

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

Affirmative Action & Prevailing Wage Completion Certificate

RECIPIENT OF AUTHORITY FINANCIAL ASSISTANCE COMPANY NAME *(Legal Name of Recipient of NJEDA Financial Assistance (e.g. Bond, Loan, GrowNJ or ERG, etc.))*

PROJECT NAME and LOCATION *(include the Facility Name, Street Address, City and Zip Code of where construction was undertaken)*

CONSTRUCTION COMPLETION DATE

NJ COUNTY *(Project Location)*

AAPWR NUMBER

Completion Certificate to be completed and signed by the Recipient and the General Contractor and submitted to NJEDA Labor Compliance Department:

Instructions:

When the project is substantially complete (at least 90%), complete the document below and email it to your assigned NJEDA Compliance Officer with a list of all sub-contractors(all tiers) who worked on this project.

I/We, the undersigned, certify to the New Jersey Economic Development Authority as follows:

The construction of the above project is substantially complete (at least 90% of the entire project's construction is completed)

All workers employed in construction of the Project have been paid at a rate not less than the NJ Prevailing Wage rate unless specifically exempted by N.J.A.C. 19:30-4.2 (a) or (b), or N.J.A.C. 19:30-4.4 if applicable; In making this certification I have relied on payroll certifications prepared and submitted by the general contractor, prime contractor, all subcontractors including all lower-tier subcontractors.

We have made good faith efforts to achieve minority and women workforce participation goals and submitted all reports and certificates required by the Authority.

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| RECIPIENT OF AUTHORITY FINANCIAL ASSISTANCE | <input style="width: 90%; height: 15px;" type="text"/> Date (mm/dd/yyyy) | <input style="width: 95%; height: 15px;" type="text"/> Signature of Authorized Representative - Recipient of NJEDA Financial Assistance |
| | <input style="width: 90%; height: 15px;" type="text"/> Authorized Rep. Phone Number | <input style="width: 95%; height: 15px;" type="text"/> Print Authorized Representative Name and Title |
| | | <input style="width: 95%; height: 15px;" type="text"/> Print Company's Legal Name - Recipient of NJEDA Financial Assistance |
| | | <input style="width: 95%; height: 15px;" type="text"/> Company's Street Address |
| | | <input style="width: 95%; height: 15px;" type="text"/> City, State and Zip Code |
| GENERAL CONTRACTOR/ PRIME CONTRACTOR/ CONSTRUCTION MANAGER | <input style="width: 90%; height: 15px;" type="text"/> Date (mm/dd/yyyy) | <input style="width: 95%; height: 15px;" type="text"/> Signature of Authorized Representative - General Contractor/Prime/ Construction Manager |
| | <input style="width: 90%; height: 15px;" type="text"/> Authorized Rep. Phone Number | <input style="width: 95%; height: 15px;" type="text"/> Print Authorized Representative Name and Title |
| | | <input style="width: 95%; height: 15px;" type="text"/> Print Company's Legal Name |
| | | <input style="width: 95%; height: 15px;" type="text"/> Company's Street Address |
| | | <input style="width: 95%; height: 15px;" type="text"/> City, State and Zip Code |

I/We, the authorized representative of the Recipient of NJEDA Financial Assistance and the Construction Manager or General Contractor, certify that I/We have no knowledge or information which would cause me/us to believe that any facts, information or representations made here in are false or misleading.