capacity at this project location? *

Date of Expiration *

Licensure acknowledgment *

I acknowledge that if approved the applicant must maintain licensure with Department of Children and Families to provide child care at the location of the facility improvement for four (4) years following execution of the grant agreement.

Primary Point of Contact

Provide contact information for the Primary Point of Contact for this application

Is the Primary Point of Contact legally authorized to submit the application on behalf of the applicant company?*

Is the Primary Point of Contact the CEO?*

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

If the answer is **“No”** to any of the above questions the applicant will have an opportunity to enter this information later in the application.

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 company 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. If the primary point of contact is different than the individual that is currently filling out the application, the primary point of contact individual should also create a user name and password on this application portal to receive all future correspondence.

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email *

Email 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 *

Provide a telephone number

Is the Primary Point of Contact legally authorized to submit this application on behalf of the applicant company? *

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 company? *

Authorized Representative

If the Primary Point of Contact is NOT the Authorized Representative, the applicant will be prompted to fill out the contact information for the Authorized Representative. →

An Authorized Representative is the individual who is legally authorized to sign documents on behalf of the applicant company.

NOTE: If the Primary Point of Contact is the Authorized Representative, you will not see this page.

Authorized Representative

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email *

Email Confirmed *

Phone Number

Would you like the Authorized Representative to receive email communications from NJEDA about the status of your application? *

Authorized Representative Address

Street Address 1 *

Street Address 2

Suite, Apt, Floor?

City *

State *

Chief Executive Officer/Owner/Equivalent

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

NOTE: If the Primary Point of Contact is the CEO, owner, or equivalent highest-ranking executive you will not see this page.

Chief Executive Officer/Owner/Equivalent

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email *

Email Confirmed *

Phone Number *

Would you like the Chief Executive Officer/Owner/Equivalent to receive email communications from NJEDA about the status of your application? *

Chief Executive Officer/Owner/Equivalent Address

Street Address 1 *

Street Address 2

Suite, Apt, #/Box?

City *

State *

Media Contact

Please indicate if the applicant organization would like designate a Media contact to communicate with a NJEDA representative.



If YES, you will be prompted to fill out additional contact information for the Media Contact.

Media Contact

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

Would you like to designate a Media Contact? *

Yes

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Company *

Title *

Email *

Email Confirmed *

Phone Number

Provide a telephone number

Media Contact Address

Street Address 1 *

Street Address 2

Suite, Apt, Floor?

Applicant Organization

Please provide information about the company that is applying for assistance.

If your business operates under a different name, please provide the information here. →

Application Organization

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

Applicant Organization Name *

The full name of your registered legal entity. This name should match the name on your formation documents and the NJ Treasury Business Portal. Please visit <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName> to confirm that the name you have provided matches the name returned in the portal search.

Applicant Doing Business As (DBA)

Does your business operate under a different name?

Applicant Entity Type *

What is the ownership structure of the applicant?

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

Has the applicant, or any person who controls the applicant or owns or controls more than one percent of the stock of the applicant, applied for or received from the New Jersey Cannabis Regulatory Commission (NJ-CRC) either (a) a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or (b) a certification to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

Date Established *

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

Applicant Country of Incorporation/Formation *

Applicant State of Incorporation/Formation *

Formation Document(s)
Please upload business formation documentation to verify the applying entity's name. This can include Articles of Incorporation, Articles of Organization, Certificate of Incorporation, or Certificate of Trade Name.

Sole Proprietors: Provide a Certificate of Trade Name filed with the county clerk (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Trade-Name-Sole-Prop_Redacted.pdf)

LLC: Provide a Certificate of Formation (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Formation-LLC_Redacted.pdf) if applicable and / or Operating Agreement (https://www.njeda.com/wp-content/uploads/2021/09/Operating-Agreement-LLC_Redacted.pdf) if applicable

Corporation: Provide a Certificate of Incorporation and Bylaws (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Incorporation-Corporation_Redacted.pdf)

Applicant Organization

Select the Applicant Entity Type from the drop-down list



Document	Files
Certificate of Alternate Name	Add Files

Applicant Entity Type *

- Sole Proprietorship
- Partnership
- General Partnership
- Limited Partnership
- Limited Liability Partnership
- C Corporation
- S Corporation
- Limited Liability Corporation
- Limited Liability Company
- Government Body
- Nonprofit Organization
- Single Member LLC
- Other
- Individual

Applicant State of Incorporation/Formation *

Formation Document(s)
Please upload business formation documentation to verify the applying entity's name. This can include Articles of Incorporation, Articles of Organization, Certificate of Incorporation, or Certificate of Trade Name.

Sole Proprietors: Provide a Certificate of Trade Name filed with the county clerk (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Trade-Name-Sole-Prop_Redacted.pdf)

LLC: Provide a Certificate of Formation (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Formation-LLC_Redacted.pdf) and Operating Agreement if applicable (https://www.njeda.com/wp-content/uploads/2021/09/Operating-Agreement-LLC_Redacted.pdf)

Applicant Organization

Formation Documents are OPTIONAL and do not have to be included in this application

Is the applicant involved in religious activities or religiously affiliated?

The NJEDA will need to collect additional information from you if your entity is involved in religious activities or is religiously affiliated.

For a copy of the Religious Activity Questionnaire form [CLICK HERE](#).

Date Established *
08/01/2022
Please make sure this date matches the date on your entity's formation documents. MM/DD/YYYY
Entity must be in operation and in existence at least six months from the submission date of this application to be eligible for the Micro Business Loan Program.

Applicant Country of Incorporation/Formation *
United States

Applicant State of Incorporation/Formation *
NJ

Formation Document(s)
Please upload business formation documentation to verify the applying entity's name. This can include Articles of Incorporation, Articles of Organization, Certificate of Incorporation, or Certificate of Trade Name.

Sole Proprietors: Provide a Certificate of Trade Name filed with the county clerk (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Trade-Name-Sole-Prop_Redacted.pdf)

LLC: Provide a Certificate of Formation (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Formation-LLC_Redacted.pdf) and Operating Agreement if applicable (https://www.njeda.com/wp-content/uploads/2021/09/Operating-Agreement-LLC_Redacted.pdf)

Corporation: Provide a Certificate of Incorporation and Bylaws (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Incorporation-Corporation_Redacted.pdf)

Non-Profit: Provide a Certificate of Incorporation and Bylaws (https://www.njeda.com/wp-content/uploads/2021/09/Certificate-of-Incorporation-Not-for-Profit_Redacted.pdf). Please also provide an Exemption Determination Letter.

Out of State: If your business is not registered in the State of New Jersey you are ineligible for this grant. 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 NJ and provide that certificate.

Document	Files
Formation Document(s)	Add Files Securing-Your-Tax-Clearance-Certificate-Directions-Client (5).pdf

Applicant Federal Employer Identification Number (FEIN) *
000050001

Applicant New Jersey Tax ID Number *
123452222222

Applicant Organization's Phone Number *
(123) 456-7898

Applicant Organization's Website

Is the applicant involved in religious activities or is religiously affiliated? *
No

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

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

Applicant Organization

Click the magnifying glass to launch the NAICS search window.

In the upper right hand of the window there is a search bar.

In the search bar, enter “CHILD” or 624410 and select “Child Care Services”.

Please be sure the NAICS code identified is the same code that is listed on your most recent business tax filings.

NAICS

In this section, we will collect information about what type of business/organization you are, based on your NAICS Code. To look up your business's NAICS Code, please click the search icon below.

North American Industry Classification System (NAICS) Code *

Please select the magnifying glass to launch the NAICS search window. In the upper right hand of the window there is a search bar. In the search bar, you may enter your NAICS code (if you know it), 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](#).

Lookup records

Choose one record and click Select to continue

✓	Name ↑	NAICS	NAICS Code	NAICS Sub	NAICS Sector	National	National Code	Second	Industry	Industry Code	Industry Id	In Se
<input type="checkbox"/>	101010 - Not Labeled	Not Labeled	101010	Not Labeled	Not Identified	Not Labeled	101010	101010	101010	Not Labeled	NOT	
<input type="checkbox"/>	111110 - Soybean Farming	Soybean Farming	111110	Crop Production	Agriculture, Forestry, Fishing and Hunting	Soybean Farming	111110	111100	111100	Oilseed and Grain Farming	AGRI	
<input type="checkbox"/>	111120 - Oilseed (except Soybean)	Oilseed (except Soybean)	111120	Crop Production	Agriculture, Forestry, Fishing and Hunting	Oilseed (except Soybean)	111120	111100	111100	Oilseed and Grain	AGRI	

< 1 2 3 4 5 6 7 8 .. 124 >

Select Cancel Remove value

Applicant Organization

Upload NJ Tax Clearance Certificate

NOTE: 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.

Prior NJEDA Assistance

If YES, please describe the NJEDA assistance and be as specific as possible

Tax Clearance Certificate

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

Tax Clearance Certificate	
Document	Files
Tax Clearance Certificate Document(s)	Add Files

Prior NJEDA Assistance

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

[Previous](#) [Next](#)

Additional Information

Additional Information

Provide documentation verifying your entity's non-profit status, as evidenced by US Internal Revenue Service (IRS) determination letter of exemption (If your organization's IRS determination letter was issued January 1, 2014 or later, you may be able to download the letter from the IRS website: [Tax Exempt Organization Search | Internal Revenue Service \(irs.gov\)](#))

Document Locations

Provide an IRS determination letter

Document	Files
IRS determination letter *	Add Files Test.docx



This section will only appear if the Applicant Entity Type is "Nonprofit Organization". Nonprofit organizations must attach an IRS determination letter of exemption to their applications to verify their nonprofit status. If your Applicant Entity Type is not nonprofit, you will not see the text in the red box.

Is the company involved in political or lobbying activities?

Yes ▼

Document Locations

Provide a Political Activity Questionnaire form

Document	Files
Political Activity Questionnaire *	Add Files

Please indicate if the applicant organization is involved in political or lobbying activities.

If **YES**, you will be prompted to download a [Political Activity Questionnaire form](#), complete the form, and then attach it your application.

Facility Information

Upload a copy of the facility's Department of Children and Families Services License

Registered Family Child Care Home providers are not eligible during Phase 1 of funding.

Select "Add Project Location" to add the location of the facility in which the improvement will take place.

Does the Applicant own or lease the space?

- **If own-** upload documentation evidencing ownership ie. A deed, property tax statement or proof of mortgage payment)
- **If lease-** upload a copy of the applicant's executed lease and a copy of the landlord certification

DHS' Child Care Assistance Program (CCAP)
At least 1 child **must be** currently enrolled **OR must have been** enrolled in the 12 months prior to the application date

Child Care Facility must operate at least 6 hours a day for at least 10 months a year.

Facility Information

Name of Child Care Facility *
Name of test facility

Upload a copy of the current DCF License

Document	Files
Current DCF License *	<input type="button" value="Add Files"/> NJ-Accelerate-Eligibility-Checklist-7.23.21.pdf

Is this a Registered Family Child Care Home? *

Yes

Project Location

Address Line 1 ↓	Address Line 2	Is this location the Primary Location?	City	State	Zip Code
33 North Main St.		No	West Caldwell	NJ	07004

Does the Applicant own or lease the space?

Lease

Upload a copy of the applicant's executed lease

Document	Files
Applicant's executed lease *	<input type="button" value="Add Files"/>

Upload a copy of the landlord certification

[Click here](#) to download a copy of the landlord certification indicating approval of proposed project

Document	Files
Landlord certification *	<input type="button" value="Add Files"/>

Is the proposed project site at a licensed child care center currently enrolled in the New Jersey Department of Human Services / Division of Family Development (DHS/DFD)'s Grow NJ Kids (GNJK) quality rating and improvement system? Please remember you are eligible to apply even if you answer no. If awarded funding, you will be required to enroll within 1 year of executing a grant agreement. *

No

I certify that if awarded the licensed child care provider must commit to enroll in DHS/ DFD's Grow NJ Kids quality rating and improvement system within one (1) year of executing the grant agreement with NJEDA. As a reminder, you are eligible to apply even if you are not currently enrolled in Grow NJ Kids. If awarded funding, you will be required to enroll within 1 year. *

Does the applicant (the licensed child care center) currently enroll or have they enrolled in the last 12 months prior to the date of application, at least one (1) child receiving support through DHS's Child Care Assistance Program? *

Yes

The Child Care Assistance Program (CCAP) provides subsidies and assistance to families to afford the cost of child care in New Jersey. The program is administered by DHS but parents and providers must apply through their local Child Care Resource & Referral Center (CCR&R) to participate. To learn more about how to accept children receiving subsidies, child care providers should contact their local Child Care Resource & Referral (CCR&R) center. Find your local CCR&R [here](#).

Does your facility operate for at least 6 hours a day for at least 10 months a year? *

Both of these requirements must be met in order to be eligible. For example, a facility operates 8 hours a day from September – June every day would be eligible.

Yes

Facility Information- continued

Please enter the maximum number of children (your capacity) you can serve for each age group.

What is your current capacity by age group?

Enter totals for each group or '0' if none

Infants (0-17 months) *

Toddlers (18-35 months) *

Preschool (3-5 years) *

School age (Over 5) *

Please enter the number of children you currently enroll in each age group.

What is your current enrollment by age group?

Enter totals for each group or '0' if none

Infants (0-17 months) *

Toddlers (18-35 months) *

Preschool (3-5 years) *

School age (Over 5) *

How many classrooms are there currently at this project site?

Enter totals for each group or '0' if none

Infants (0-17 months) *

Toddlers (18-35 months) *

Preschool (3-5 years) *

School age (Over 5) *

What is your current number of staff?

Administrative/ Support *

Individuals who are responsible for the onsite day to day operations (supervising staff, designing program plans/curriculum, communicating with families), business management, and finances of a child care site. This can also include support staff such as assistant directors, office managers, clerical staff.

Teachers *

Individuals responsible for care, supervision and education of children.

What are the sources of funding for this site? (Check all that apply) *

Parent payment (tuition and co-pays) × Early Head Start/ Head start × Child Care Assistance Program × NJ Abbott Public Funded Pre-K ×
Grow NJ Kids grants × Foundation/ Other grants × Other × less
Select or search options

Project Information

In this section we will ask you to upload a series of documents that will help us to understand your project vision, such as planned project space, proposed budget and timeline, and any available project design documents.

Project Information

Upload a project description and justification.

All improvement(s) noted here should also be clearly detailed and delineated in quote(s) from your contractor(s). [Click here](#) to review the eligible costs for this program.

1. Describe why this project is necessary, including the eligible uses, any requested furniture, fixtures, and equipment(FFE), and soft costs.
2. What current issues and challenges at the child care center will be addressed by this project?
3. How will this project help to maintain or increase the quality of the learning environment? Are there specific issues that will be addressed that have been documented in formal assessments like your last licensing report, Environmental Rating Scale (ECERS-3, FCCERS-3 or ITERS-3) results, and/or Grow NJ Kids assessment?
4. Are there potential risks or challenges to the facility if the project is not awarded funding? If so, please describe. If not, please write 'not applicable' in your response to question #4.
5. If applicable: Will this project increase access for more children to be enrolled in the facility, and if so, please describe, including the estimated number of additional children that can be enrolled and the age groups that you anticipate enrolling with this increased capacity? Please describe why increased access is important for your community. [Note: increasing access is not a requirement of this program. If this question does not apply to your project, please write 'not applicable' in your response to question #5].
6. What factors may impact your project timeline, including but not limited to winter heating needs or relocation? What is the plan to manage these elements?

Document	Files
Project Description and Validation Document *	<input type="button" value="Add Files"/> <input type="button" value="Test.docx"/>

I certify that the project funded by this grant will not reduce existing space/capacity for infant and toddler care.

Upload photos of the space(s) where the facility improvement(s) will take place

Document	Files
Photos of the Spaces *	<input type="button" value="Add Files"/> <input type="button" value="Test.docx"/>

Upload a proposed budget for the facility improvement
[Click here](#) to download a copy of the budget template.

[CLICK HERE](#) to download a copy of the budget template.

Upload a proposed timeline for the facility improvement
[Click here](#) to download a copy of the timeline template.

Document	Files
Proposed Timeline Documents *	<input type="button" value="Add Files"/> <input type="button" value="Test.docx"/>

If available, upload project design documents (e.g. architectural renderings or drawings made by a contractor).

Document	Files
Project Design Documents	<input type="button" value="Add Files"/>

Total Improvement Cost Including all hard costs (i.e. labor and materials) and furniture, fixtures and equipment costs. You will add soft costs (i.e. architect fees, permit fees, construction management, freight and shipping delivery and environmental assessment) in another section of the application.

\$ 100,000.00

Does this project include the purchase of Furniture, Fixtures, and Equipment (FFE)?

Yes

Will the FFE include installation cost greater than \$1,999? *

Upload all documentation regarding all Furniture, Fixtures and Equipment (FFE)

Document	Files
FFE Documents *	<input type="button" value="Add Files"/> <input type="button" value="Test.docx"/>

Documentation may be a formal bid from a vendor and/or printouts/screenshots with prices from online retailer(s) for item(s) to be purchased.

[CLICK HERE](#) to download a copy of the timeline template.

Total project costs must be **between \$50,000 and \$200,000** with Soft Costs.

All Contractors (including Contractors solely installing Furniture, Fixtures, and Equipment (FFE) with costs of \$1,999 or above) **must be registered with New Jersey Department of Labor as a Public Works Registered Contractor and must abide by NJ prevailing wage and affirmative action requirements.**

NJDOL Public Works Registered Contractor

Add the Contractor of your choice in this section. Begin by clicking the “Create” button

A new window will pop-up and allow you to enter in your contractor’s information

If you are using multiple contractors you will need to create them one at a time along with their Contractor Quote. You are not required to submit multiple bids for improvements.

We recommend you enter the contractor of your choice in this section.

Please also include any FFE installation quotes for any construction costs more than \$1999 here.

NJDOL Public Works Registered Contractor

Reminder: All contractors must be registered as a New Jersey Department of Labor and Workforce Development (DOL) Public Works Contractor. Any quotes submitted from contractors that are not NJDOL Public Works Registered Contractors at the time of application will not be eligible to be used in your proposed project.

In this section we will ask you to identify the contractor(s) for whom you received the project quote(s).

If you are using multiple contractors you will need to create them one at a time along with their Contractor Quote. You are not required to submit multiple bids for improvements. We recommend you enter the contractor of your choice in this section. Please also include any FFE installation quotes for any construction costs more than \$1999 here.

I acknowledge that all contractors conducting facility improvements must be in good standing as a New Jersey Department of Labor and Workforce Development (DOL) Public Works Registered Contractor and must abide by NJ prevailing wage and affirmative action requirements *

Contractor List


Create

Name of Contractor ↑	City	Certificate Number	Contractor Quote Amount	
Test contractor	Allentown	699829	\$150,000.00	▼

Total Contractor Quotes

\$150,000.00

NJDOL Public Works Registered Contractor- Continued


Click the magnifying glass to search for your contractor. 

If you do not find your contractor on the list please check **“Other/I do not see my contractor listed”**

Please enter in the contractor information. Note some information will prepopulate if your contractor was found in the list.

Contractor Quote’s should include all hard costs including labor cost estimates in accordance with NJ **prevailing wage** rates and materials.

Contractor Information
Please add contractor information below, then upload the contractor’s quote and certificate.

NJ Public Works Registered Contractor * 

OTHER / I do not see my contractor listed (Enter info below)

Name of Contractor *

Contractor’s NJ Department of Labor Public Works Certificate # *

Contractor’s Primary Point of Contact Name *

Contractor’s Primary Point of Contact Email Address *

Contractor’s Primary Point of Contact Email Address Confirmed *

Contractor’s Primary Point of Contact Phone Number *

Street Address 1 *

Street Address 2

City *

State *

Zip Code *

Contractor Quote Amount *

NJDOL Public Works Registered Contractor- Continued

Please provide a detailed description of the proposed facility improvements to be completed at this location by this contractor and how it aligns with the program’s eligible uses.



All improvement noted here should also be clearly detailed and delineated on your contractor’s quote. Quotes must include labor cost estimates in accordance with New Jersey prevailing wage rates.

[CLICK HERE](#) to review eligible uses for this program.

Upload a copy of the Contractor’s Quote

Upload a copy of the Contractor’s Valid Public Works Certification

Upload a copy of the [Verification of Contractor Eligibility](#)

Please provide a detailed description of the proposed facility improvements to be completed at this location by this contractor and how it aligns with the program’s eligible uses. All improvement noted here should also be clearly detailed and delineated on your contractor’s quote. Quotes must include labor cost estimates in accordance with New Jersey [prevailing wage](#) rates.

[Click here](#) to review the eligible costs for this program *

test

Upload a copy of the Contractor’s Quote, Valid Public Works Certification and Verification of Contractor Eligibility

Quotes must include labor cost estimates in accordance with New Jersey [prevailing wage](#) rates.

Document	Files
Contractor’s Quote *	Add Files

Document	Files
Contractor’s NJ Department of Labor Public Works Certificate *	Add Files

Please download the verification of contractor eligibility form [here](#)

Document	Files
Verification of Contractor Eligibility *	Add Files

Soft Costs

Soft Costs

This program allows for soft costs capped at up to 20% of the total project costs.

Eligible soft costs for this program are limited to:

- Architect fees
- Permit fees
- Construction management
- Freight and shipping delivery
- Environmental assessment

Do you have any soft costs as part of your total project budget?

Yes ▼

Upload a brief description of your soft costs and how they will contribute to your project.

Document	Files
Description of Soft Costs *	Add Files

Upload a 'Verification of Professional Services Eligibility' form.

Download the Verification of Professional Services Eligibility form [here](#).

Document	Files
Professional Services Eligibility *	Add Files

Total Soft Costs

100.00

Total Project Cost

100,100

Grant awards must cover the full cost of a project with a minimum project cost of \$50,000 and a maximum project cost of \$200,000 per DCF-licensed child care center. External funding sources may not be used to fund projects outlined in this application nor will it reimburse applicants for costs incurred prior to the award.

Soft costs up to 20% of total project costs allowed but not required.

[CLICK HERE](#) to download Verification of Professional Services Eligibility Form.

Duplication of Benefits

Have you applied for any other COVID-19 assistance?

If **NO**- proceed to next page

If **YES**- Select all the program(s) your business has applied to or received funding for.

If a program/funding source is selected you will be asked for additionally supporting information.

Duplication of Benefits Affidavit

Grant awards must cover the full cost of a project with a minimum project cost of \$50,000 and a maximum project cost of \$200,000 per DCF-licensed child care center. External funding sources may not be used to fund projects outlined in this application nor will it reimburse applicants for costs incurred prior to the award. Receipt of funds listed below will not disqualify an application unless it has been set aside for the purpose of the facility improvement designated in this application.

This affidavit must be completed by all businesses that are applying for, have been awarded and/or are receiving any assistance funded by the Child Care Facilities Improvement Program being offered by the New Jersey Economic Development Authority(NJEDA). The information within this affidavit will provide the NJEDA with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits. You are an authorized Signor (Owner, CEO, or similar level of officer) for this entity. I hereby state and certify to the United States Federal Government and to NJEDA as follows:

Have you applied for any other COVID-19 assistance? *

Yes

Assistance would have been issued after February 2020 and may include but is not limited to NJEDA Grant and/or Loan Program, Small Business Administration Paycheck Protection Program Phase 1 or Phase 2, New Jersey Personal Protective Equipment (PPE) Access Program (PPE), SBA, EIDL, SBA EIDL, SBA EIDG, DHS Child Care Emergency Assistance Grant, DHS ARP Stabilization Grants, DHS Hiring and Retention Bonus Grants, other State or Local Municipality, or Insurance.

What programs(s) have you applied to or received funding for? (Check all that apply.)

- New Jersey Department of Human Services ARP Child Care Stabilization Grant
- New Jersey Department of Human Services Hiring and Retention Bonus Grant
- New Jersey Department of Human Services Child Care Emergency Assistance Grant
- Insurance Proceeds
- Other Program/Funding Source

New Jersey Department of Human Services ARP Child Care Stabilization Grant

Program Status *

Approved/Applied Date *

MM/DD/YYYY

Approved/Applied Amount *

Purpose of Funds (Check all that apply) *

Select or search options

I certify that there is no Duplication of Benefits and no other government funds were used for expenses detailed in the facility improvement project. *

Diversity, Equity, and Inclusion

Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your company. The NJEDA will use this information for tracking purposes only.

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

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

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

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

Additional DE&I Information

In this section, we would like more information about any actions your company has taken or is taking with respect to Diversity, Equity & Inclusion. If these questions are not applicable, you may skip them.

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

- Question is not applicable
- Prefer not to answer

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

- Question is not applicable
- Prefer not to answer

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

- Question is not applicable
- Prefer not to answer

DE&I Initiatives Detail
Please upload any documentation detailing diversity initiatives, if available.

Document	Files
DE&I Initiatives Detail	Add Files

Language Access

Is English your primary language *

Yes ▼

[Previous](#) [Next](#)

In this section, we would like more information about the diversity of your company. The NJEDA will use this information for tracking purposes only.

Legal Questionnaire

The Legal Questionnaire will need to be completed and signed by an authorized representative in order to proceed.

[CLICK HERE](#) to download a full copy of the legal questionnaire

Legal Questionnaire

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. Governmental entities are not required to submit this Legal Questionnaire and may leave it empty.

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. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any 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 the Authority.

Note that any entities or persons fitting these definitions will need to be listed in Part C below.

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

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 officers or directors of Applicant, or any 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.)

- 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. *
- 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. *
- Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C. 874). *

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. *

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.

Part C. Applicable Affiliates

"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. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any 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 the Authority.

Do you have affiliates to report? *

CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO RELEASE INFORMATION

- This certification shall be signed as follows:
- for incorporation, by a principal executive officer at least the level of vice president;
 - for partnership, by a general partner;
 - for 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 as 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 (I) 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. 47:4A-1, et seq., and the common law right to know.

Legal Questionnaire Electronic Signature *

Title *

Legal Questionnaire Date Signed *

Certification of non-involvement in prohibited activities in Russia or Belarus pursuant to P.L. 2022, C.3

This information will autofill from earlier components in the application



Certification of non-involvement in prohibited activities in Russia or Belarus pursuant to P.L. 2022, C. 3

I, Name, Title am authorized to certify that Organization Name is not "engaged in prohibited activities in Russia or Belarus" (as such term is defined in P.L.2022, c. 3, sec. (1)(e)) except as permitted by federal law. I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L. 2022, c. 3, section (1)(d).

IN WITNESS WHEREOF, I have hereunto set my hand this day of Sep 14th 2022.

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

Electronic Signature for Russia / Belarus Certification

I agree to be bound by electronic signatures *

Full Name *

If you are not able to complete this certification of non-involvement because you, your entity or one of its parents, subsidiaries, or affiliates may have engaged in prohibited activities in Russia or Belarus, you will need to provide the NJEDA with a detailed, accurate and precise description of the activities. Please email the NJEDA point of contact on your matter or certifications@njeda.com immediately to commence this process.

If you provide a detailed, accurate and precise description of the activities, you will be given 90 days to cease engaging in any prohibited activities and will be required to provide a completed certification of non-involvement on or before the 90th day. If you do not provide a completed certification of noninvolvement on or before the 90th day, the NJEDA shall not approve you for an economic development subsidy from the NJEDA.

It is highly recommended that you do not submit this application for financial assistance until you can complete this certification.

Certification of Application

All information presented in the application must be certified as being true and accurate.

Applicants that submit willfully false information are subject to criminal prosecution.

Certification of Application

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

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

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

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

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

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

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

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

Electronic Signature

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 *

[Previous](#) [Submit](#)



Once you hit submit your application will be submitted to the NJEDA and no longer be available to edit.

Confirmation Page

Application Submitted Successfully!

Thank you for submitting your full application for the NJEDA Child Care Facility Improvement Grant. We appreciate your patience while NJEDA reviews this application.

Your confirmation number is: **CAPP-00022442**

Any communications on the status of your application will be sent to: **test@test.com**

For questions regarding your Child Care Facility Improvement Grant, please call or email NJEDA at 1-844-965-1125 or CustomerCare@njeda.com

To learn about other NJEDA programs, visit njeda.com

Thank You,
NJEDA

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609.858.6767

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