

The Development Subsidy Job Goals Accountability Act Application Requirements

APP# \_\_\_\_\_ Applicant Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_  
 Grant Amount: \$ \_\_\_\_\_ Contract# \_\_\_\_\_

1) Name of Chief Officer \_\_\_\_\_

If applicable, name of Chief Officer of parent company \_\_\_\_\_

2) FEIN: \_\_ - \_\_\_\_\_ NJ Business ID: \_\_\_\_\_ NAICS \_\_\_\_\_ (First 3 digits only)

3) Site Location

Contact Person \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

4) Corporate Parent Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

5) If receiving or requesting subsidies from other State agencies, please list them below with the amount of the subsidy:

State Agency	Name of Subsidy	Requested/Approved	Amount
			<b>Total:</b>

6) Number of Employees on Site:

	# of Employees at Application	Anticipated # Retained as result of subsidy	Anticipated New Jobs Created at project site as a result of the subsidy	Average/Anticipated Average Annual Wage and Benefit Rate	# Provided with Health Care Benefits	# Represented by Collective Bargaining
<b>Full Time</b>						
<b>Part Time</b>						
<b>Temporary</b>						
<b>Totals:</b>						

General Job Type in Training Grant:

Total Number	Administrative	Manufacturing	Service	Research/Technology
<b>Full Time</b>				
<b>Part-Time</b>				
<b>Temporary</b>				

Department of Labor and Workforce Development  
 Office of Grants Operations  
 1 John Fitch Plaza  
 PO Box 915  
 Trenton, NJ 08625-0915  
 609-633-6799  
 Fax 609-984-3562

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7) The average total number of individuals employed in New Jersey during the calendar year preceding the submission of the application by the applicant's corporate parent and all subsidiaries thereof:

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

8) Will the development subsidy reduce employment at any other site controlled by the applicant? Or its corporate parent, inside New Jersey, resulting from automation, merger, acquisition, corporate restructuring or other business activity? Please explain:

9) Will the project involve the relocation of work from other address? If so, provide the Number of jobs to be relocated and the address from which they are to be relocated.

I, \_\_\_\_\_ (Chief Officer or authorized representative), certify that the information provided is correct and meets the requirement of the Development Subsidy Job Goals Accountability Act. [http://www.njleg.state.nj.us/2006/Bills/PL07/200\\_.HTM](http://www.njleg.state.nj.us/2006/Bills/PL07/200_.HTM)

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