



NJEDA AAPWR NUMBER: \_\_\_\_\_

**NJEDA AFFIRMATIVE ACTION AND PREVAILING WAGE- ADDENDUM TO THE CONSTRUCTION CONTRACT  
Business Entity Receiving Financial Assistance and/or Applicant/Leasee, General Contractor, Construction Manager,  
and Landlord  
PW and AA Certification Form**

**Pursuant to N.J.A.C. 19:30 SUBCHAPTER 3 & 4**

I/We, the undersigned certify to the New Jersey Economic Development Authority that the Authority's "Prevailing Wage and Affirmative Action Addendum to Construction Contract" has/will be included as part of all of this project's construction contract(s) greater than \$2,000.

If applicable, the landlord of the recipient of EDA financial assistance is ONLY required to sign this form, when greater than 55 percent of the facility is, or will be leased by the recipient, at the time of the contract and under any agreement to subsequently lease the facility.

<b>Project Name, Address, and Description of where construction will be undertaken:</b>
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<b>ENTITY RECEIVING EDA FINANCIAL ASSISTANCE AND/OR APPLICANT/LEASEE</b>	Company Name of Entity receiving EDA Assistance and/or Applicant/Leasee	
	Mailing Address of Entity receiving assistance and/or Applicant/Leasee (Street Address / P.O./ City / State/ Zip)	
	Name and Title of Authorized Signatory <b>X</b>	Phone
	Signature of Authorized representative of Entity receiving EDA Assistance and/or Applicant/Leasee	Date of Signature
	E-mail address	

<b>GENERAL CONTRACTOR/ PRIME CONTRACTOR/ CONSTRUCTION MANAGER</b>	Company Name of General Manager, Prime Contractor, or Construction Manager	
	Mailing Address of General Contractor, Prime Contractor, or Construction Mgr. (Street Address / P.O./ City / State/ Zip)	
	Name and Title of Authorized Signatory <b>X</b>	Phone
	Signature of Authorized Representative	Date of Signature
	Name of Person in Payroll, Accounting, etc. responsible for preparing monthly reports	E-mail address

*Information below is only to be completed when greater than 55 percent of the faculty will be leased by the Business Entity Receiving Financial Assistance*

<b>LANDLORD OF RECIPIENT (IF APPLICABLE)</b>	Company Name of Landlord of Entity above	
	Mailing Address of Landlord of Entity above (Street Address / P.O./ City / State/ Zip)	
	Name and Title of Authorized Signatory <b>X</b>	Date of Signature
	Signature of Authorized Representative of Landlord of Entity above	Phone
	E-mail address	

**The General Contractor must scan and upload the signed Certification(s) at the beginning of the construction project to:  
NJ Economic Development Authority - Labor Compliance Dept. via <https://aaonline.njeda.com/aaweb/>**