

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
			Total:

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
Full Time						
Part Time						
Temporary						
Totals:						

General Job Type in Training Grant:

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

Department of Labor and Workforce Development
 Office of Grants Operations
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 Trenton, NJ 08625-0915
 609-633-6799
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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

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