

# Child Care Facilities Improvement Program Phase 2 Sample Application



# Child Care Facilities Improvement Program: Phase 2

**Registered FCCs** are eligible to apply for grants. Applicants must meet the following eligibility criteria:

- Registered with the NJ Department of Children and Families (DCF) through their local Child Care Resource & Referral Agency (CCR&R)
- Must currently enroll, or have enrolled in the 12 months prior to the date of application, at least one (1) child receiving support through the DHS Child Care Assistance Program
- Offer full time child care: a minimum of 6 hours per day, 5 days per week, 10 months per year
- Be in good standing with New Jersey Departments of Labor and Workforce Development, Environmental Protection, and Taxation
- Applicants are limited to one (1) application per Registered FCC
- If not already enrolled in DHS' Grow NJ Kids (GNJK) quality rating and improvement system, commit to enrolling in the program within one (1) year of executing a grant agreement
- Commit to maintain registration with DCF to provide child care for at least two (2) years following executing a grant agreement

# Child Care Facilities Improvement Program: Phase 2

Furniture, fixtures, and equipment purchases must meet the following eligibility requirements. Examples of eligible purchases can be found [here](#).

- Total project costs between \$10,000 and \$20,000
- Items must be purchased after your grant agreement is signed by NJEDA. Items purchased before signing a grant agreement will not be reimbursed.
- Items can be used only for child care purposes and must support Health, Safety, and Accessibility, and/or High Quality Learning Environments
- Items must have a lifespan of three (3) years or more
- Items, if removed, cannot damage the permanent structure and fixtures of the building

# Before You Begin Your Application

You will need important documents and information when completing your application, including:

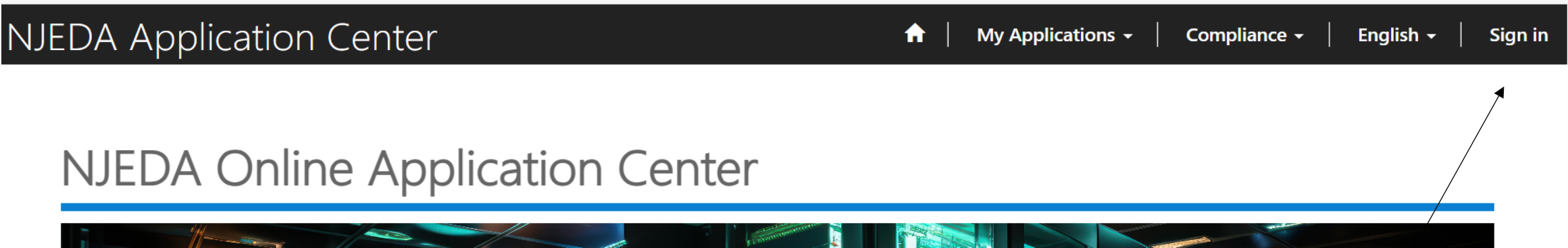
- Primary Point of Contact Information
- FCC Registration Certificate and Certificate Number
- New Jersey Child Care Information System (NJCCIS) Number
- Quotes for Planned FFE Purchases

If you are a registered business, also have available:

- Business Formation Documents
- Federal Employer Identification Number (FEIN)
- NJ Tax ID Number
- Tax Clearance Certificate

# Create Your Account

If you already have an account, skip to Slide 12.



You will need to create an NJEDA Application Center account before you can begin your application. To create your account, please click "Sign In".

# Create Your Account

If you already have an account, skip to Slide 12.

If this is the first time you are using the NJEDA application center to apply for a program, please click the "Register" button at the top.

NJEDA Application Center

Home | My Applications | English

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

If you are the first-time user, please click "Register" button on the top.

\* User name

\* Password

Remember me?

[Sign in](#) [Forgot your password?](#)

# Create Your Account: Register Your Email Address

If you already have an account, skip to Slide 12.

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](#)

To create your account, enter your email and create a username (this can be the same as your email) and password. Passwords must contain an uppercase letter, lowercase letter, number, and a special non-alphanumeric character (ex: !@\$%).

Once your information is filled in click "Register."



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

# Create Your Account: Error Registering Your Email Address

If you did not receive this error message, skip to Slide 10.

If you did not receive this error message, skip to Slide 10 to continue creating your account.

If after clicking on “Register” you receive the following pop-up, that indicates that your email address is already recognized in our system. This would occur if you have applied for other NJEDA programs and have already created an account in the portal. To sign in, request an Invitation Code 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", with a "Register" button at the bottom. A pop-up window from "programs.njeda.com" is overlaid on the form, displaying an error message: "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. The background shows a browser window with tabs for "Events Page", "Clips", "Dashboards: Kelly...", and "MyC". The top right corner of the page has "NJEDA - Home" and "My Applications" with a dropdown arrow, and "English" as a language option.



# Redeeming and Invitation Code

If you did not receive the error message on the previous slide, skip to Slide 10.

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 the 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

# Create Your Account: Set Up Your Applicant Profile

If this is your first time using the NJEDA portal, continue setting up your 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](mailto:languagehelp@njeda.com)

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

### Your information

<p><b>First Name *</b></p> <input type="text"/>	<p><b>Last Name *</b></p> <input type="text"/>
<p><b>E-mail</b></p> <input type="text" value="sample@sample.com"/>	<p><b>Phone *</b></p> <input type="text"/>
<p><b>Organization Name</b></p> <input type="text"/>	<p><b>Title</b></p> <input type="text"/>
<p><b>Web Site</b></p> <input type="text"/>	

[Update](#)

Now that you have created your account, you can begin setting up your applicant profile.

Enter your first name, last name, email address, and phone number. This information is required. Please confirm the email address you have entered is correct. This will be the primary way the NJEDA will contact you.

Once you have accurately entered your information, click "Update".

# Create Your Account: Confirm Your Email

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

ⓘ Your email requires confirmation. [Confirm Email](#)

### 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

Once you have set up your applicant profile, you will need to confirm your email before you can begin your application. To do so, click “Confirm Email”. An email will be sent to the email address you listed in the previous step. Follow the instructions provided in the email to confirm your email and begin your application.

You will receive this pop up if you do not confirm your email. You must confirm your email to create your account and begin your application.



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

# Sign In to an Existing Account

If you already have an account from applying for other NJEDA programs, sign in with your username and password.

If you have an account but have forgotten your password, click on the “Forgot your password?” button and follow the instructions that appear. An email will be sent to the email address you signed up with allowing you to reset. 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.

NJEDA Application Center

Home | My Applications | English

Sign in Register Redeem invitation

If you are the first-time user, please click "Register" button on the top.

\* User name

\* Password

Remember me?

Sign in Forgot your password?

## 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.

# Begin Your Application

You can access the website to begin your application [here](#).

You will complete your application in the NJEDA Online Application Center. On the homepage, scroll down to see a list of applications. Click “Child Care Facilities Improvement Grant Program Phase 2” to begin your application.



**Aspire**



**Asset Activation Grant**



**Brownfields Redevelopment Incentive**



**Child Care Facilities Improvement Grant Program Phase 1**



**Child Care Facilities Improvement Grant Program Phase 2**



**COVID Phase 4 Grant**

Click here to begin your application



# Begin Your Application

When you click “Child Care Facilities Improvement Grant Program Phase 2” it will bring you to the application’s welcome page. Be sure to read this important information about the grant program and its eligibility before beginning your application.



## Welcome: Child Care Facilities Improvement Application

### Program Description

The NJ Child Care Facilities Improvement Program – Phase 2 is a pilot grant program of \$5 million to support New Jersey Registered Family Child Care homes (FCCs) with the purchase of furniture, fixtures, and equipment (FFE) that will contribute to Health, Safety and Accessibility and/or High-Quality Learning Environments.

### Eligibility Information/Instructions

- Applicants must be registered with the NJ Department of Children and Families through their local Child Care Resource & Referral Agency
- Prior to approval, applicants must be registered to do business in NJ and must provide a Tax Clearance Certificate. That means you can still apply for this application without your business registration, but you will be required to provide evidence of registration before an approval can be made.
- At time of application, applicants must enroll or have enrolled in the 12 months prior to application, at least one child receiving support through the DHS Child Care Assistance Program (CCAP).
- Applicants must offer full time care (a minimum of 6 hours/day, 5 days/week, 10 months/year).
- Applicants must be in good standing with New Jersey Department of Labor and Workforce Development (DOL), and New Jersey Department of Environmental Protection (DEP), and the New Jersey Division of Taxation.
- Applicants are limited to one (1) application per Registered FCC.
- If not already enrolled in the Grow NJ Kids (GNJK) quality rating and improvement system, applicants must commit to enroll within one (1) year of executing a grant agreement with the EDA.
- Applicants must commit to maintain registration with DCF to provide child care for two (2) years following execution of the grant agreement.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística enviando un correo electrónico a [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov). Esta aplicación también está disponible en español. Utilice este [ENLACE](#) para acceder a la aplicación en español:

To officially begin your application, click the “Create” button.



 Create

# Step 1: Language Access

The Spanish version of the application is available [here\(link\)](#). Additionally, free language assistance services are available if you need support completing your application. Email [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) for assistance.

Provide a “Yes/No” response to indicate whether English is your primary language or select “Prefer Not to Answer”. The following questions will only appear if you select “No.”

If you selected “No”, select your primary language.

If NJEDA needs to contact you regarding your application and you would be interested in communicating with an interpreter in your native language, please answer “Yes” to the question that appears.

## Language Access

Is English your primary language? \*

## Language Access

Is English your primary language? \*

Please identify which of the following languages is your primary language: \*

- español (Spanish)
- اللغة (Arabic)
- 粵語 (Cantonese Chinese)
- 普通话 (Mandarin Chinese)
- ગુજરાતી (Gujarati)
- हिंदी (Hindi)
- italiano (Italian)
- 한국어 (Korean)
- po polsku (Polish)
- português (Portuguese)
- Tagalog
- Other

If the NJEDA needs to contact you regarding your application, would you be interested in having an EDA provided interpreter in your native language? \*



## Step 2: Contact Information

The first page of the application asks to identify individuals with various roles at a business. NJEDA recognizes that FCCs are small organizations, often with one or two staff members, who likely hold multiple, if not all these roles. Below are descriptions of each role to help you best answer the following Contact Information questions.

<b>Primary Point of Contact</b>	This should be whoever is completing the application. It is likely the FCC owner or director.
<b>Authorized Representative</b>	If the primary point of contact is not the sole proprietor/FCC owner or director, you will see a prompt asking you to provide the owner/director's information. This would likely occur if a friend, family member, coworker, etc. is completing this application on behalf of the FCC. If you are the FCC owner or director and are completing this application yourself, you will not need to provide any additional contact information.
<b>CEO</b>	There may not be someone with this title at your organization. If that is the case, this title would apply to the FCC owner or director.
<b>Media Contact</b>	If you would like to identify an individual other than the FCC owner/director to be authorized to speak to the media, you will be asked to provide their contact information. If the FCC owner/director is the appropriate individual to speak to the media, you will not need to provide any additional contact information.

*As an FCC, it is likely that you are the sole proprietor or only employee of your business. If that is the case, then in the following questions that ask about the Authorized Representative, CEO, and Media Contact, select “Yes”.*

# Step 2: Primary Point of Contact

## Primary Point of Contact

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

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

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

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Email Address Confirmed \*

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

Phone Number and Extension (if available) \*

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

Here you can begin filling out the contact information for the primary point of contact. This should be the individual completing the application, which is likely the FCC owner or director. This will also be the individual who NJEDA will contact regarding your application.

Please provide the primary point of contact's name, title, email address, and phone number. It is important that this information is accurate so NJEDA can contact you if there are any questions regarding your application.

## Step 2: Primary Point of Contact (Cont.)

The next three questions ask about different roles at a business. As an FCC, it is likely that you are the sole proprietor or only employee of your business. If that is the case, then in the following questions that ask about the Authorized Representative, CEO, and Media Contact, select “Yes”.

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

Select

*Legally authorized representative means one of the following:*

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

Only select “No” if the Primary Point of Contact, which should be the individual completing the application, is not authorized to submit it on behalf of the FCC. This would likely be the case if the FCC owner or director is having a friend, family member, or coworker complete the application on their behalf.

## Step 2: Primary Point of Contact (Cont.)

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

Select

Only **select “No”** if the Primary Point of Contact is not the CEO. Your FCC may not have an individual with this title, so this would be if the Primary Point of Contact is not the FCC’s owner or director.

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

Select

Only **select “No”** if the Primary Point of Contact is not authorized to speak to the media and you would like to identify another media contact. Sometimes journalists will reach out to NJEDA and want to speak to grant recipients about their business. If this were to happen, this would mean you want someone other than the person filling out the application to speak to the media on behalf of your FCC.

# Step 2A: Primary Point of Contact Authorized Representative

If the Primary Point of Contact is the Authorized Representative and you selected “Yes” on Slide 19, skip to Slide 24.

## 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.*

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Email Address Confirmed \*

Phone Number and Extension (if available) \*

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

This page will only appear if you selected “No” on Slide 19 to indicate that the Primary Point of Contact is not the Authorized Representative.

On this page, you will be prompted to fill out the Authorized Representative’s contact information. For example, if the FCC owner or director’s friend, family member, coworker, etc. is completing the application on their behalf, they would list the FCC owner as the Authorized Representative.

# Step 2B: Primary Point of Contact

## CEO

If the Primary Point of Contact is the CEO and you selected “Yes” on Slide 20, skip to Slide 24.

### Chief Executive Officer/Owner/Equivalent

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

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Email Address Confirmed \*

Phone Number and Extension (if available) \*

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

This page will only appear if you selected “No” on Slide 20 to indicate that the Primary Point of Contact is not the CEO.

Your FCC may not have an individual with this title, so this would be if the Primary Point of Contact is not the FCC’s owner or director. This would likely happen if the individual completing the application is not the FCC owner or director.

# Step 2C: Primary Point of Contact

## Media Contact

If you do not want to designate a media contact and you selected “Yes” on Slide 20, skip to Slide 24.

### 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

This page will only appear if you selected “No” on Slide 20 to indicate that you would like to designate a media contact for your FCC.

Sometimes journalists will reach out to NJEDA and want to speak to grant recipients about their business. If this were to happen, this would mean you want someone other than the person completing the application to speak to the media on behalf of your FCC.

## Step 3: Business Formation Documents

Your FCC does not have to be a registered business to apply for this program but will need to become a registered business before your application is approved. These next questions will help determine what additional information you will be asked to provide regarding your business registration status.

If you do not have business formation documents, select “No” and continue to Slide 26.

If you are a registered business and you do have business formation documents, select “Yes”. You will be asked to provide the formation documents later in the application.

As an FCC, your business is likely registered as a sole proprietor or LLC. If you are a sole proprietor, you will need to upload a Certificate of Trade Name. An example can be found [here](#). If your business is registered as an LLC, you will need to upload a Certificate of Formation. An example can be found [here](#).

### Business Formation

Does your Family Child Care business have formation documents? \*

Select

#### Formation Document(s)

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

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

Previous

Next



## Step 3: Business Formation Documents (Cont.)

If you answered “No” to the previous question about business formation documents, continue to Slide 26.

This question will only appear if you select “Yes” for the previous question about business formation documents. Your answer to this question will determine what other information you will be asked for later in the application. You can search to determine whether your business is already registered [here](#).

**Does your Family Child Care business have a New Jersey State Tax ID? \***

*When you register your business with the State of NJ for tax purposes, you receive both a Business Registration Certificate and a 12-digit New Jersey State Tax ID. You can use this search tool to determine whether your business is already registered: [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp)*

## Step 4: Applicant Organization Information

The next section of the application will look different depending on if your FCC is a registered business or not.

If your FCC is **not** a registered business, steps to complete the applicant organization information are outlined in slides 27-31.

If your FCC is a registered business, steps to complete the applicant organization information are outlined in slides 32-38. Please be prepared to provide your organization name/DBA, business formation documents, FEIN number, NJ Tax ID number, and NJ Tax Clearance Certificate.

# Step 4: Applicant Organization Information *Not Registered*

If your FCC is a registered business, skip to Slide 32.

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? \*

This question is asking if the FCC owner or director, or anyone who is a co-owner of the FCC business, is an employee of the State of New Jersey.

### Mailing Address

Country \*

Street Address 1 \*

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

Street Address 2

City \*

State \*

Zip Code \*

Applicant Organization's Phone Number \*

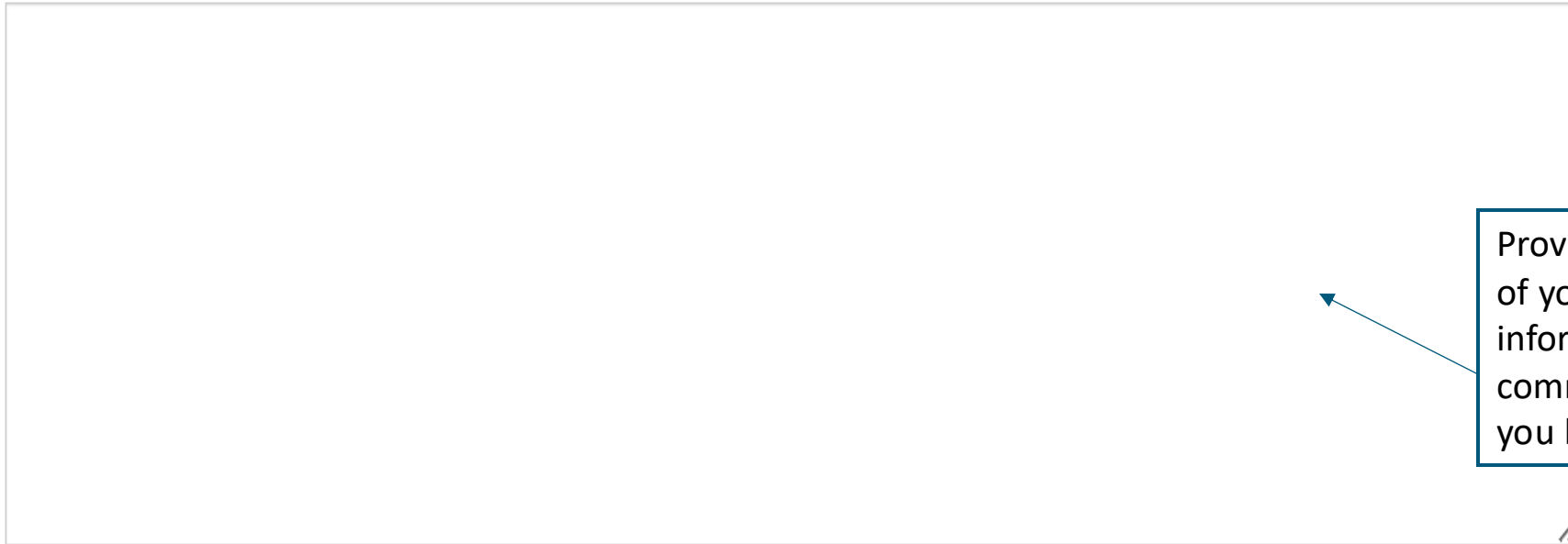
*To include an extension with your phone number, simply enter the phone number first, followed by the extension.*

Provide the mailing address for the FCC. When you begin to enter the address, a drop-down menu will auto-populate. Select the correct address.

## Step 4: Applicant Organization Information *Not Registered (Cont.)*

If you are a registered business, skip to Slide 32.

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



Provide a short but thorough description of your FCC. This might include information about your curriculum, the community you are located in, how long you have been operating your FCC, etc.

# Step 4: Applicant Organization Information *Not Registered (Cont.)*

If you are a registered business, skip to Slide 32.

## 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. **The NAICS code for Child Day Care Services is 624410.**

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

Search

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	Industry S
<input type="checkbox"/> 111110 - Soybean Farming	Soybean Farming	111110	Crop Production	Agriculture, Forestry, Fishing and Hunting	Soybean Farming	111110		111100	Oilseed and Grain Farming	AGRI	
<input type="checkbox"/> 111120 - Oilseed (except Soybean) Farming	Oilseed (except Soybean) Farming	111120	Crop Production	Agriculture, Forestry, Fishing and Hunting	Oilseed (except Soybean) Farming	111120		111100	Oilseed and Grain Farming	AGRI	

1 2 3 4 5 6 7 8 .. 123 >

Select Cancel Remove value

Select the magnifying glass to launch the NAICS search window. This will open a pop up where you can search for the code that is associated with the type of business you have. The code for a child care business is **624410**.

## Step 4: Applicant Organization Information *Not Registered (Cont.)*

If you are a registered business, skip to Slide 32.

Is the applicant organization (the business) involved in religious activities or is religiously affiliated? \*

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

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

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

This question is asking if your FCC is involved in religious activities or is religiously affiliated. This might mean that your curriculum includes religious instruction or worship. This question is not asking about the FCC owner or director's religious affiliation.

If you select "Yes", NJEDA will need to collect additional information. For a copy of the Religious Activity Questionnaire form, click [here](#).

Select "Yes" if you have received any other NJEDA grant or assistance. For example, you may have received a Small Business Improvement Grant and/or a COVID-19 Emergency Grant from NJEDA. You will be asked to list the assistance you received.

If you did not receive these grants or any other NJEDA funds, select "No."

## Step 4: Applicant Organization Information *Not Registered (Cont.)*

If you are a registered business, skip to Slide 32.

**REMINDER:** You may apply to this program without being a registered business. This would mean your FCC does not have a New Jersey State Tax ID or a Tax Clearance Certificate. Before your application can be approved, you will need to obtain both.

Information on how to become a registered business can be found [here](#).

You can obtain a New Jersey State Tax ID online through the NJ Division of Revenue and Enterprise Services [here](#). More information is available [here](#).

Once you have your New Jersey State Tax ID, you will also need to obtain a Tax Clearance Certificate. More information on that is available [here](#).

# Step 4: Applicant Organization Information *Registered Business*

If you are not a registered business, skip to Slide 39.

## Applicant Organization

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

### Applicant Organization Name \*

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

### Applicant Doing Business As (DBA)

Does your business operate under a different name?

### Certificate of Alternate Name

Please provide a *Certificate of Alternate Name* issued by Division of Revenue and Enterprise Services if you have one. Copies can usually be found on the state business records website [Division of Revenue & Enterprise Services: Business Records Service \(njportal.com\)](http://Division of Revenue & Enterprise Services: Business Records Service (njportal.com)).

Document	Files
Certificate of Alternate Name	<input type="button" value="Add Files"/>

### 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? \*

### Date Established \*

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

Please provide the full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit [this website](#).

If your FCC is registered a sole proprietor, your business' legal organization name is the owner's full name. Any other name you call your business would be considered the Doing Business As (DBA). For example, an FCC's legal name might be Suzie Smith, DBA as "Sunshine Suzie's FCC".

Please enter the entity type that best describes your FCC, based on your formation documents.



## Step 4: Applicant Organization Information *Registered Business (Cont.)*

If you are not a registered business, skip to Slide 39.

### Mailing Address

Country \*

United States



Street Address 1 \*

Enter a location

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

Street Address 2

City \*

State / Province \*

Zip / Postal Code \*

Provide the mailing address for the FCC. When you begin to enter the address, a drop-down menu will auto-populate. Select the correct address.

## Step 4: Applicant Organization Information *Registered Business (Cont.)*

If you are not a registered business, skip to Slide 39.

Please upload your business formation documents. Your formation documents must relate to the type of entity you are applying as. Ex: a sole proprietor should submit a **Certificate of Trade Name**, an LLC should submit a **Certificate of Formation**, etc.

If you do not have the information being requested on this page, select “Back” at the bottom of the page, and update your responses on the previous page accordingly (see Slide 24).

You can find your FEIN number on the computer-generated notice from the IRS from when you applied for your EIN, or on a previously filed tax return for your business. More information on finding your FEIN can be found [here](#).

Applicant Country of Incorporation/Formation \*

United States

Applicant State of Incorporation/Formation \*

Please upload any formation documents for the Application Organization

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

- **Sole Proprietor:** Provide a [Certificate of Trade Name](#) (filed with the county clerk)
- **LLC:** Provide a [Certificate of Formation](#) if applicable and / or [Operating Agreement](#) if applicable
- **Corporation:** Provide a [Certificate of Incorporation and Bylaws](#)
- **NonProfit:** Provide a [Certificate of Incorporation and Bylaws](#)
- **Out of State:** If your entity was formed out of state but operates within the State of New Jersey, you must file a [Certificate of Authority](#) when registering the business in New Jersey and provide that certificate.

Document	Files
Formation Document(s) *	<a href="#">Add Files</a>

Applicant Federal Employer Identification Number (FEIN) \*

The 9 digit Federal Tax ID number of your organization.

Applicant New Jersey Tax ID Number \*

## Step 4: Applicant Organization Information *Registered Business (Cont.)*

If you are not a registered business, skip to Slide 39.

**Applicant Organization's Phone Number and Extension \***

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

**Applicant Organization's Website**

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

Provide a short but thorough description of your FCC. This might include information about your curriculum, the community you are located in, how long you have been operating your FCC, etc.

# Step 4: Applicant Organization Information *Registered Business (Cont.)*

If you are not a registered business, skip to Slide 39.

## 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. **The NAICS code for Child Day Care Services is 624410.**

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

Search

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	Industry S
<input type="checkbox"/> 111110 - Soybean Farming	Soybean Farming	111110	Crop Production	Agriculture, Forestry, Fishing and Hunting	Soybean Farming	111110		111100	Oilseed and Grain Farming	AGRI	
<input type="checkbox"/> 111120 - Oilseed (except Soybean) Farming	Oilseed (except Soybean) Farming	111120	Crop Production	Agriculture, Forestry, Fishing and Hunting	Oilseed (except Soybean) Farming	111120		111100	Oilseed and Grain Farming	AGRI	

1 2 3 4 5 6 7 8 .. 123 >

Select Cancel Remove value

Select the magnifying glass to launch the NAICS search window. This will open a pop up where you can search for the code that is associated with the type of business you have. The code for a child care business is **624410**.

## Step 4: Applicant Organization Information *Registered Business (Cont.)*

If you are not a registered business, skip to Slide 39.

Upload your NJ Tax Clearance Certificate here. Certificates may be requested through the [State of New Jersey's online Premier 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.

### Tax Clearance Certificate

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

Document	Files
Tax Clearance Certificate Document(s) *	<a href="#">Add Files</a>

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.

## Step 4: Applicant Organization Information *Registered Business (Cont.)*

If you are not a registered business, skip to Slide 39.

Is the applicant organization (the business) involved in religious activities or is religiously affiliated? \*

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

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

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

This question is asking if your FCC is involved in religious activities or is religiously affiliated. This might mean that your curriculum includes religious instruction. This is not intended to ask about the FCC owner or directors' religious affiliation.

If you select “Yes”, NJEDA will need to collect additional information from you. For a copy of the Religious Activity Questionnaire form, click [here](#).

Select “Yes” if you have received any other NJEDA grant or assistance. For example, you may have received a Small Business Improvement Grant and/or a COVID-19 Emergency Grant from NJEDA. You will be asked to list the assistance you received.

If you did not receive these grants or any other NJEDA funds, select “No.”

# Step 5: Eligibility Requirements

The next set of questions are going to check your eligibility status and confirm that you are a registered FCC. You will need to have your Certificate of Registration ready. You will specifically need the Certificate Number located in the top left corner of the document to answer the following questions.

Certificate No. R [REDACTED]

  
 State of New Jersey  
 Department of Children and Families  
**FAMILY CHILD CARE PROVIDER  
 CERTIFICATE OF REGISTRATION**

This is to certify that: [REDACTED]  
 [REDACTED]  
 [REDACTED]

Has voluntarily complied with provisions of the State Family Day Care Provider Registration Act (N.J.S.A. 30:5B-16 et seq.) and is authorized to operate as a registered family child care provider. Additional information is on file with the sponsoring organization listed below. The sponsoring organization is approved by the Department of Children and Families for the registration of family child care providers.

Sponsoring organization: [REDACTED]  
 [REDACTED]  
 [REDACTED]

Date issued: [REDACTED]  
 Date of expiration: [REDACTED]  
 Capacity: 5  
 County: [REDACTED]  
 Telephone number: [REDACTED]

\_\_\_\_\_  
 Signature and title of authorized representative of sponsoring organization

**This certificate shall be posted in a conspicuous place on the premises while enrolled children are present and is not transferable to another person or location.**

# Step 5: Eligibility Requirements (Cont.)

The questions in this section will help NJEDA determine whether the applicant is eligible for a Child Care Facilities Improvement Program Phase 2 grant.

**Do you operate a NJ registered Family Child Care Home? \***

Here is a link to register as a Family Child Care Home: <https://www.childcarenj.gov/Providers/CCAP/HowTo/FCC>

The program is open to providers who are registered under the rules of the Family Child Care Provider Registration Act (see N.J.A.C. 3A:54). FCCs register with the Department of Children and Families through their county's Child Care Resource & Referral agency. Please refer to the list of CCR&Rs by county [here](#).

**Please enter the Certificate Number listed on your Department of Children and Families Family Child Care Provider Certificate of Registration. \***

This can be found in the upper left corner of your Family Child Care Certificate of Registration. Download a sample of a Family Child Care Certificate of Registration [here](#). If you registered your Family Child Care Home with DCF for the first time since 7/22/2024, our system will not recognize your Certificate Number, but your registration will be verified later in the review process.

Enter the Certificate Number listed on the top left of your Certificate of Registration.

**Please enter your New Jersey Child Care Information System (NJCCIS) number. \***

NJCCIS is the child care information system for licensing, family child care registration, inspections, complaints, the NJ Workforce Registry and Grow NJ Kids. Visit [www.njccis.com](http://www.njccis.com) to view detailed information.

**Please upload your Family Child Care Certificate of Registration from the New Jersey Department of Children and Families.**

Document	Files
FCC Registration Certification *	<div style="border: 1px solid gray; border-radius: 5px; padding: 5px; display: inline-block;">  Add Files                 </div> <p>Only registered Family Child Care Homes are eligible for grants in Phase 2. Ineligible applications will be declined.</p>



# Step 5: Eligibility Requirements (Cont.)

Warning



The number you entered was not found on the list of Certificate Numbers provided by the New Jersey Department of Children and Families as of 7/22/2024.

If you registered your Family Child Care Home with DCF for the first time since 7/22/2024, our system will not recognize your Certificate Number. Please proceed with your application. Your Certificate Number will be verified later in the review process.

If you do not have a Family Child Care Provider Certificate of Registration, you are not eligible for a grant in Phase 2 and your application will be declined.

Close

You may receive this warning if you registered your FCC with DCF for the first time since 7/22/2024. If you are registered, please proceed with the application. If you do not have a Family Child Care Provider Certificate of Registration, you are not eligible for a grant and your application will be declined.

# Step 5: Eligibility Requirements (Cont.)

Does your registered Family Child Care Home operate for at least 6 hours a day, 5 days a week, for at least 10 months a year? \*

*These requirements must be met in order to be eligible. For example, a facility that operates for 8 hours every weekday from September – June would be eligible.*

Do you currently enroll at least one child receiving support through DHS's Child Care Assistance Program (CCAP), OR have you enrolled at least one child receiving CCAP in the last 12 months? \*

*The Child Care Assistance Program provides subsidies to help families afford the cost of child care in New Jersey. Parents and providers must apply through their local Child Care Resource & Referral Center (CCR&R). In some NJ counties this program is referred to as New Jersey Cares for Kids (NJCK) or by the name of the local CCR&R (see list here). A provider that enrolls a child receiving CCAP receives biweekly payment from the Department of Human Services.*

The Child Care Assistance Program provides subsidies to help families afford the cost of child care in New Jersey. Parents and providers must apply through their local [Child Care Resource & Referral Center \(CCR&R\)](#). In some NJ counties, this program is referred to as New Jersey Cares for Kids (NJCK) or by the name of the local CCR&R ([see list here](#)). A provider that enrolls a child receiving CCAP receives biweekly payment from the Department of Human Services.

# Step 5: Eligibility Requirements (Cont.)

Is your registered Family Child Care Home currently enrolled in the Grow NJ Kids (GNJK) quality rating improvement system? This is not a requirement to apply for funding from NJEDA. However, if you are not currently enrolled, you will be required to enroll within one year of executing the grant agreement with NJEDA. \*

*This is not a requirement to apply for funding from NJEDA. However, if you are not currently enrolled, you will be required to enroll within one year of executing the grant agreement with NJEDA. Grow NJ Kids is managed by the NJ Department of Human Services (DHS) to help Family Child Care Homes and child care centers continuously improve the quality of care that they provide to children. Providers enrolled in Grow NJ Kids can receive higher CCAP tuition payments as they increase their ratings.*

Select "Yes" if your FCC is currently enrolled in the [Grow NJ Kids](#) quality rating improvement system. This is not a requirement to apply, but if you are awarded grant funds you will be required to enroll within one year of entering a grant agreement.

I certify that if awarded the grant the applicant (the registered Family Child Care Home) will enroll in the Grow NJ Kids quality rating improvement system within one year of executing the grant agreement with the NJEDA. \*

This question will only appear if you select "No" to the previous question about being enrolled in Grow NJ Kids. By selecting "Yes" on this question, you are committing to enroll in Grow NJ Kids within one year if you are awarded grant funds.

I certify that if awarded the grant, the applicant (the registered Family Child Care Home) will maintain registration with DCF for two (2) years following signing of the grant agreement with NJEDA. \*

*NJEDA will verify the continued registration of all Phase 2 grantees with DCF. If a grantee closes their FCC or has their registration suspended within 2 years of signing the grant agreement, NJEDA may require the grantee to repay a portion of the grant.*

If awarded funds, you are required to maintain registration with DCF for two years following your grant agreement.

# Step 6: Additional Information

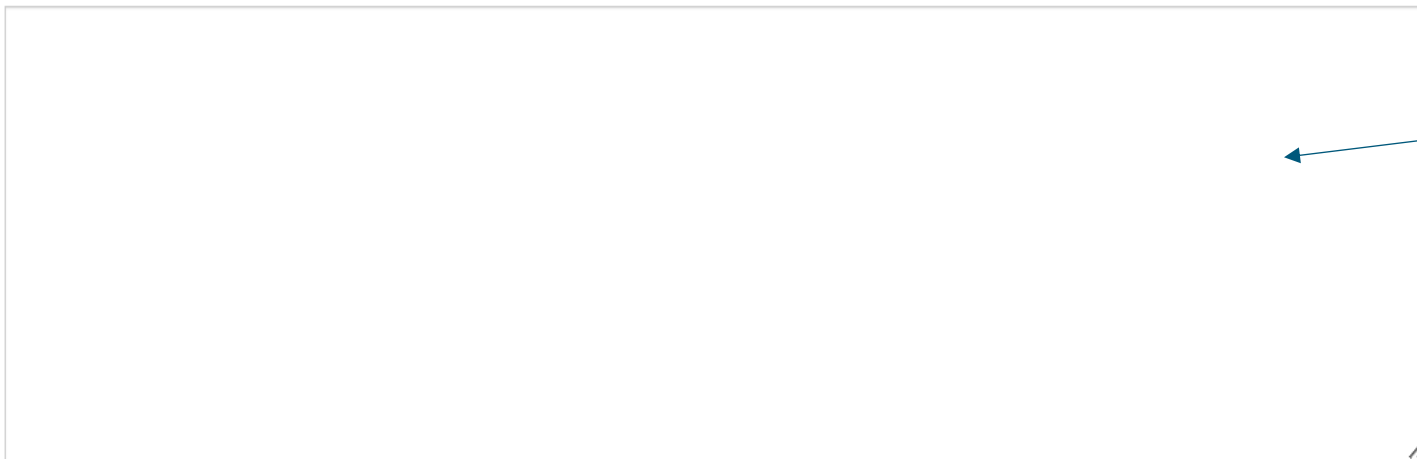
Your answers in this section will NOT be used to determine your eligibility. These questions are for informational purposes only.

Do you provide care outside the hours of 8am – 6pm, Monday-Friday? \*

Select

Please answer “Yes” or “No” if you provide child care outside the hours of 8am – 6pm Monday-Friday.

Please share your hours of operation. \*



If you select “Yes” to the question above, this window will appear for you to describe your hours of operation (e.g. Monday – Saturday 8am – 8pm).

If you select “No” to the question above this window will not appear.

Do you own or lease the residence where the Family Child Care Home is located? \*

Select

## Step 6: Additional Information (Cont.)

Your answers in this section will NOT be used to determine your eligibility. These questions are for informational purposes only.

Please enter a number in each box for enrollment by age group and type of staff. If you do not enroll any children in a specific age group, for example, enter 0 in the respective text box. The application will not proceed unless you fill in a number for each box.

What is your current Enrollment by age group?

Infants (0-17 months) \*

Toddlers (18-35 months) \*

Preschool (3-5 years) \*

School Age (over 5 years) \*

Total Enrollment

List the number of staff at your site

Full-Time \*

Part-Time \*

Total Staff

# Step 7: Furniture, Fixtures and Equipment Requests

In this section, you will upload one or more quotes for FFE you plan to purchase with grant funds. Please follow the directions below as this will help NJEDA process your application more efficiently.

## INSTRUCTIONS

When completing this section, you must provide the following information for **every submitted quote**:

- ✓ **Select ALL the types of items in your quote.** This includes miscellaneous costs such as shipping, taxes, and installation, if applicable. Use the “other” option in the menu if you do not see a cost listed.
- ✓ **Enter the TOTAL amount per quote,** as this will be used to calculate your award amount.
- ✓ **Include a description about how EACH item in the quote it will support one or both eligibility categories:**
  1. Health, Safety, and Accessibility
  2. High-Quality Learning Environment
- ✓ **Upload photos that support the need for the item(s),** such as pictures of outdated or broken furniture, or where the item will be placed.

## **Ineligible Uses:**

NJEDA will review each quote to determine the eligibility of the requested FFE and reserves the right to decline items including, but not limited to, the categories outlined below:

- X Requires construction, including repairs or site modifications such as built-in furniture, toilets, faucets, electrical work, or any other work performed by a trade worker over \$1999.
- X Has a lifespan of less than three years, such as art supplies, food, diapers, or other single-use items.
- X Will not be directly used for the care of children.

# Step 7: Furniture, Fixtures and Equipment Requests: Eligible Uses for Installation

It is important to note the eligibility for items requiring an installation. An installation service is **only eligible** if the item **plus** the cost to install that item is **less** than \$1,999.

If you are submitting a quote for an item plus the cost of installation and it **exceeds \$1,999, it is ineligible**, and you cannot submit it as a part of your application.

Eligible Regardless of Cost	Eligible If Cost Stays <\$2,000	Not Eligible Because Cost ≥ \$2,000
A new appliance that can just be moved into place and plugged in	A new appliance (\$1,000) that will require electrical work (\$600) to move an outlet = <b>\$1,600</b>	A new appliance (\$1,300) that will require electrical work (\$800) to move an outlet = <b>\$2,100</b>
An outdoor playset that can just be placed on the ground	An outdoor playset (\$1,500) that will require leveling the ground and/or pouring concrete (\$250)= <b>\$1,750</b>	An outdoor playset (\$1,500) that will require leveling the ground and/or pouring concrete (\$800)= <b>\$2,300</b>
A bookcase that the grantee will assemble and anchor to the wall	A purchased bookcase (\$1,000) that will be built and anchored to the wall by a carpenter (\$800) = <b>\$1,800</b>	A purchased bookcase (\$1,000) that will be built and anchored to the wall by a carpenter (\$1,000) = <b>\$2,000</b>

## Step 7: Furniture, Fixtures and Equipment Requests (Cont.)

[Add Quote](#)

Application - Quote ID	What store or online retailer is this quote from?	Enter the quote total	Created On ↓
There are no records to display.			

**Total Grant Request**

0.00

To begin uploading your quotes, click the blue “Add Quote” button. A new window will pop up with additional questions. You will need to add at least one quote to continue with your application.



# Step 7: Furniture, Fixtures and Equipment Requests (Cont.)

## Furniture, Fixture and Equipment Quote

What store or online retailer is this quote from? \*

Enter the quote total \*

When you click “Add Quote” a new window will pop up where you can begin uploading your receipts. Provide the name of the store you plan to make your purchase from and the total amount it will cost.

# Step 7: Furniture, Fixtures and Equipment Requests (Cont.)

Please select all the items that are included in this quote.

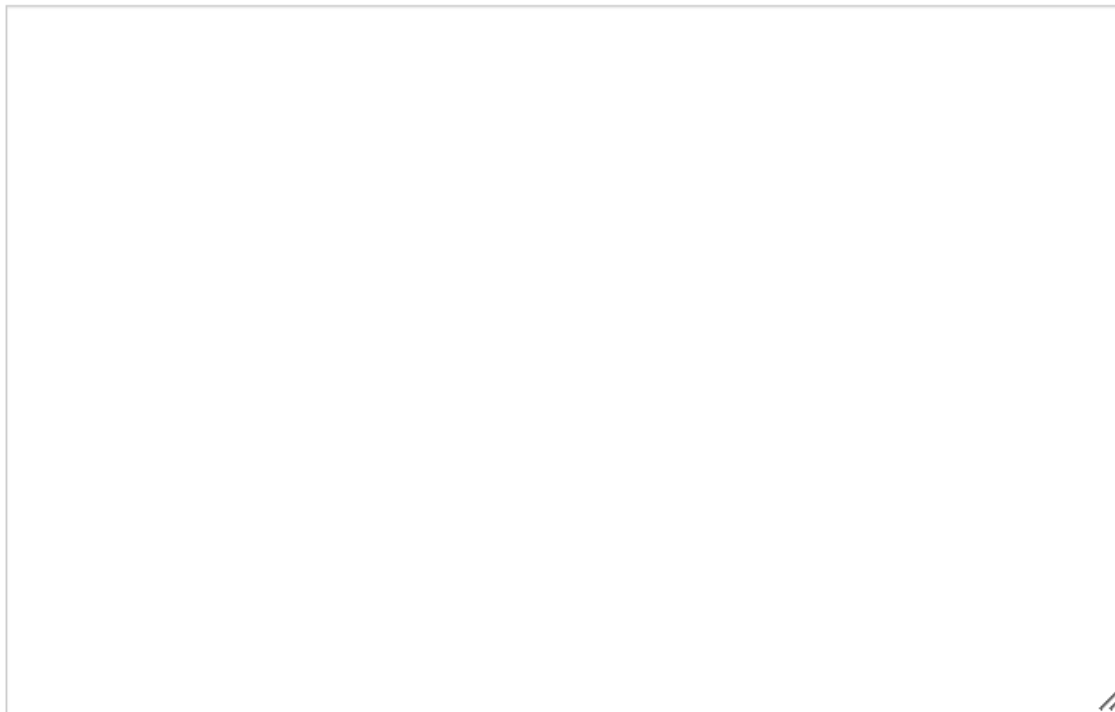
- Smoke detector, carbon monoxide detector, or fire extinguisher
- Child-proofing mechanisms or safety barriers
- Diaper-changing unit
- Sleeping cot/crib
- Child-friendly furniture
- Electronics/technology directly related to the care of children (smartboard, ipad, etc)
- Shelving or storage unit
- Classroom/creative play materials (cannot be single use items)
- Appliances (Washer/Dryer, Refrigerator/Freezer, Microwave, Stove)
- Portable sink
- Outdoor play equipment
- Security System/Cameras
- Shipping/Delivery
- Tax
- Installation
- Other ←

Select a box for each item that is in your quote. Please select installation if you are submitting a receipt for an installation or if your receipt includes a product and installation service. For example, if you plan to purchase a crib and a shelf in one transaction, you will select both “Sleeping cot/crib” and “Shelving or storage unit”.

If an eligible item you purchased is not listed, or you are unsure which category it would best fit in, select other. In the text box that appears, describe the item you plan to purchase.

## Step 7: Furniture, Fixtures and Equipment Requests (Cont.)

Explain how items you plan to purchase will support Health, Safety, and Accessibility and/or a High-Quality Learning Environment. \*



*Please make sure this explanation includes all the items listed in the quote you have provided. Not including an explanation for one or more items will slow down the review process for your application.*

Please explain how the items you are planning to purchase in this quote will support Health, Safety, and Accessibility and/or a High Quality Learning Environment. Please explain all items in the quote.

Your answer must be at least 150 characters (about 30 words), or 2-3 sentences per item in your quote.

## Step 7: Furniture, Fixtures and Equipment Requests (Cont.)

Please upload your quote.

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

Please upload photos that support the need for these item(s) and where they will be located.

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

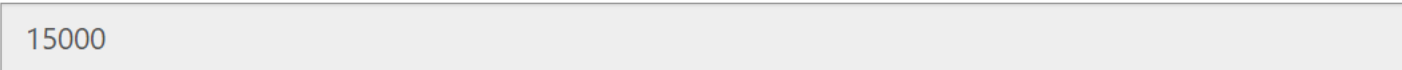
Once you enter the information from the previous slide and hit save at the bottom of the pop-up window, the window will reload, and two new questions will appear. Here you can upload your quote and photos that support the need for the item(s) and where it will be located. The information you entered previously will not need to be changed and you will not need to re-enter it.

## Step 7: Furniture, Fixtures and Equipment Requests (Cont.)

Continue uploading quotes until your Total Grant Request is between \$10,000 and \$20,000 and your quotes include all of the items you plan to purchase.

**Total Grant Request**

15000



# Step 8: Cannabis Questionnaire

## Cannabis Questionnaire

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

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

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

New Jersey state law prohibits certain cannabis business owners and individuals involved in the cannabis industry from receiving or continuing to receive state grant awards. If you are not involved in the cannabis industry, select “No” for these questions.

# Step 9: Diversity, Equity, and Inclusion

Your answers in this section will NOT be used to determine your eligibility. These questions are for informational 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

This section asks for information regarding the diversity of your FCC staff. We recognize that FCCs are small businesses, often with one employee, and many of these questions may not directly apply to your business.

You will not be penalized for selecting “Prefer not to answer” or “Not applicable.” Your answers to these questions will not impact your eligibility for a grant.

## Step 9: Diversity, Equity, and Inclusion (Cont.)

Your answers in this section will NOT be used to determine your eligibility. These questions are for informational purposes only.

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

- Question is not applicable
- Prefer not to answer

Please describe whether your organization'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

We recognize that FCCs are small businesses, often with one employee, without large leadership teams or a board of directors. Selecting "Question is not applicable" is appropriate for these questions. If your FCC does have a leadership staff, please provide information about the diversity of the leadership team.



## Step 9: Diversity, Equity, and Inclusion (Cont.)

Your answers in this section will NOT be used to determine your eligibility. These questions are for informational purposes only.

Please describe any diversity initiatives, programs or plans the applicant organization 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	<a href="#">Add Files</a>

NJEDA recognizes that FCCs are small businesses, often with one employee, who may not have the capacity to implement specific diversity initiatives, programs, or plans. It is acceptable to select “Question is not applicable” and skip the document upload.

If your FCC has implemented diversity initiatives you would like to share, please do so in the text box provided and upload any available documentation detailing such initiatives.

# Step 10: Legal Questionnaire

Applicant Name: **Test**

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

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

**Note that this form has recently been modified.**

**Please review this form in its entirety prior to providing any responses or certifications.**

## DEFINITIONS

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

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

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

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

The next set of questions are the NJEDA's Legal Questionnaire. This page must be completed by the FCC director/owner. These questions will ask about things like business ownership, any record of violations of state law, and criminal history. Please answer these questions to the best of your ability.

# Step 10: Legal Questionnaire (Cont.)

## RELEVANT AFFILIATES

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

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

### Applicant-Owned Affiliates

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

ADD APPLICANT-OWNED AFFILIATES

### Other Affiliates

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

ADD OTHER AFFILIATES

If your FCC has **any** owners or co-owners that own 30% or more of your business (including yourself), select “Yes” and list them in the section below. This could include other family members who are owners or co-owners in your business.

# Step 10: Legal Questionnaire (Cont.)

## RELEVANT TIMEFRAMES

Responses should be given based on the following "look-back" periods:

- For civil matters, those that were either pending or concluded within 5 years of the reporting date;
- For criminal matters, those that were either pending or concluded within 10 years of the reporting date;
- For environmental regulatory matters, those that were either pending or concluded within 10 years of the reporting date; and
- For all other regulatory matters, those that were either pending or concluded within 5 years of the reporting date.

Note that in cases where Applicant has previously submitted and certified a legal questionnaire to the Authority, the Applicant may refer to its prior legal questionnaire and report only those matters that are new or have changed in status since the date of last reporting.

### Part A. Past Proceedings

Has Applicant, or any identified Affiliates of Applicant, been found or conceded or admitted to being guilty, liable or responsible in any Legal Proceeding, or conceded or admitted to facts in any Legal Proceedings that demonstrate responsibility for any of the following violations or conduct? (Any civil or criminal decisions or verdicts that have been vacated or expunged need not be reported.)

1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract. \*

2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty. \*

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

4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision. \*

5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.). \*

These questions ask if you, your FCC, and/or any co-owner(s) you listed above have previously been found guilty of or pleaded guilty to certain violations of state or federal laws. Select "No" if you, your co-owner(s), and your FCC do not have any past legal violations.

# Step 10: Legal Questionnaire (Cont.)

6. To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor. \*

7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries. \*

8. Debarment by any department, agency, or instrumentality of the State or Federal government. \*

9. Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below: \*

- i. No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).
- ii. The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.
- iii. No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actually or appearance of a conflict of interest.
- iv. No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.
- v. No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

These questions ask if you, your FCC, and/or any co-owner(s) you listed above have previously been found guilty of or pleaded guilty to certain violations of state or federal laws. Select “No” if you, your co-owner(s), and your FCC do not have any past legal violations.

# Step 10: Legal Questionnaire (Cont.)

These questions ask if you, your FCC, and/or any co-owner(s) you listed above have previously been found guilty of or pleaded guilty to certain violations of state or federal laws. Select “No” if you, your co-owner(s), and your FCC do not have any past legal violations.

10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million. \*

- i. Laws banning or prohibiting discrimination or harassment in the workplace.
- ii. Laws prohibiting or banning any form of forced, slave, or compulsory labor.
- iii. The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other “Whistleblower Laws” that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.
- iv. Securities or tax laws resulting in a finding of fraud or fraudulent conduct.
- v. Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.
- vi. Laws banning anti-competitive dumping of goods.
- vii. Anti-terrorist laws.
- viii. Criminal laws involving commission of any felony or indictable offense under State or Federal law.
- ix. Laws banning human rights abuses.
- x. Laws banning the trade of goods or services to enemies of the United States.

# Step 10: Legal Questionnaire (Cont.)

These questions ask if you, your FCC, and/or any co-owner(s) listed above have any pending proceedings for the violation of certain state or federal laws. Select “No” if you, your co-owner(s), and your FCC do not have any pending proceedings.

## Part B. Pending Proceedings

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

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

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

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

Document	Files
Legal Questionnaire Addendum	<input type="button" value="Add Files"/>

# Step 10: Legal Questionnaire (Cont.)

## CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO RELEASE INFORMATION

This certification shall be signed as follows:

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

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

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

### Electronic Signatures

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

### Legal Questionnaire Electronic Signature \*

### Title \*

This is the final question of the Legal Questionnaire. It asks you to certify that the information you have provided is true and complete. Please provide an electronic signature and your title at your FCC.



# Step 11: Certify Your Application

## Applicant Certifications

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, Test Teat, 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. \***

This page must be completed by the FCC director/owner. This is your final sign off that the information you have provided is accurate to the best of your knowledge. Select "Yes" for each question and then click "Next" to continue to the last step where you will submit your application.

Previous

Next

# Step 12: Submit Your Application

This page must be completed by the FCC director/owner. Please check that you agree to be bound by electronic signatures and that you are an authorized signer. Then provide your full name and enter the code from the image. Once complete, click "Submit Application".

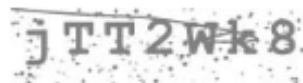
## Electronic Signature

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

I agree to be bound by electronic signatures \*

I am an Authorized Signer for this organization and I accept the above terms and conditions \*

Full Name \*



[Generate a new image](#)

[Play the audio code](#)

Enter the code from the image

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Submit Application

# Submission Confirmation Page

Congratulations! You have submitted your application. You will see a submission confirmation page that lists your application confirmation number.

Check your email to ensure you have received a confirmation email. All communications about your application going forward will be through that email address. If you don't receive a confirmation email, check your spam folder. If needed, contact our Customer Care line (844) 965-1125 for assistance.

Click "Return to Homepage" to return to the application portal homepage.

## Confirmation

Application ID: CAPP-00036779

Thank you for your application submission. The NJEDA is working hard to quickly and efficiently process applications. Applications will be reviewed based on submission date and time. Additionally, this program has multiple stages of review, and application processing speed is impacted by how complete and thorough applications are at the time of submission (e.g., missing or incorrect documentation). As a result, **it may take several months for an application to move from initial submission to the application review depending on how many applications were submitted before yours.** We appreciate your patience and understanding.

As your application moves into the first stages of the review process, you will receive an email from a Child Care Application Reviewer at the NJEDA. You may also get emails from [ChildCareFacilitiesImprovementProgram@njeda.gov](mailto:ChildCareFacilitiesImprovementProgram@njeda.gov) with other updates and information. We strongly recommend that you check your junk and spam filters to ensure that all emails from @njeda.gov are routed to your inbox.

**FINAL REMINDER:** If you are not a registered business and/or did not submit the required tax clearance certificate or formation documents at the time of application, there are important steps you can take in preparation for your application review.

1. Obtaining a Federal Employer Identification Number (FEIN)
  - a. Any business with employees must first obtain a **Federal Employer Identification Number (FEIN)** from the Internal Revenue Service (IRS). You will use your **Federal Employer Identification Number (FEIN)** OR your Social Security number to register your business with New Jersey in Step 2 below.
2. Obtaining Business Formation Documents & Registering Your Business:
  - a. Use the **Online Application**
    - When you want to start a new business in the state of NJ (LLC, corporation, Non-Profit, etc)
  - b. Use the **Online Registration** form instead if:
    - You are looking to start a Sole Proprietorship or Partnership.
    - You have already formed/authorized your business in NJ and need to register for tax purposes.
3. Obtain a Tax Clearance Certificate from the Division of Taxation. This is only available for registered businesses, and processing can take a few days for a newly registered business. For more information on obtaining your tax clearance use the link available below:
  - a. **NJ Division of Taxation - Business Tax Clearance Certification Required for Receiving State Grants, Incentives**

If you have questions about registering your business please contact the Business Action Center at <https://www.nj.gov/state/bac/>, 1-800-JERSEY-7 or <https://www.business.nj.gov>.

Should you have additional questions, you can also contact [CustomerCare@njeda.gov](mailto:CustomerCare@njeda.gov), call (844) 965-1125, or use the Customer Care chat feature found on the NJEDA website

Return to homepage

# Don't Forget!

If you do not provide business formation documents, a New Jersey State Tax ID, and/or a Tax Clearance Certificate in your application, **you will need to provide these documents before your application can be approved.**

Information on how to become a registered business can be found [here](#).

You can obtain a New Jersey State Tax ID online through the NJ Division of Revenue and Enterprise Services [here](#). More information is available [here](#).

Once you have your New Jersey State Tax ID, you will also need to obtain a Tax Clearance Certificate. More information on that is available [here](#).