

**AFFIRMATIVE ACTION COMPLETION CERTIFICATE**

COUNTY THAT PROJECT IS LOCATED IN

NJEDA PROJECT NUMBER

NJEDA PROJECT OWNER/APPLICANT COMPANY NAME

PROJECT LOCATION (include Street, City and Zip Code)

Completion Certificate to be completed by Subcontractor, Construction Manager and/or General Contractor, Project Owner/Applicant and Landlord (if applicable) and forwarded to:

**NJ Economic Development Authority  
 Gateway One - Suite 900  
 Newark, NJ 07102  
 OR faxed to (609) 278-4772 OR email to: [affirmativeaction@njeda.com](mailto:affirmativeaction@njeda.com)**

I/We, the undersigned,  Subcontractor  Construction Manager  General Contractor  Landlord certify to the New Jersey Economic Development Authority and the Project Owner/Applicant 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 Prevailing Wage rate unless specifically exempted by N.J.A.C. 19:30-3.4. 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,

<b>SUBCONTRACTOR</b>	DATE _____	_____ Signature of Authorized Representative for Subcontractor  _____ Print Name and Title  _____ Print <b>OR</b> Type Company Name of Subcontractor  _____ Street Address <b>OR</b> PO Box of Subcontractor  _____ City, State and Zip Code of Subcontractor
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<b>CONSTRUCTION MANAGER OR GENERAL CONTRACTOR</b>	DATE _____	_____ Signature of Authorized Representative for (check one) <input type="checkbox"/> Construction Manager <input type="checkbox"/> General Contractor  _____ Print Name and Title  _____ Print <b>OR</b> Type Company Name of (check one)  _____ Street Address <b>OR</b> PO Box of (check one)  _____ City, State and Zip Code of (check one)
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I/We, the undersigned authorized representative of the Project Owner/Applicant, certify as follows:

- 1.) I/We have reviewed the attached Completion Certificate of the Contractor and construction is substantially complete.
- 2.) I/We have no knowledge or information which would cause me/us to believe that any facts, information or representations made herein are false or misleading.

<b>OWNER</b>	DATE _____	_____
		Signature of Authorized Representative for Project Owner/Applicant
		_____
		Print Name and Title
		_____
		Print <b>OR</b> Type Project Owner/Applicant Name
		_____
		Street Address <b>OR</b> PO Box of Project Owner/Applicant
		_____
		City, State and Zip Code of Project Owner/Applicant

I/We, the undersigned authorized representative of the Landlord of the Recipient of Authority Financial Assistance, certify as follows:

- 1.) I/We have reviewed the attached Completion Certificate of the Contractor and construction is substantially complete.
- 2.) I/We have no knowledge or information which would cause me/us to believe that any facts, information or representations made herein are false or misleading.

<b>LANDLORD OF RECIPIENT</b>	DATE _____	_____
		Signature of Authorized Representative for Project Owner/Grant Recipient's Landlord
		_____
		Print Name and Title of Landlord's Signatory Above
		_____
		Print Project Owner/Grant Recipient's Landlord Co. or Firm Name
		_____
		Street Address <b>OR</b> PO Box of Project Owner/Grant Recipient's Landlord Co. or Firm Name
		_____
		City, State and Zip Code of Project Owner/Grant Recipient's Landlord Co. or Firm Name

**DO NOT WRITE BELOW THIS LINE - FOR NJEDA USE ONLY**

DATE INFO RECEIVED				REQUEST OUTSTANDING				RELEASE AUTHORIZED	
AA Cer	CPR	AA201	AA202	AA Cer	CPR	AA201	AA202	Signature	Date
Good Faith Documentation				Good Faith Documentation					

Please Note: Outstanding information requested on \_\_\_\_\_ has not been received