# **Real Estate Gap Financing**

## Sample Application





## **Real Estate Gap Financing Grant Program**

The Real Estate Gap Financing Program is a \$10 million pilot program established to provide grants for real estate development projects located in distressed, eligible municipalities that require gap financing and that address the negative economic impacts of the COVID19 pandemic.

### **ELIGIBILITY**

The following types of real estate projects (new construction and/or substantial rehabilitation as defined below), which are located in distressed municipalities, as defined below, are eligible and will be considered for Real Estate Gap Financing grants:

- Commercial (including office and/or supermarkets/grocery stores)
- Mixed-use developments (any residential portion must comply with the 20% reservation for low- and moderate-income households required by N.J.S.A. 52:27D-329.9(b).
- Non-profit/community use projects (not government owned)
- Cultural, Arts, Performing Arts
- Manufacturing/Industrial

### **INELIGIBLE PROJECT TYPES**

- Projects consisting solely of warehouse and/or retail spaces are ineligible for funding. Additionally, any warehouse use included must be ancillary and in direct support of the site's eligible primary use.
- Projects primarily for governmental or educational use are ineligible for funding, including buildings that would be owned, ground leased, or primarily leased (51% of square footage) by governmental or educational entities following development.
- Projects that have started construction are not eligible. Construction, including demolition and remediation, cannot start until EDA's approval of the application.



# **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

| e using       | NJEDA Application Center n My Applications -   Englis |                                 |  |  |  |  |
|---------------|---|---------------------------------|--|--|--|--|
| EDA<br>er" —— | Sign in Register Redeem invitation                    |                                 |  |  |  |  |
|               | If you are the first-time user, please clic           | k "Register" button on the top. |  |  |  |  |
|               |   |                                 |  |  |  |  |
|               | * User name   |                                 |  |  |  |  |
|               | * Password  |                                 |  |  |  |  |
|               | Remen   | iber me?                        |  |  |  |  |
|               | Sign in   | Forgot your password?           |  |  |  |  |
|               |   |                                 |  |  |  |  |

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 nonalphanumeric (special).

2. Once information is filled in click "Register"

| NJEDA              | Applica    | ation Center            |                       |                          | <b>↑</b> | My Applications -   | Englis    | n -     | Sign in  |
|--------------------|------------|-------------------------|-----------------------|--------------------------|----------|---------------------|-----------|---------|----------|
| • <b>D</b> Sign in | Register   | Redeem invitation       |                       |                          |          |                     |           |         |          |
|                    |            | ON FOR NJEDA ASSISTANCE | E. THIS PAGE ALLOWS Y | OU TO CREATE A USER ACCO |          | IAT YOU WILL USE TO | DLOG IN T | ) NJEDI | 4'S PRE- |
| Register fo        | or a new l | ocal 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.

| 🔇 Events Page 📙 Clips 📕 Das | shboards: Kelly 📙 MyC | programs.njeda.com says  | NJEDA - Home      | **      |
|-----------------------------|-----------------------|--|-------------------|---------|
| NJEDA Applica               | tion Center           | The email address kdombrowski@njeda.com is already in our system.<br>This may be because you have previously applied for other NJEDA | My Applications 🗕 | English |
| Sign in Register            | Redeem invitation     | programs.<br>Please click OK to email yourself an invitation code which can be used<br>to access this program application.           |                   |         |
| Register for a new lo       | ocal account          | ОК   | -                 |         |
| * Email                     | kdombrowski@njeda.c   | com  |                   |         |
| * Username                  | NJEDAKdombrowski      |  |                   |         |
| * Password                  | •••••                 |  |                   |         |
| * Confirm password          | •••••                 |  |                   |         |
|                             | Register              |  |                   |         |

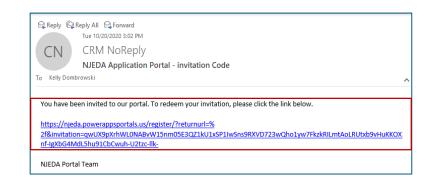


## **Redeeming An Invitation Code**

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

| NJEDA Application Center  | 🔒 🕴 My Applications + 🕴 English + 📔 Sign in     |
|---|---|
| Home > Contact - Only Email   |   |
| Contact - Only Email  |   |
|   |   |
| Please click the "Send Invitation" button to email yourself an<br>application. This code will be sent to the email below. | invitation code which can be used to access the |
|   | invitation code which can be used to access the |

# 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**

| NJEDA ,            | Applica    | ation Center      |  |
|--------------------|------------|-------------------|--|
| • <b>D</b> Sign in | Register   | Redeem invitation |  |
| Sian up wi         | th an invi | itation code      |  |
|                    |            |                   |  |
| 5.g. up m          |            |                   |  |

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

| NJEDA Application  | Center =  |              |
|--|---|--------------|
| Sign in Register Rede  | em invitation   |              |
| Redeeming code:<br>qwUX9pXrhWL0NABvW15nm05<br>nf-IgXbG4MdL5hu91CbCwuh-U2 | E3QZ1kU1xSP1IwSns9RXVD723wQho1yw7FkzkRILmtAoLRUtxb9vH<br>tzc-llk- | uKKOX3ZroIEN |
| Register for a new local a   | iccount   |              |
| * Email  | KDombrowski@njeda.com   |              |
| * Username   |   |              |
| * Password   |   |              |
| * Confirm password   |   |              |
|  | Register  |              |

# **Setting Up Applicant Profile**

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

Home > Profile

Profile

Profile

### **Setting up your Profile**

- Once you click Register, you must enter 1.
  - "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)
- **Once complete, click "Update"** 4.

| Profile                        |  |   |   |
|--------------------------------|--|---|---|
| 2                              | Please provide some information about yourself.<br>If you need language assistance, please send NJED/<br>to languagehelp@njeda.com | A your name, spoken language and telephone number |   |
| Profile                        | You must complete your profile before using the  | features of this website.                         | × |
| Security                       | Your information   |   |   |
| Change password                | First Name *   | Last Name *                                       | _ |
| Change email                   |  |   |   |
| Manage external authentication | E-mail<br>sample@sample.com  | Phone *   |   |
|                                | Organization Name  | Title   |   |
|                                | Web Site   | ]   |   |



# **Confirming Email**

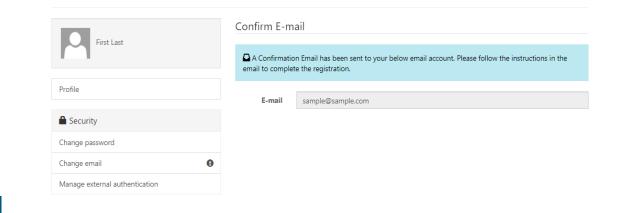
### **Confirming Your Email**

- 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.

| First Last                     | You must complete the email confirmation below before using the features of this site! |             |
|--------------------------------|--|-------------|
| Profile                        | • Your email requires confirmation.  | Confirm Ema |
| Security                       |  |             |
| Change password                |  |             |
| Change email                   |  |             |
| Manage external authentication |  |             |

Home > Profile

Profile





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



### **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/

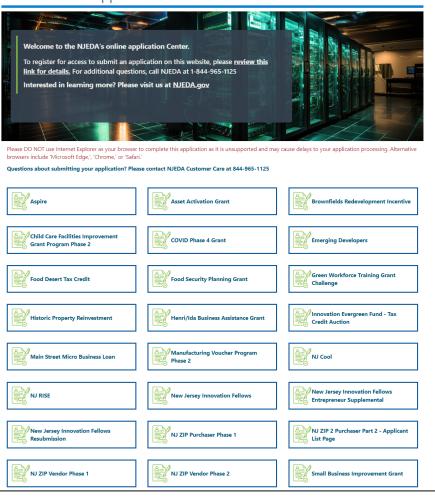
Find "Real Estate Gap Financing" on list and click to begin application

Real Estate Gap Financing

### NJEDA Application Center

↑ My Applications • Compliance • English •

### NJEDA Online Application Center





# **Start Application**

Read this information before starting your application.

Click **CREATE** button to start application.

### Real Estate Gap Financing Application

WELCOME: Real Estate Gap Financing Application

#### Program Description:

The Real Estate Gap Financing Grant Program is a pilot program established to provide grants for real estate development projects located in distressed municipalities as defined below that require gap financing and that address the negative economic impacts of the COVID19 pandemic.

#### Eligibility:

Eligible applicants are for-profit and non-profit entities (each, an "Applicant" or "Developer Entity") which are undertaking an eligible real estate project in an eligible municipality (as outlined below) that require gap financing and that address the negative economic impacts of the COVID-19 pandemic.

#### Eligible Projects:

The following types of real estate projects (new construction and/or substantial rehabilitation as defined below) which are located in distressed municipalities as defined below are eligible and will be considered for Real Estate Gap Financing grants:

- Commercial (including office and/or supermarkets/grocery stores).
- Mixed Use d ortion must comply with the 20% reservation for low- and moderate-income households required by N.J.S.A. 52:27D-329.9(b)
- Non-profit/c overnment owned)
- Cultural, Arts
   Manufacturing/Industrial

Please note: Projects consisting solely of warehouse and/or retail spaces are ineligible for funding. Additionally, any warehouse use included must be ancillary and in direct support of the site's eligible primary use. Projects primarily for governmental or educational use are ineligible for funding, including buildings that would be owned, leased, or primary leased (1% of square Globage by governmental or educational entities following development.

Substantial rehabilitation shall have the same meaning as "reconstruction" in NLAC.523-63 as "any project where the extent and nature of the work is such that the work area cannot be occupied while the work is in progress and where a new certificate of occupancy is required before the work area can be reoccupied. Reconstruction may include repair, renovation, afteration or any combination thereof. Reconstruction shall not include projects comprised only of floor finish reducement, paining or wallpapering, or the replacement of equipment or funishings. Absetos hazard abatement and lead hazard abatement projects shall not be classified as reconstruction sole/by because occupancy of the work area is not permitted."

Projects that have started construction are not eligible. Construction, including demolition and remediation, cannot start until EDA's approval of the application.

Eligible municipalities where projects could be located would include the 25 municipalities as listed below:

Bayonne, Belleville, Bridgeton, Carteret, East Orange, Elizabeth, Garfield, Hackensack, Irvington, Jersey City, Kearney, Lakewood Township, Linden, Long Branch, Middle Township, Milliville, North Bergen, Orange, Pennsauken, Perth Amboy, Plainfield, Union City, Vineland, West New York, and Winslow.

Per US Treasury deadlines and federal SLFRF requirements, all Program funds must be expended by December 31, 2026.

In the event of any questions, please contact a Real Estate Gap Financing team member at realestateinfo@njeda.gov

Language Assistance:

ATENCIÓN: si habla español, los servicios de asistencia lingüística, gratuitos, están disponibles para usted enviando un correo electrónico a languagehelp@njeda.gov.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانبة متاحة لك عبر إرسال بريد إلكتروني إلى languagehelp@njeda.gov

注意:如果您說粵語,可以透過傳送電子郵件至 languagehelp@njeda.gov 免費獲取語言協助服務。

注意:如果您说普通语,可以通过发送电子邮件至 languagehelp@njeda.gov 免费获取语言协助服务。

ધ્યાન આપોઃ જો તમે ગુજરાતી બોલતા હોય તો, તમારા માટે languagehelp@njeda.gov પર ઈ-મેઈલ કરવાથી ભાષા સહાય સેવાઓ મફતામાં ઉપલબ્ધ છે.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो languagehelp@njeda.gov पर ईमेल द्वारा, आप के लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं।

ATTENZIONE: se parla italiano, può usufruire gratuitamente di servizi di assistenza linguistica scrivendo all'indirizzo languagehelp@njeda.gov

알림: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 이메일 languagehelp@njeda.gov 을 통해 제공됩니다.

UWAGA: Jeśli mówisz po polsku, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e-mail pod adres languagehelp@njeda.gov.

ATENÇÃO: se você falar português, oferecemos serviços de apoio de idioma gratuitos. Envie um e-mail para languagehelp@njeda.gov.

ATTENTION: Kung nagsasalita ka ng Tagalog, magagamit mo ang libreng mga serbisyong tulong sa wika sa pamamagitan ng pag-email sa languagehelp@njeda

Create Real Estate Gap Financing Applicati Common Application ID Applicant Federal Employer Identification Application Full Application Application Name Entity Type Number (FEIN) Status Created On Submitted



### Language Access

Provide a "Yes/No" response to indicate whether English is your primary language or select "Prefer Not to Answer".

Free language assistance services are available to you by sending an email to languagehelp@njeda.gov.

If the NJEDA needs to contact you regarding your application and you would be interested in having an interpreter in your native language, please answer "No" to "Is English your primary language?" and "Yes" to the question that appears.

### Language Access

Is English your primary language? \*

| English your primary language? *   |  |
|--|--|
| No   |  |
| ease identify which of the following languages is your primary language: * |  |
|  |  |
|  |  |
| español (Spanish)  |  |
| للغة (Arabic)<br>粵語 (Cantonese Chinese)                                    |  |
| 普通语 (Mandarin Chinese)   |  |
| ગુજરાતી (Gujarati)   |  |
| हिंदी (Hindi)  |  |
| italiano (Italian)   |  |
| 한국어 (Korean)   |  |
| po polsku (Polish)   |  |
| português (Portuguese)<br>Tagalog  |  |
|  |  |

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

## **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 <u>"No"</u> to any of the above questions, the applicant will have an \_\_\_\_\_ opportunity to enter this information later in the application.

| imary 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 member<br>eam. This section collects contact information for individuals we may need to speak with as part of this project. | rs of your  |
| 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.  |             |
| alutation   |             |
|   | ~           |
| irst Name *   |             |
|   |             |
| Viddle Initial  |             |
| .ast Name *   |             |
|   |             |
| Suffix  |             |
|   | ~           |
| ïitle *   |             |
|   |             |
| imail Address *   |             |
| mail 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 a  | upplication |
| Phone Number and Extension (if available) *   | ppacation.  |
|   |             |
| o include an extension with your phone number, simply enter the phone number first, followed by the extension.  |             |
| s the Primary Point of Contact legally authorized to submit this application on behalf of the applicant company? *  | ~           |
| egally authorized representative means one of the following:  |             |
| by applicant's General Counsel or Chief Legal Officer (recommended); or for a composition a principal evenution of first at least the level of vice president:  |             |
| for a corporation: a principal executive officer at least the level of vice president;<br>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.   |             |
| s the Primary Point of Contact the Chief Executive Officer/equivalent officer for North America operations, or equivalent highest-ranking exe<br>he applicant company? *  | cutive for  |
|   |             |
| s the Primary Point of Contact authorized to speak to the media on behalf of the applicant? *   |             |
|   |             |
|   |             |

## **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.

The application must be submitted by an 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.

Please type your full address into the "Street Address 1" box (include city, state, etc.) until the correct full address appears in the dropdown menu underneath, then click on the correct address.

| uthorized Represen  | ntative  |  |
|---|--|--|
|   |  | ividual who is legally authorized to sign documents on behalf of |
| Salutation  |  |  |
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| First Name *  |  |  |
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| Email Address *   |  |  |
|   |  |  |
| Email Address Confirmed *   |  |  |
|   |  |  |
| Phone Number and Extension (if ava                                    | ilable) *  |  |
|   |  |  |
| To include an extension with your phone<br>uthorized Representative A | e number, simply enter the phone number first, followed by the<br>ddress | e extension.   |
| Country *   |  |  |
| United States   |  | ~  |
| Street Address 1 *  |  |  |
| Enter a location  |  |  |
| Please continue typing out your full add Street Address 2             | ress (include city, state, etc.) until the correct address appears i     | in the dropdown.   |
| Suite, Apt, Floor, etc.   |  |  |
| City *  | State / Province *   | Zip / Postal Code *  |
|   |  | zip / rostal code  |
|   |  |  |



## 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.

| 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.  ef Executive Officer/Owner/Equivalent Address  for Executive Officer/Owner/Equivalent 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  Suite, Apt, Floor, etc.  | applicant.                              | in control plant in control allowed in the                        | he owner, CEO, or equivalent highest-ranking executive for the |
|--|---|---|--|
| iist Name *  Viiddle Initial  Lite Address 1  Enter a location  Siteet Address 2  Lite Address 4  Lite Address | Salutation                              |   |  |
| Middle Initial Last Name * Las |   |   | ~  |
| Middle Initial Last Name * Las | First Name *                            |   |  |
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| Last Name *  Last Name *  Suffix  Ifile *  Ifile * Ifi |   |   |  |
| Suffix   | widdle initial                          |   |  |
| Suffix   |   |   |  |
| Title *         Email Address *         Email Address *         Email Address Confirmed *         Email Address Confirmed *         Frome Number and Extension (if available) *         To include an extension with your phone number, simply enter the phone number first, followed by the extension.         ef Executive Officer/Owner/Equivalent 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 drapdown.         Street Address 2         Suite, Apt, Floor, etc.   | Last Name *                             |   |  |
| Title *         Email Address *         Email Address *         Email Address Confirmed *         Email Address Confirmed *         Frome Number and Extension (if available) *         To include an extension with your phone number, simply enter the phone number first, followed by the extension.         ef Executive Officer/Owner/Equivalent 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 drapdown.         Street Address 2         Suite, Apt, Floor, etc.   |   |   |  |
| If it e *  Email Address *  Email Address Confirmed *  Frome Number and Extension (if available) *  Frome Number and Extension (if available) *  Frome Number and Extension (if available) *  Frome Number and Extension with your phone number, simply enter the phone number first, followed by the extension.  ef Executive Officer/Owner/Equivalent Address  ef Executive Officer/Owner/Equivalent Address  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  Suite, Apt, Floor, etc.   | Suffix                                  |   |  |
| 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.  ef Executive Officer/Owner/Equivalent Address  for Executive Officer/Owner/Equivalent 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  Suite, Apt, Floor, etc.  |   |   | ~  |
| 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.  ef Executive Officer/Owner/Equivalent Address  country *  United States  Forest 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  Suite, Apt, Floor, etc.   | Title *                                 |   | ]  |
| 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.  ef Executive Officer/Owner/Equivalent Address  country *  United States  Forest 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  Suite, Apt, Floor, etc.   |   |   |  |
| Phone Number and Extension (if available) * To include an extension with your phone number, simply enter the phone number first, followed by the extension. ef Executive Officer/Owner/Equivalent 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 drapdown. Street Address 2 Suite, Apt, Floor, etc.   | Email Address *                         |   |  |
| Phone Number and Extension (if available) * To include an extension with your phone number, simply enter the phone number first, followed by the extension. ef Executive Officer/Owner/Equivalent 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 drapdown. Street Address 2 Suite, Apt, Floor, etc.   |   |   |  |
| To include an extension with your phone number, simply enter the phone number first, followed by the extension.  ef Executive Officer/Owner/Equivalent 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  Suite, Apt, Floor, etc.  | Email Address Confirmed *               |   |  |
| To include an extension with your phone number, simply enter the phone number first, followed by the extension.  ef Executive Officer/Owner/Equivalent 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  Suite, Apt, Floor, etc.  |   |   |  |
| ef Executive Officer/Owner/Equivalent 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  Suite, Apt, Floor, etc.   | Phone Number and Extension (if av       | railable) *   |  |
| ef Executive Officer/Owner/Equivalent 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  Suite, Apt, Floor, etc.   |   |   |  |
| Country * United States 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 Suite, Apt, Floor, etc  | To include an extension with your pho.  | ne number, simply enter the phone number first, followed by       | y the extension.   |
| Country * United States 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 Suite, Apt, Floor, etc  |   |   |  |
| United States  | ief Executive Officer/Owr               | ner/Equivalent Address  |  |
| 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 Suite, Apt, Floor, etc.   | Country *                               |   |  |
| 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 Suite, Apt, Floor, etc.  | United States                           |   | ~  |
| Please continue typing out your full address (include city, state, etc.) until the correct address appears in the dropdown. Street Address 2 Suite, Apt, Floor, etc.   | Street Address 1 *                      |   |  |
| Street Address 2<br>Suite, Apt, Floor, etc.  | Enter a location                        |   | 90 - F S.  |
| Suite, Apt, Floor, etc.  | Please continue typing out your full ac | Idress (include city, state, etc.) until the correct address appe | ars in the dropdown.   |
|  | Street Address 2                        |   |  |
|  |   |   |  |
| City*     State / Province*     Zip / Postal Code *       -     -     -  | Suite, Apt, Floor, etc.                 |   |  |
|  |   | State / Province *  | Zip / Postal Code *  |
|  | City *                                  |   | -  |
|  | City *<br>—                             |   |  |
|  | Gity *<br>                              |   |  |



## **Consultant Information**

While not required, we understand that some applicants may choose to utilize consultants for support on tax credit applications.

Are you, the applicant company, using a consultant to assist with this application?

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

| Are you, the applicant company, us | g a consultant to assist with this application? * |  |
|------------------------------------|---|--|
| Yes                                |   |  |
| Salutation                         |   |  |
| First Name *                       |   |  |
| Middle Initial                     |   |  |
| Last Name *                        |   |  |
|                                    |   |  |
| Suffix                             |   |  |
| Company *                          |   |  |
| Title *                            |   |  |
| Email *                            |   |  |
| Email Confirmed *                  |   |  |
|                                    |   |  |
| Phone Number                       |   |  |

### 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.

| Would you like to designate a Me | tact information for the applicant company's Medic |  |
|----------------------------------|--|--|
| Yes                              | la contact:  |  |
| Salutation                       |  |  |
|                                  |  |  |
| First Name *                     |  |  |
|                                  |  |  |
| Middle Initial                   |  |  |
|                                  |  |  |
| Last:Name *                      |  |  |
| Suffix                           |  |  |
|                                  |  |  |
| Company *                        |  |  |
|                                  |  |  |
| Title *                          |  |  |
|                                  |  |  |
| Email *                          |  |  |
|                                  |  |  |
| Email Confirmed *                |  |  |
|                                  |  |  |



# Applicant Organization (1/3)

Please provide information about the company that is applying for assistance inclusive of any Doing Business As (dba) and/or Alternate Name.

|  | ion about the primary applicant for this progr  | am. We are focused on the primary applicant only. We will co                      | llect information on  |
|--|---|---|-----------------------|
| filiates, parent companies, holding com  | panies, or other related entities in the followir   | g sections of the application.  |                       |
| Applicant Organization Name *  |   |   |                       |
|  |   |   |                       |
|  | l entity. This name should match the name or<br>nessNameSearch/Search/BusinessName.             | your formation documents. If you are not sure of your legal                       | entity name, please   |
| Applicant Doing Business As (DBA   | ν   |   |                       |
|  | ·   |   |                       |
| Does your business operate under a d   | different name?   |   |                       |
| Certificate of Alternate Name  |   |   |                       |
| Please provide a Certificate of Alterna  | ate Name issued by Division of Revenue and E<br>& Enterprise Services: Business Records Service | nterprise Services if you have one. Copies can usually be four<br>(njportal.com). | nd on the state busin |
| Document   |   | Files   |                       |
| Certificate of Alternate Name  |   | Add Files   |                       |
|  |   |   |                       |
|  |   |   |                       |
| Applicant Entity Type *  |   |   |                       |
| What is the ownership structure of the structure |   | ols more than 1% of the stock of the applicant, an officer                        | r or employee of ar   |
| What is the ownership structure of the structure | o controls the applicant or owns or contro  | ols more than 1% of the stock of the applicant, an officer                        | or employee of a      |
| What is the ownership structure of th<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY   | o controls the applicant or owns or contro  |   | or employee of ar     |
| What is the ownership structure of th<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY   | o controls the applicant or owns or contr<br>nentality of the State of New Jersey? *            |   | or employee of a      |
| What is the ownership structure of the<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches th   | o controls the applicant or owns or contr<br>nentality of the State of New Jersey? *            |   | or employee of a      |
| What is the ownership structure of the<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>Mailling Address  | o controls the applicant or owns or contr<br>nentality of the State of New Jersey? *            |   | or employee of a      |
| What is the ownership structure of the<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYY<br>Please make sure this date matches the<br>Mailing Address<br>Country *   | o controls the applicant or owns or contr<br>nentality of the State of New Jersey? *            |   | or employee of an     |
| What is the ownership structure of the<br>Is the applicant, or any person white<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>Aailling Address<br>Country *<br>United States  | o controls the applicant or owns or contr<br>nentality of the State of New Jersey? *            |   | r or employee of ar   |
| What is the ownership structure of the<br>Is the applicant, or any person white<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>failing Address<br>Country *<br>United States<br>Street Address 1 *<br>Enter a location   | o controls the applicant or owns or contr<br>nentality of the State of New Jersey? *            | <br>  | or employee of ar     |
| What is the ownership structure of the<br>Is the applicant, or any person white<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>failing Address<br>Country *<br>United States<br>Street Address 1 *<br>Enter a location   | o controls the applicant or owns or contro-<br>nentality of the State of New Jersey? *          | <br>  | r or employee of ar   |
| What is the ownership structure of the<br>Sthe applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>failing Address<br>Country *<br>United States<br>Street Address 1 *<br>Enter a location<br>Please continue typing out your full a   | o controls the applicant or owns or contro-<br>nentality of the State of New Jersey? *          | <br>  | r or employee of ar   |
| What is the ownership structure of the<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>failing Address<br>Country *<br>United States<br>Street Address 1 *<br>Enter a location<br>Please continue typing out your full of<br>Street Address 2  | o controls the applicant or owns or contro-<br>nentality of the State of New Jersey? *          | <br>  | r or employee of a    |
| What is the ownership structure of the<br>sthe applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>Aailing Address<br>Country *<br>United States<br>Street Address 1 *<br>Enter a location<br>Please continue typing out your full a   | o controls the applicant or owns or contro-<br>nentality of the State of New Jersey? *          | <br>  | r or employee of ar   |
| What is the ownership structure of the<br>Is the applicant, or any person who<br>agency, authority or other instrum<br>Date Established *<br>MM/DD/YYYY<br>Please make sure this date matches the<br>failling Address<br>Country *<br>United States<br>Street Address 1 *<br>Enter a location<br>Please continue typing out your full of<br>Street Address 2   | o controls the applicant or owns or contro-<br>nentality of the State of New Jersey? *          | <br>  | or employee of an     |

ECONOMIC DEVELOPMENT AUTHORITY

# Applicant Organization (2/3)

### **Upload applicant formation documents.\***

Formation documents can include Articles of Incorporation, Articles of Organization, Certificate of Incorporation, or Certificate of Trade Name.

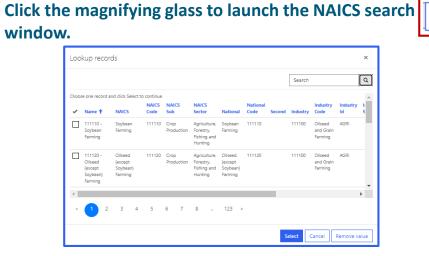
Provide a high-level description of the applicant company.

|                     | Inited States   |  |
|---------------------|---|--|
| Арр                 | plicant State of Incorporation/Formation *  |  |
|                     |   |  |
| Doct<br>Orgo        | ase upload any formation documents for the Application Organization<br>umentation to verify applicant entity's name – must provide company formation documents<br>anization, Certificate of Incorporation, Certificate of Trade Name (filed at county clerk's office<br>Sole Proprietor: Provide a Certificate of Trade Name (filed with the county clerk)<br>LC: Provide a Certificate of Formation if applicable and / or Operating Agreement if app<br>Corporation: Provide a Certificate of Incorporation and Bylaws<br>NonProfit: Provide a Certificate of Incorporation and Bylaws<br>Out of State: If your entity was formed out of state but operates within the State of New J | e-for sole proprietors)  |
|                     | business in New Jersey and provide that certificate.  | ersey, you must face a considere of nationaly mich registering o |
| Do                  | cument  | Files  |
| Fo                  | rmation Document(s) *   | ( Add Files  |
|                     | 9 digit Federal Tax ID number of your organization.<br>Ilicant New Jersey Tax ID Number *   |  |
| Арр                 | olicant New Jersey Tax ID Number *  |  |
| Арр                 |   |  |
| App<br>App          | olicant New Jersey Tax ID Number *  | by the extension.  |
| App<br>App<br>To in | olicant New Jersey Tax ID Number *  | by the extension.  |



# Applicant Organization (3/3)

Q



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

### **Upload NJ Tax Clearance Certificate.\***

Certificates may be requested through the <u>State of New Jersey's online Premier Business</u> <u>Services (PBS) portal.</u> Under the Tax & Revenue Center, select Tax Services, then select Business Incentive Tax Clearance. If the applicant's account is in compliance with its tax obligations and no liabilities exist, the Business Incentive Tax Clearance can be printed directly through PBS.

### Is the applicant involved in religious activities or religiously affiliated?

**IF YES** 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 **<u>CLICK HERE.</u>**\*

|   | NAICS) Code *   |
|---|---|
|   |   |
|   | CS search window. In the upper right hand of the window there is a search bar. In the search bar, you may<br>industry in which your business operates. If your search does not return a result, please try additional terms i   |
| Please be sure to use the same code that is listed on y<br>(NAICS) U.S. Census Bureau website.  | your most recent business tax filings. For help, please see the North American Industry Classification System   |
|   |   |
| Tax Clearance Certificate   |   |
| Please upload the Tax Clearance Certificate from  | the NJ Division of Taxation here.   |
| Document  | Files   |
| Tax Clearance Certificate Document(s) *   | ( Add Files   |
| then select Business Incentive Tax Clearance. If the a  | New Jersey's online <u>Premiere Business Services (PBS)</u> portal. Under the Tax & Revenue Center, select Tax Se<br>pplicant's account is in compliance with its tax obligations and no liabilities exist, the Business Incentive Ta<br>K HERE for instructions on how to secure your tax clearance certificate. |
| Is the applicant involved in religious activities or  | is religiously affiliated? *  |
| M   |   |
| Yes Please note that this requires additional questions to  | determine eligibility of the requested financial assistance.  |
| Please note that this requires additional questions to<br>Religious Affiliation Form  | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi  |
| Please note that this requires additional questions to<br><b>Religious Affiliation Form</b><br>The NJEDA will need to collect additional information  | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi  |
| Please note that this requires additional questions to<br>Religious Affiliation Form<br>The NJEDA will need to collect additional information<br>activity questionnaire form DOWNLOAD HERE, and c   | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>upload the completed form below.  |
| Please note that this requires additional questions to<br>Religious Affiliation Form<br>The NJEDA will need to collect additional information<br>activity questionnaire form DOWNLOAD HERE, and u<br>Document   | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below. Files   |
| Please note that this requires additional questions to<br>Religious Affiliation Form<br>The NJEDA will need to collect additional information<br>activity questionnaire form DOWNLOAD HERE, and u<br>Document   | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below. Files   |
| Please note that this requires additional questions to<br>Religious Affiliation Form<br>The NJEDA will need to collect additional information<br>activity questionnaire form DOWINLOAD HERE, and u<br>Document<br>Religious Affiliation Form *  | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below.<br>Files<br>(③ Add Files)   |
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| Please note that this requires additional questions to<br>Religious Affiliation Form<br>The NIEDA will need to collect additional information<br>activity questionnaire form DOWNLOAD HERE, and of<br>Document<br>Religious Affiliation Form *<br>Prior NJEDA Assistance                                  | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below.<br>Files<br>(③ Add Files)   |
| Please note that this requires additional questions to Religious Affiliation Form The N/EDA will need to collect additional information activity questionnaire form DOWNLOAD HERE, and a Document Religious Affiliation Form • Prior NJEDA Assistance Has the applicant, or any related entities, previor | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below.<br>Files<br>(③ Add Files)   |
| Please note that this requires additional questions to Religious Affiliation Form The N/EDA will need to collect additional information activity questionnaire form DOWNLOAD HERE, and a Document Religious Affiliation Form • Prior NJEDA Assistance Has the applicant, or any related entities, previor | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below.<br>Files<br>(  Add Files) usly received NJEDA assistance? *   |
| Please note that this requires additional questions to Religious Affiliation Form The N/EDA will need to collect additional information activity questionnaire form DOWNLOAD HERE, and a Document Religious Affiliation Form • Prior NJEDA Assistance Has the applicant, or any related entities, previor | n from you if your entity is involved in religious activities or is religiously affiliated. Please download the religi<br>pload the completed form below.<br>Files<br>(  Add Files) usly received NJEDA assistance? *   |



Previous

Next

### 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 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? \*

New Jersey State law prohibits certain cannabis licensees and certified personal use cannabis handlers' employers from receiving or continuing to receive most financial incentive awards.



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| the company involved in political or lobbying activities? *  |                      |
|--|----------------------|
| Yes  |                      |
|  |                      |
|  |                      |
| lease download and complete this form, then attach it to you | ır application here. |
| Document   | Files                |
| Political Activity Questionnaire *                           | Add Files            |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |

If the applicant is involved in political or lobbying activities, please download and complete the <u>Political Activity Questionnaire</u> provided in the application prior to uploading it in this section.



## **Eligible Project Selection**

Projects must be located in one of the eligible 25 municipalities below:

Bayonne, Belleville, Bridgeton, Carteret, East Orange, Elizabeth, Garfield, Hackensack, Irvington, Jersey City, Kearney, Lakewood Township, Linden, Long Branch, Middle Township, Millville, North Bergen, Orange, Pennsauken, Perth Amboy, Plainfield, Union City, Vineland, West New York, and Winslow

The Municipal Letter of Support would typically be signed by the Mayor or their municipal employee designee where the project is located. The letter should reference <u>both</u> the Name of the Applicant, and the Name/Address of the project associated with the Application.

### Eligible Project Location Selection

The project location must be located within a municipality ranked in BOTH the top 20% of the Department of Community Affairs 2023 Municipal Revitalization Index and the top 20% of Commuter Adjusted Population as described below. Although the cities of Atlantic City, Camden, Newark, New Brunswick, Passaic, Paterson, and Trenton meet the above location eligibility criteria, EDA has recently targeted significant other program funding to these cities, including the Activation, Revitalization, and Transformation (A.R.T.) Program Phase I, the Urban Investment Fund Grant Program, and the Atlantic City Revitalization Grant Program and therefore, project locations in these seven municipalities are not eligible.

- Top 20% of municipalities within the 2023 Municipal Revitalization Index (MRI). The MRI serves as the State's official measure and ranking of municipal distress. The MRI ranks New Jersey's municipalities according to eight separate indicators that measure diverse aspects of social, economic, physical, and fiscal conditions in each locality. The MRI is used as a factor in distributing certain need based funds.
- Top 20% of municipalities based on Commuter-Adjusted Population (2018-2022 American Community Survey 5-Year Estimate)
   This is Daytime Population which is the calculation of Total Resident Population + Total Workers Working in Area.

### Please select the eligible Municipality where your project is located based on the criteria established in the Board Memo: \*

| Select                        | ~           |
|-------------------------------|-------------|
| Municipal Letter of Support   |             |
| Document                      | Files       |
| Municipal Letter of Support * | ( Add Files |

<u>Please note</u>: A municipal letter of support must be signed by an authorized representative of the municipality where the project is located. The letter should reference both the Applicant and the project (including the property address).



In this section, we would like to learn about the location of your project, type of project to be developed, new construction or substantial rehabilitation, etc.

Project Narrative – please upload an overall proposal

### Project Overview

Identify the type of construction for your project: \*

#### Select

Substantial rehabilitation shall have the same meaning as "reconstruction" in N.J.A.C. 5:23-6.3 as any project where the extent and nature of the work is such that the work area cannot be occupied while the work is in progress and where a new certificate of occupancy is required before the work area can be reoccupied. Reconstruction may include repair, renovation, alteration or any combination thereof. Reconstruction shall not include projects comprised only of floor finish replacement, painting or wallpapering, or the replacement of equipment or furnishings. Asbestos hazard abatement and lead hazard abatement projects shall not be classified as reconstruction solely because occupancy of the work area is not permitted

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- Select a project category (check all that apply): \*
- □ Commercial (including office and/or supermarkets/grocery stores)
- Mixed-use developments
- Non-profit/community use projects
- Cultural, Arts, Performing Arts
- Manufacturing/Industrial

<u>Please note</u>: Projects consisting solely of warehouse and/or retail spaces are ineligible for funding. Additionally, any warehouse use included must be ancillary and in direct support of the site's eligible primary use.

### Project Location

| Address Line 1 * |   |
|------------------|---|
|                  |   |
| Address Line 2   |   |
|                  |   |
| Zip *            |   |
|                  | ٩ |
| City *           |   |
|                  | ٩ |
| State *          |   |
| NJ               |   |

Applicants must have site control or a path to site control and upload a document(s) which evidences some level of right to property/ies.

This may include the following:

- Letter of Intent •
- Purchase Offer with Purchase Terms
- Purchase and Sale Agreement ٠
- Deed .
- Other (Alternative Documents)

| ir project will consist of contiguous parcels of land,<br>and Lot" option to capture the entire project locat |   | ck and lot. For non-contiguous p | arceis or iano, piease use un |
|---|---|----------------------------------|-------------------------------|
|   |   |                                  |                               |
|   |   |                                  | Add Block and Lot             |
| Block 🗸   | Lot   |                                  |                               |
|   |   |                                  |                               |
|   |   |                                  |                               |
| There are no records to display.  |   |                                  |                               |
| There are no records to display.  |   |                                  |                               |
|   | control or a nath to site control and then prov | eed with unloading the identif   | ad document helpen*           |
|   | control or a path to site control and then proc | eed with uploading the identif   | ied document below: *         |
| lease select a type of document evidencing site   | control or a path to site control and then proc | eed with uploading the identif   | ied document below: *         |
| lease select a type of document evidencing site<br>Select   |   | eed with uploading the identif   | ied document below: *         |
| lease select a type of document evidencing site   |   | eed with uploading the identif   | ied document below: *         |
| Please select a type of document evidencing site<br>Select<br>Please upload your document evidencing site co  |   |                                  | ied document below: *         |

# Project Overview (3/3)

This section references the federal program funds for COVID-19 recovery and requires that you upload a narrative indicating how the proposed project will help alleviate and respond to some of the negative economic impacts resulting from the C-OVID-19 pandemic.

### Project Narrative Uploads

Please compile a narrative describing the proposed project including, but not limited to, the following information and then upload it below:

- Type of project and proposed uses (commercial, mixed-use, non-profit/community use, cultural/arts performing arts, manufacturing/industrial with details
  regarding size, square footage, # units/spaces,etc.);
- · If the project includes substantial rehabilitation (as defined above), please describe the work to be completed;
- Project location and description of adjacent and surrounding area/neighborhood;
- Proposed community and economic growth impact and benefits including consistency with local or regional plans/planning efforts, job creation (full-time short term construction jobs and estimated permanent full-time jobs at proposed project completion), etc. (if applicable);
- Existing conditions of the building/property.

| Document   | Files     |
|--|-----------|
| Please upload your narrative describing the proposed project here. * | Add Files |

<u>Please note</u>: Provide responses to each of the bulleted items in the above list describing the overall project concept under its own header within your uploaded narrative.

Please compile a narrative describing the COVID-19 pandemic related impact that the proposed project will address and then upload it below:

- Narrative should describe COVID-19 related impacts such as: reduced economic activity, business development delays or impacts, decreased pedestrian traffic
  or residents, conditions of vacancy, etc.
- Narrative describing how the proposed project is responsive to negative impacts of the COVID-19 pandemic (such as reduced economic activity, business/development delays or impacts, decreased pedestrian traffic or residents, conditions of vacancy, etc.)

| Document   | Files     |
|--|-----------|
| Please upload your narrative describing the COVID-19 pandemic related impact that the proposed project addresses here. * | Add Files |

Please note: Applicants should respond to each bulleted item separately and upload a document with narrative responses to both bullet points.

### Previous Next

Download the <u>Project Budget template</u> provided in the application and input project costs before uploading as an excel file.

\*\*Grant funding requests must be a minimum of \$500,000 and a maximum of \$5,000,000 and may not exceed 50% of the total of all project development costs. Property acquisition costs/equity are not to be considered as part of total project development costs.

### Project Finances

Financial feasibility and the cost effectiveness of the proposed project are scoring factors in this application. They make up 20% of the total scoring criteria for funding consideration under this program.

Total Project Development Cost \*

Please note: Acquisition costs and equity are not eligible Total Project Development Costs per the approved Real Estate Gap Financing board memo.

Requested Amount of Real Estate Gap Financing Grant Funding \*

Please note: Amount requested can only be to fill funding gap.

Please provide your initial project Sources & Uses budget using the downloadable template

Click here to download and complete the Sources & Uses budget template prior to uploading it in the section below.

| Document                        | Files       |
|---------------------------------|-------------|
| Project Sources & Uses Budget * | ( Add Files |

<u>Please note</u>: Provide a project development budget indicating sources and uses of funds using the template provided. Sources should identify any debt, grants, and/or equity being utilized for the development of the project. These sources should also match what is uploaded in the Please Provide Evidence of Financing upload below.

Upload the Proforma including all sources and uses. -

Upload corresponding Evidence of Financing for sources and uses listed in the Proforma.

| Operating Proforma *  | ( Add Files  |       |
|---|--|-------|
| show (a minimum of) 10 years of operations. If the proposed project has m | including any subsidies, equity, debt, etc.) in an Excel file. Operating Proforma<br>ultiple units (residential or commercial), identify rent per unit.Calculations sho<br>I net operating income. Applicant must ensure that file has columns/rows clea | uld s |

Please provide evidence of financing

Evidence of Financing \*

Add Files

Files

Please note: Documents uploaded here should correspond with the sources of funds identified in the Sources & Uses budget above. For debt financing, please provide term sheets, commitment letters or other documentation evidencing the financing. This documentation should include information on the lender, duration of validity of loan commitment, and key loan terms. For grants, subsidies, tax credits, and the like, documentation should include the source, date of commitment, term of validity of commitment, amount of commitment, etc. For applicant equity, documentation may be in the form of a bank statement (for a private company)

Previous Next

Document

## Readiness to Proceed (1/2)

### Readiness to Proceed Please be advised that readiness to proceed and reasonableness of the proposed timeline to undertake and complete the proposed project account for 30% of scoring criteria factors for consideration of funding through this program. Construction Documents What is the estimated start date of construction for this project? \* MM/DD/YYYY What is the estimated completion date of construction for this project? \* MM/DD/YYYY Please describe the status of any contracts with project professionals, any development plans/approvals, and/ or contracts with construction firms. \* Please note: Projects are subject to compliance with New Jersey prevailing wage law and the Public Works Contractor Registration Act (N.J.S.A. 34:11-56.48 et seg.) which require all contractors, subcontractors, or lower tier subcontractors (including subcontractors listed in the bid proposal) who bid on or engage in the performance of any public work in New Jersey to register with the NJ Department of Labor and Workforce Development. Please describe plans or efforts that the applicant has undertaken to include Small, Women, Minority, Veteran Owned Business Enterprises (SMWVBE) contractors or sub-contractors on this project or in previous projects: \*

# Readiness to Proceed (2/2)

| development of the proposed project.   | d describing all local/county/state/ other data approvals and / or permits needed for<br>limited to status for zoning board, planning board review(s) and approval(s), NJDEP   |
|--|--|
| Document   | Files  |
| Approvals and Permits Upload *   | ( Add Files  |
| <ul> <li>should include the major tasks below (but may include others):</li> <li>Site control/site ownership</li> <li>Completion of initial architectural plans</li> <li>Construction contract</li> </ul>  |  |
| <ul> <li>Applications for and obtaining of zoning board (if applicable), planning<br/>municipal approvals (e.g., DEP permits, utility connections permits, soil</li> <li>Securing financing commitments</li> <li>Estimated timing for initial closing on financing, including EDA funds</li> <li>Construction start</li> <li>Construction completion</li> <li>Issuance of Certificate of occupancy/completion</li> </ul> |  |
| <ul> <li>municipal approvals (e.g., DEP permits, utility connections permits, soil</li> <li>Securing financing commitments</li> <li>Estimated timing for initial closing on financing, including EDA funds</li> <li>Construction start</li> <li>Construction completion</li> </ul>   | board (if applicable) review(s) and approval(s), and any other federal, state, county, o<br>conservation)  Files  October Constraints  Files  October Constraints  October Constraints  October Constraints  Files  October Constraints  October Constraints  Files  October Constraints  Files  October Constraints  Files  Files Files  Files Files Files |

# Experience and Capacity (1/2)

In this section, we want to understand your team's prior relevant work experience and the competencies on your team that will ensure the success of this project.

Applicants should upload a chart with information about completed projects from the last 5 years (if applicable). The chart should include:

- Project Name/Type
- Location (Address)
- Start and Completion Dates
- Total Development Cost
- Funding Sources (e.g. tax credits, local/state/federal subsidy sources, etc.)

### Experience and Capacity

This section seeks to obtain information about the Applicant's experience and capacity to undertake and oversee the project. Please be advised that experience and capacity of the applicant and development teams comprise 20% of scoring criteria factors for consideration of funding through this program.

Please upload a narrative describing the Applicant team's experience and capacity to undertake and complete the project. Please also include the experience and capacity of other entities or partners that will be involved in the project, such as the project developer(s)/contractor(s), consultant(s), architect/engineer(s), etc. in your narrative response to this question.

| Document   | Files       |
|--|-------------|
| Applicants Prior Development Experience Upload * | ( Add Files |

<u>Please note</u>: Narrative should discuss similar projects undertaken and completed within the last 5 years. Supporting detail should highlight project name, project type, project address, project start & end dates, total development cost, funding sources (e.g. tax credit, local/state/federal subsidy sources, etc.).

Upload any supporting documentation demonstrating the Applicant team's capacity to undertake and complete the project. Please also include any supporting documentation that speaks to the capacity of other entities or partners that will be involved in the project.

| Document  | Files       |  |
|---|-------------|--|
| Supporting Documentation Upload *   | ( Add Files |  |
| Please note: Supporting documentation should include qualifications/experience of key project staff. Resumes or other entity materials will also be considered. |             |  |

# Experience and Capacity (2/2)

| /es      |  |  |   |                         |                          |
|----------|--|--|---|-------------------------|--------------------------|
|          |  |  |   |                         |                          |
|          |  |  | Add   | Additional Participatin | g Companies and Individu |
| ompany 🕇 | Company Address  | Point of Contact   | Point of Contact Email                                      | Role                    | Resume                   |
|          | Please note: I<br>type, project a 🕑 Crea                 | ate  |   | ne, proj<br>×           | ject                     |
|          | Upload any s<br>supporting d<br>Document<br>Supporting ( | Additional Participat  | ting Companies and Ind                                      | ividuals de any         |                          |
|          | Please note: 5   | Company Address  |   | nsidere                 | d.                       |
|          | Has the appli<br>Ves                                     | Country *<br>United States   |   | ~                       | ~                        |
|          |  | Street Address 1 * Enter a location Please continue twoing out your full add | dress (include city, state, etc.) until the correct addres: | s appears d Individ     | duals                    |
|          | Company 🖡  | in the dropdown.   |   | e                       |                          |
|          | There are n  | City *   |   |                         |                          |
|          |  | State / Province *   |   |                         |                          |
|          | Previous   | Zip / Postal Code *  |   |                         |                          |
| Point of | Contact  |  |   |                         |                          |
| First Na | ame *  |  |   |                         |                          |
| Last Na  | ime *  |  | Resume/Experience   | ce Upload               |                          |
| 203(110  |  |  | Document  |                         | Files                    |

Please note: For the company/individual(s) listed above, please provide a narrative that discusses similar projects undertaken and completed within the last 5 years. Supporting detail should highlight project name, project address, project start & end dates, total development cost, funding sources(e.g., tax credit, local/state/federal subsidy sources, etc.).

Role \*

## Diversity, Equity, and 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.

### 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

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 (VOB)
- 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

| Duplication of Benefits Affidavit   |       |
|---|-------|
| This affidavit must be completed by all applicants that are applying for the Real Estate Gap Financing Grant Program. Please provide below information about all source<br>unds that the Applicant has applied for, been awarded and/or received for the same purpose or purposes as the Real Estate Gap Financing Grant Program proposed<br>projects. The information within this affidavit will provide the NJEDA with vital information for processing the application required by the Stafford Act Section 312 on<br>Duplication of Benefits. | es of |
| As an authorized signer (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 follow  | WS:   |
| Have you applied for or received any other funds or assistance for any of the projects proposed in this application? *  |       |
| Select  | 1     |
|   |       |
| Sources of funds include, but are not limited to: Federal, State and local loan/grant programs, private or bank loans, gifts or donations, and insurance proceeds.  |       |
| Sources of funds include, but are not limited to: Federal, State and local loan/grant programs, private or bank loans, gifts or donations, and insurance proceeds.  |       |



## Duplication of Benefits Affidavit (2/2)

| Yes   |                              |                                       |                   |                             | · |  |   |
|---|------------------------------|---------------------------------------|-------------------|-----------------------------|---|--|---|
| ources of funds include, but are not limited to: Federal, | State and local loan/grant p | rograms, private or bank loans, gifts | or donations, an  | d insurance proceeds.       |   | C Create   |   |
|   |                              |                                       | Duplicatio        | on of Benefits Funding Form |   | Application - Duplication of Benefits<br>Application - Duplication of Benefits Program * | 0 |
| pplication - Duplication of Benefits Program              | Approved/Applied<br>Date     | Approved/Applied Amount               | Program<br>Status | Created On 🕇                | - | Program Status * Select  | ~ |
|   |                              |                                       |                   |                             |   | Approved/Applied Date *  | _ |
| There are no records to display.                          |                              |                                       |                   |                             |   | MM/DD/YYYY Approved/Applied Amount *   |   |
| ertify that there is no Duplication of Benefits and       | no other government func     | ls were used for expenses detaile     | d in the applicat | tion projects. *            |   | Purpose of Funds (Check all that apply) *  Inventory Payroll Rent/Mortgage               |   |
| vevious Next  |                              |                                       |                   |                             |   | Capital Improvements Other   |   |



### Prevailing Wage, Contractor Registration, and Affirmative Action Requirements

### Prevailing Wage, Contractor Registration, and Affirmative Action Requirements

Please be aware that construction activities under the Real Estate Gap Financing Program are subject to New Jersey Contractor Registration, prevailing wage, and affirmative action requirements.

Projects utilizing financial assistance for construction related costs that total \$2,000 or more are subject to state prevailing wage requirements. During the eligibility period, each worker shall be paid not less than the prevailing wage rate for the worker's craft or trade, as determined by the Commissioner of the Department of Labor and Workforce Development pursuant to P.L. 1963, c. 150 (N.J.S.A. 34:11-56.25 et seq.) and P.L.2005, c. 379 (N.J.S.A. 34:11-56.58 et seq.).

Effective April 1, 2020, contractors and subcontractors for construction contracts that require payment of prevailing wage must provide proof of registration under the Public Works Contractor Registration Act (N.J.S.A. 34:11-56.48 et seq.) The Act does not require proof of registration for such contracts that were awarded prior to April 1, 2020. Information regarding this Act can be found on the NJ Department of Labor's Website.

For projects receiving financial assistance, any contractor or subcontractor hired for construction work and having a total company workforce of four (4) or more employees must provide documentation demonstrating their good faith efforts to employ minority and women workers in each construction trade. This effort should be consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-7.2 and align with the affirmative action requirements outlined in N.J.A.C. 19:30-3.52.

If you have any questions about these requirements, please contact the Real Estate Gap Financing team at realestateinfo@njeda.gov before submitting this application.

- I acknowledge any construction on this project, undertaken either by the applicant or as a result of this application, is subject to prevailing wage and affirmative action requirements. \*
- I acknowledge that any contractor working on this project must be registered with the New Jersey Department of Labor (DOL) and possess a valid public works certificate at the time of approval. \*





## Authorized Representative for Certifications

The New Jersey Economic Development Authority requires that the Legal Questionnaire, Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3, Acknowledgments of Applicant, and Certification of Applicant, are to be completed and signed by 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.

If you are not an Authorized Representative you will be prompted to Upload the Certifications page, which will require you to download and then upload signed copies of the acknowledgments and certifications listed above (Slide 48).

If you are an Authorized Representative you will be prompted to fill out these pages throughout the application (Slides 38-42).

### Applicant Representation

Yes

Yes

Is the individual filling out this application employed by the entity that is applying for the program? \*

### Is the individual filling out this application 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.

Please indicate which of the following best describes the individual filling out this application? \*

Applicant's General Counsel or Chief Legal Officer Contact for a Government Entity General Partner Principal Executive Officer at or above the minimum level of Vice President Sole Proprietor Person with Legal Responsibility for the Application None of the above



V

V

## **Upload Certifications**

Only if the individual filling out the application is <u>not</u> an Authorized Representative will the applicant see this page.

Here you will be prompted to download and then upload signed copies of the acknowledgments and certifications listed above. **Upload** Certifications

The New Jersey Economic Development Authority requires that the following information be completed and signed by one of the following:

- 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.

Because you have identified that you are not one of the individuals listed above, it is required that you download each of the following forms listed below and have someone who meets this definition for the applicant company fill out and sign each of the forms. Once the forms have been completed and signed, please attach them at the end of this application, along with any other necessary application attachments.

Your application for assistance will not be reviewed until the NJEDA has each of the signed forms from someone who is legally authorized to make these representations on behalf of the applicant.

Legal Questionnaire

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3

Certification of Application

| Document              | Files     |
|-----------------------|-----------|
| Legal Questionnaire * | Add Files |

| Document   | Files       |
|--|-------------|
| Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3 * | ( Add Files |

| Document                       | Files       |
|--------------------------------|-------------|
| Certification of Application * | ( Add Files |

## Legal Questionnaire

If the individual filling out the application is an Authorized Representative then they will proceed through the application's:

- Legal Questionnaire
- Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3
- Certification of Applicant
- Program Acknowledgements

## <u>Click here</u> to download a full copy of the legal questionnaire.

#### New Jersey Economic Development Authority Legal Questionnaire

#### Applicant Name: ShazHistoric

- 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 NLEDA programs are subject to the Authority's Disqualification Obeament Regulations (in the "Regulations"), which are se forth In NJA.C 193.2 1, et set a\_Aplications are required to answer the following background questions ("Lagal Questionnate") pertaining to causes that may lead debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 199 (Kean 1988) after consideration of a relevant mitigating factor.

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 on thinked to):
- entities or opersions having an ownership interest in the applicant of 30% or greater;
   entities or which an applicant holds an ownership interest of 30% or greater and are either named in the application and/or agreement or will receive a direct
- benefit from the financing, incentive or other agreement with NJEDA; and • other entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with NJEDA.
- "Legal Proceedings" means any civil, criminal, or administrative or regulatory proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

#### RELEVANT AFFILIATES

Yes

| 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? *                          |  |

Affiliate Owners
ADD AFFILI
Entity / Individual 1 Ownership Percentage (%)

dividual 🕇 Ownership Percentage (?

There are no records to display.

| Applicant-Owned Affiliates   |                              |
|------------------------------|------------------------------|
| In accordance with the above | please identify any entities |

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.

FFIN # - if applicabl

There are no records to display.

Entity 1

Entity 1

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 direct benefit from the financing, incentive, or other agreement with NJEDA:

FFIN # - if annicable

There are no records to display.

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

#### art 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 concelled 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. \*

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, verefict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etcl. can amuted to less than \$1 million. \* Laws banning or prohibiting discumption for harsment in the workpace.

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 retailation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employee, that the employee reasonable believes is in violation of a law, or a nue or engulation 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.

#### art B. Pending Proceedings

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OTHER AFFILIAT

11. To the best of your knowledge, after reasonable inquiry, are Applicant, or any officers or directors of Applicant, or any Affiliates, party to pending leagh Proceedings, wherein any of the offenses or violatorian described in questions 1-10 above are alleged or asserted against such entity or person? W respect to laws banning or prohibility discrimination or harsament in the workplace, plasse provide only information pertaining to any class action lawsuits or individual lawsuits a leight ovidations under the New Jeney Law Applicant Discrimination.<sup>\*</sup>

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 claim adjudicated or alleged; and (iii) status of the matter (e.g. Pending) Dismissed following Settlement. Dismissed following Mettoment. Dismissed following Mettoment.

Please Mote: An Applicant may refer to or stach specific provisions of a 10-K/C or other filings with the U.S. Securities and Exchange Commission ISEC; however, the Applicant though be aware that different have apply to disclosures to the Authority. This manse that the Authority does not have the same types or hardraility thresholds as the SEC. The Applicant is expected to supplement itis SEC linings to ensure that all relevant matters are disclosed to the Authority, including any matters that were below the SEC's materiality thresholds and any matters that may have occurred after it is most recent lifting.

Please Note: Eligibility is determined based on the information presented in the completed Application. If at any time utility engaged with the Authority the Applicant should become aware of any fasts that materially alter or change its anserts: or that render any of them incomelete or inscurate. The Applicant has a divid to complete program task fasts to the Authority reverses the right to require additional dividing 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 | ( Add Files |

#### 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 herdy 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 purishment. I further agree to inform th New Jersey (Sconnic Development Authority of any changes in the foregoing information which may corcur prior to execution of any agreement with the Authority and so long as any such agreement is in effect. Faulty to disclose networks may effect the Authority Changes in the effect of the state of the Authority Changes in the advection of any agreement with the Authority abject the Applicant to dissualification, detament, succession, or referral to the office of the state's Altomey 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, NJSA. 47Ar1 14 seq., and the common law right-to-how.

#### 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 sur 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 \*

### Certification of Non-Involvement in Activities in Russia or Belarus

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

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

Program Name: Real Estate Gap Financing Grant Program

Applicant Name: Test

Applicant DBA: Test

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

#### **Certification**

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

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

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Select

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

Select

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

Select

Description of Prohibited Activity - include duration of engagement & anticipated cessation date



# **Applicant Certifications**

### **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. \*



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### Program Acknowledgements

### Real Estate Gap Financing Grant Program Acknowledgements

- I, the Applicant, certify that this proposed Project requires gap financing, will address negative economic impacts of the COVID-19 pandemic, and will comply with all ARP and SLFRF legal program requirements, including but not limited to compliance with 42 USC 5155: Duplication of benefits, which prohibits the receipt of duplicate funding for the same purpose from another source. I further certify that 1 am aware of the federal laws and related requirements to which all SLFRF funded programs are subject, which are detailed in the U.S. Treasury's Financial Assistance Agreement States and Territories available on the U.S. Treasury's website(https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf) Click here for ARP Program Requirements.\*
- I, the Applicant, certify that I am fully aware that per US Treasury, I must comply with the all applicable requirements set forth at 24 CFR part 58, except as provided otherwise by Treasury, and with the <u>Supplemental Guidance</u>: <u>Environmental Review Compliance for SLFRF Title I Projects</u>, which can be found online at https://home.treasury.gov/system/files/136/SLFRF-Title-I-Projects-Supplementary-Guidance.pdf \*.
- I, the Applicant, certify that I am fully aware that per US Treasury deadlines and federal SLFRF requirements, all Projects must be completed by December 31, 2026 and program funds must be fully disbursed by December 31, 2026. If the Project is not completed by December 31, 2026, I further acknowledge that I may be held liable for the recapture of the grant funds that have been drawn down or received. \*
- I, the Applicant, acknowledge the maximum grant funding I can apply for with this application is \$5,000,000.00 and that grant funding may not exceed 50% of the total of all project development costs within the approved application. Property acquisition costs/equity are not to be considered as part of total project development costs. \*
- □ I, the Applicant, acknowledge that any mixed-use project which receives funding through the Real Estate Gap Financing Grant Program must comply with the 20% reservation for low- and moderate-income households required by N.J.S.A. 52:27D-329(b). Requirements per N.J.S.A. 52:27D-329.9(b)) can be found on Page 36 of the New Jersey Fair Housing Act \*.
- I, the Applicant, acknowledge that projects that have started construction are not eligible for funding from the Real Estate Gap Financing Grant Program and certify that this proposed project has not started construction. \*
- I, the Applicant, acknowledge that projects consisting solely of warehouse and/or retail spaces are ineligible for funding; that any warehouse use included must be ancillary and in direct support of the site's eligible primary use; that projects primarily for governmental or educational use are ineligible for funding, including buildings that would be owned, ground leased, or primarily leased (51% of square footage) by governmental or educational entities following development; and that the proposed project does not fall under any of these ineligible uses.\*
- I, the Applicant, acknowledge that if the project is not a 100% new construction project then the proposed project meets the definition of a substantial rehabilitation project which shall have the same meaning as "reconstruction" in N.J.A.C. 5:23-6:3 as "any project where the extent and nature of the work is such that the work area cannot be occupied while the work is in progress and where a new certificate of occupancy is required before the work area can be reoccupied. Reconstruction may include repair, renovation, alteration or any combination thereof. Reconstruction shall not include projects comprised only of floor finish replacement, painting or wallpapering, or the replacement of equipment or furnishings. Asbestos hazard abatement and lead hazard abatement projects shall not be classified as reconstruction solely because occupancy of the work area is not permitted. \*
- I, the Applicant, acknowledge that all Projects that are developed/redeveloped with Real Estate Gap Financing Grant Program funding shall be subject to compliance with New Jersey prevailing wage law and compliance with other labor standards requirements, as well as other state requirements which may be applicable depending on project details and funding amounts including possibly New Jersey Executive Order 215 of 1989 regarding Environmental Assessments. All projects will be subject to compliance with the Public Works Contractor Registration Act (N.J.S.A. 34:11-56.48 et seq.) which require all contractors, subcontractors, or lower tier subcontractors (including subcontractors listed in the bid proposal) who bid on or engage in the performance of any public work in New Jersey to register with the NJ Department of Labor and Workforce Development. Click here for New Jersey Executive Order 215 of 1989 regarding Environmental Assessments\*.
- I, the Applicant, acknowledge that all project costs and grant funding are subject to federal Duplication of Benefits requirements and a cost reasonableness analysis will be undertaken prior to Project approval. \*
- I, the Applicant, acknowledge and agree that if approved for Real Estate Gap Financing, I, the Applicant, will file a deed restriction ensuring that there will be no change in the proposed Project use for 5 years from the date of project completion. \*
- I, the Applicant, acknowledge that the Grant Agreement will also have a deed restriction indicating that if timelines for meeting project milestones are not met, then the Authority may recapture or may require repayment of Grant funds and/or the Applicant may no longer be eligible for any remaining unused grant funds. \*

I understand that my responses are found to be false or misleading, the NJEDA may exercise any remedy specified in the Agreement and disqualify Applicant from receiving future NJEDA financial assistance.



Authorized Signature

Your application will be submitted upon hitting the "Submit" Button.

| ursuant to written polic                                | the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such |
|---|--|
|   | se confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.                           |
| Lagree to be bound                                      | y electronic signatures *  |
| I am an Authorized S                                    | gner for this organization and I accept the above terms and conditions *   |
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### Submission Confirmation Page

The submission confirmation page will list the Applicant's application confirmation number.

All future application communication will be sent to the email provided in the application.

| Confirmation  |
|---|
| NJEDA has received your application for the Real Estate Gap Financing Grant Program.                                |
| Your confirmation number is CAPP-00029206   |
| For questions regarding your application, please call or email NJEDA at 1-844-965-1125 or realestateinfo@njeda.gov. |
| To learn more about other NJEDA programs, visit NJEDA.gov.  |
| Thank you,<br>NJEDA   |
|   |



### https://www.njeda.gov/real-estate-gap/

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