

**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY**  
OFFICE OF RECOVERY  
**LABOR STANDARDS /AFFIRMATIVE ACTION/ EEO/ SECTION 3 /**  
**COMPLETION CERTIFICATE**  
**SUBRECIPIENT AND GENERAL CONTRACTOR**

**NJEDA PROJECT OWNER/APPLICANT COMPANY NAME**

(i.e. Recipient of Federal Financial Aid Grant or Loan- SANDY)

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**PROJECT LOCATION** (include Street, City and Zip Code)

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**COMPLETION DATE** (or substantially complete date)

**NJ COUNTY** (project location)

**NJEDA PROJECT NO.**

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*Certificate to be completed by the Subrecipient/Borrower and General Contractor and submit to:*

**US Postal Mail**

**NJ Economic Development Authority**  
Office of Recovery  
**Attn: Labor Relations Administrator**  
**P.O. Box 990**  
**Trenton, NJ 08625-0990**

**Fax**

**Lorena Young**  
**(609) 278-4627**

**Email**

**lyoung@njeda.com**

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

1. Construction of the above project is substantially complete.
2. All workers employed in construction of the Project have been paid at a rate not less than the federal and/or NJ Prevailing Wage rate (whichever is higher). In making this certification I have relied on payroll records submitted by subcontractors and lower-tier contractors.
3. We have made good faith efforts to achieve minority and women workforce participation goals and submitted all reports and certificates required by the Authority.
4. Are in compliance with and/or have made good faith efforts as per the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, and our approved Section 3 Plan.

<b>SUBRECIPIENT OR SBL BORROWER</b>		
	Date	Signature of Authorized Representative for Subrecipient or Borrower
	Contact Phone Number	Print Name and Title
		Print or Type Company Name of Subrecipient or Borrower
	Email (optional)	Street Address or PO Box of Subrecipient or Borrower
	City, State and Zip Code of Subrecipient or Borrower	
<b>CONSTRUCTION MANAGER OR GENERAL CONTRACTOR</b>		
	Date	Signature of Authorized Representative (Check one) <input type="checkbox"/> Construction Manager <input type="checkbox"/> General Contractor
	Contact Phone Number	Print Name and Title
		Print or Type Company Name
	Email (optional)	Street Address or PO Box
	City, State and Zip Code	

All documents received and reviewed by the NJEDA from the Construction Manager/General Contractor and are in compliance in accordance with US Federal and NJ State Labor Standards, Affirmative Action, EEO, Section 3, and SWMBVE policies, guidelines, and regulations.

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EDA Labor Standards Compliance Officer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date