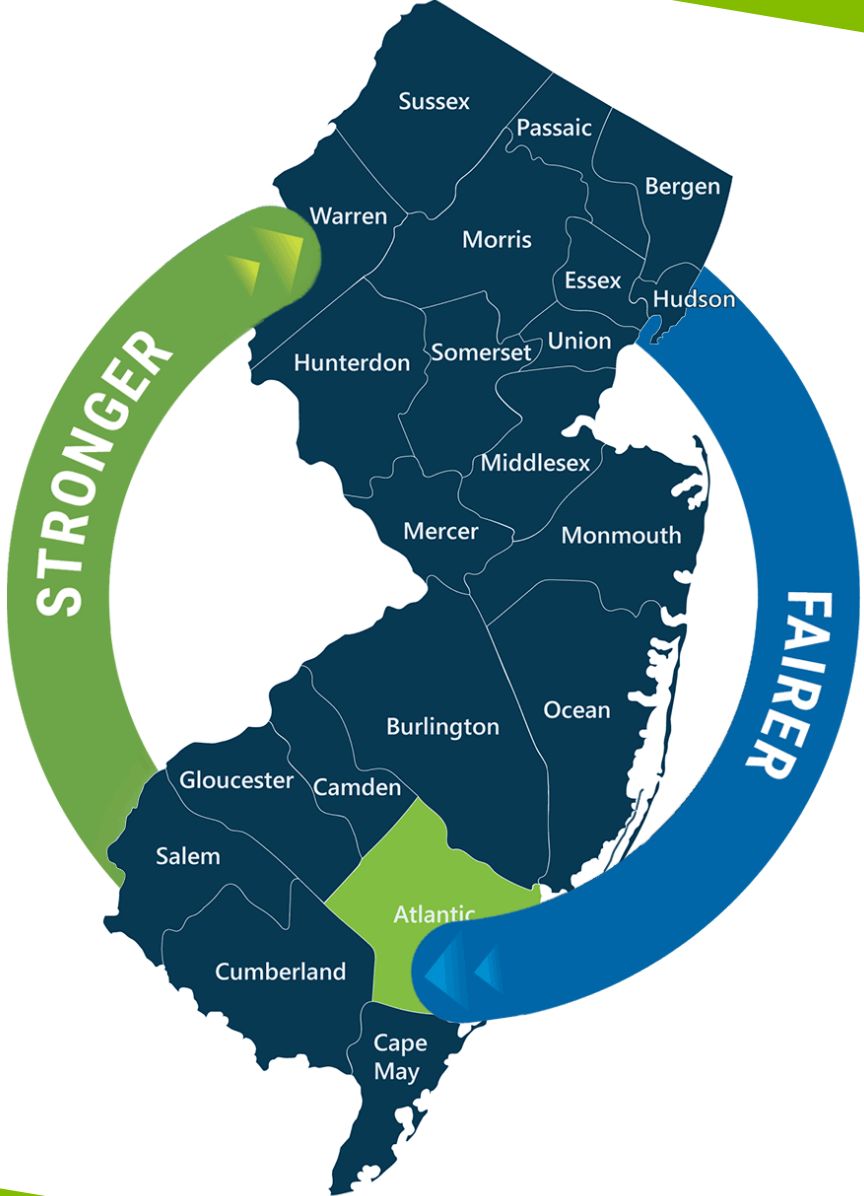


Angel Match Program

March 2023



Welcome: Angel Match Program Application

Program Description

The Angel Match Program is designed to disburse funding from the State Small Business Credit Initiative (SSBCI), a federal program administered by the US Department of Treasury. SSBCI was created to cause and result in the lending and investment of private capital into small businesses, unlocking capital for companies that would otherwise not have access to it. The Angel Match Program aligns with the goals of SSBCI, as angel investing is a critical source of early-stage capital to help high-quality start-up ventures build and test their products as well as scale their business models. The Program matches angel investors direct investment in early-stage, product-based technology companies on a 1-to-1 basis with an unsecured convertible note from \$100,000 up to \$500,000.

The information provided in this application will be used for analysis and final decision.

To be eligible, the company must have a physical office within New Jersey and, if approved, close external investment within 60 days from receiving a NJEDA commitment letter. Full program requirements can be found on the [Angel Match Program website](#).

There is a non-refundable, \$1000 fee to submit this application.

All Angel Match Program investments are subject to NJEDA approval and review.

Potential applicants for the Angel Match Program should consult with an NJEDA Innovation Officer prior to applying. Please refer to the following [checklist](#) to ensure that your business is eligible.

Since the Angel Match Program is a federally funded program, applicants will be required to download and sign the following certifications in the application to comply with federal guidelines:

- SSBCI Borrower / Investee Use of Proceeds and Conflict of Interest Certification
- SSBCI Sex Offender Investor / Investee Certification
- SSBCI Borrower / Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals (SEDI Owned businesses)
An Innovation Officer will guide you through the application process.

If you have any questions, please email: AngelMatch@njeda.com

Please make sure to hit "save" or "submit" on this application before closing this tab, otherwise all inputted information will be lost.

Next >

Save



Angel Match Program Application

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Initial Screening

Are you currently working with an NJEDA representative? *

Please select the NJEDA Innovation Officer that has been assigned to you. *

Next >

Save

Primary Point of Contact

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Selecting “No” on these 3 questions shows “Authorized Representative”, “CEO”, and “Media” contact pages respectively.

Email Address *

test@test.com

Confirm Email Address *

test@test.com

Phone Number

Is the primary point of contact legally authorized to submit this application on behalf of the applicant company? *

→ Yes No

Is the primary point of contact the Chief Executive Officer/equivalent officer for North America operations, or equivalent highest-ranking executive for the applicant company? *

→ Yes No

Is the primary point of contact authorized to speak to the media on behalf of the company? *

→ Yes No

Primary Point of Contact Address *

test

Address Line 2

test

New Jersey

00000

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Authorized Representative

This application includes company representations and certification and must be submitted by an individual who is legally authorized to sign documents on behalf of the applicant company.

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

Would you like the Authorized Representative to receive email communications from NJEDA about the status of your application? *

Yes No

Authorized Representative Address *

test

Address Line 2

test

New Jersey

00000

United States



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Chief Executive Officer/Owner/Equivalent

If the primary point of contact does not hold this role, please provide the contact information for the owner, CEO, or equivalent highest-ranking executive for the applicant company.

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

Would you like the Chief Executive Officer/owner/equivalent to receive email communications from NJEDA about the status of your application? *

Yes No

Chief Executive Officer/Owner/Equivalent Address *

test

Address Line 2

test

New Jersey

00000

United States



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Media Contact

NJEDA often works with an applicant company's public relations or media relations representative on press releases and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant company's media contact that will support on this project.

Would you like to designate a media contact? *

Yes No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Selecting "No" hides rest of fields on page.



Title *

Test

Email Address *

test@test.com

Confirm Email Address *

test@test.com

Phone

(111) 111-1111

Media Contact Address *

test

Address Line 2

test

New Jersey

00000

United States 

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[Save](#)

Applicant Organization

In this section, we are collecting information about the organization that is applying for assistance. We are focused on the primary applicant only. We will collect information on affiliates, parent companies, holding companies, or other related entities in the following sections of the application.

Applicant Organization Name *

testapp

The full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit: <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName>

Applicant Doing Business As (DBA)

Entity Type *

C Corporation

Date Established *

5/5/2020

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey? *

Yes No NA - Applicant Organization is Government Entity

Mailing Address *

test

Address Line 2

test

New Jersey

00000

Applicant Country of Incorporation/Formation *

United States

Applicant State of Incorporation/Formation

New Jersey

Formation Document(s)

Documentation to verify applicant entity's name – must provide company formation documents that relate to the entity applying (Articles of Incorporation, Articles of Organization, Certificate of Incorporation, Certificate of Trade Name (filed at county clerk's office-for sole proprietors))

- **Sole Proprietor:** [Provide a Certificate of Trade Name](#) (filed with the County Clerk)
- **LLC:** [Certificate of Formation](#)
- **Corporation:** [Certificate of Incorporation and Bylaws](#)
- **Not-for-Profit:** [Certificate of Incorporation and Bylaws](#)
- **Out of State:** If your entity was formed out of state but operates within the State of NJ, you must file a Certificate of Authority when registering the business in NJ and provide that certificate.

Upload

or drag files here.



Test Document.pdf

32.3 KB



Applicant Federal Employer Identification Number (FEIN) *

Applicant New Jersey Tax ID Number *


Applicant Organization's Phone Number *

Applicant Organization's Website

Please provide a high-level, 2-3 short paragraph description of the applicant company. This may include the type of business you are involved in, your company's mission statement, the markets or customer base the company serves, and any other information about your business that the NJEDA should understand to review your application. *

Please upload a Tax Clearance Certificate from the NJ Division of Taxation here. *

or drag files here.

 [Test Document.pdf](#) 32.3 KB  

Certificates may be requested through the State of New Jersey's online [Premier Business Services \(PBS\) portal](#). Under the Tax & Revenue Center, select Tax Services, then select Business Incentive Tax Clearance. If the applicant's account is in compliance with its tax obligations and no liabilities exist, the Business Incentive Tax Clearance can be printed directly through PBS. [CLICK HERE](#) for instructions on how to secure your tax clearance certificate.

Selecting "No" hides upload field.


→ **Is the applicant involved in religious activities or is religiously affiliated? ***

Yes No

Please note that this requires additional questions to determine eligibility of the requested financial assistance.

Religious Affiliation Form *

Upload or drag files here.

 [Test Document.pdf](#)
32.3 KB

[↓](#) [ⓧ](#)

The NJEDA will need to collect additional information from you if your entity is involved in religious activities or is religiously affiliated. Please download the religious activity questionnaire form. [DOWNLOAD HERE.](#)

Selecting "No" hides rest of fields on page.

→ **Has the applicant, or any related entities, previously received NJEDA assistance? ***

Yes No

Please list the entities who have received this assistance. *

Test Org 2

Please describe the NJEDA assistance the applicant company previously received. Please be as specific as possible in detailing the programs through which you received NJEDA assistance, the facilities or projects associated with that assistance, the timeframes in which the assistance was provided, and the status of any awards or agreements. *

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Cannabis Questionnaire

Has the applicant applied for or been issued a license, including a conditional license, from the New Jersey Cannabis Regulatory Commission (NJ-CRC) to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or does the applicant employ or intend to employ, or is the applicant itself, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

Yes No

If the applicant is a property owner, developer, or operator of a project: is the property being used or intended for use, in whole or in part, (1) by or to benefit a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service, (2) to employ a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service, (3) by a person or entity that has applied or intends to apply to the New Jersey Cannabis Regulatory Commission (NJ-CRC) for a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service or has applied for certification to be, or intends to employ, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

Yes No

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Program Eligibility

Have you reviewed the Angel Match Program Frequently Asked Questions? *

Yes

We recommend opening and following along while applying, as most questions will be answered. The Angel Match Program website can be found [here](#).



Does the company have a physical office location in NJ? *

Yes

Please refer to the Angel Match Program FAQs found on the website for clarification regarding what constitutes a physical office location.

You have indicated that your company has a physical office location in NJ. Please upload supporting documents, such as a lease or the address verification of the headquarters named in the legal formation documents. *

Upload or drag files here.

 [testdoc.docx](#) 11.6 KB  

Does the company have minimum 12-month trailing revenue of \$100k? *

Yes

Are the revenues derived from the sales of the primary product (not from grants or consulting)? *

Yes

Selecting “No” hides upload field.



Selecting “No” hides upload field and following 6 fields.



Are there between 2-100 employees at time of application? *

Does the company have at least 2 founders / C-level executives working full-time in NJ? *




Are at least 50% of the company's full-time employees working in NJ? *

Please refer to the Angel Match Program FAQs found on the website for the definition of full-time employee.

You have indicated that your company has at least 50% of full-time employees in NJ. Please download the employee log below, and upload it after filling out.

[Angel Match Program Current Employee List](#)

or drag files here.

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Please enter the business' current number of full-time employees in NJ. *

Please enter the business' current number of part-time employees in NJ. *

Please enter the business' current number of temporary / seasonal employees in NJ. *

Please enter the business' current number of total full-time employees. *

Please enter the business' current number of total part-time employees. *

Please enter the business' current number of total temporary / seasonal employees. *

Does the company anticipate raising at least \$100k from a minimum of 2 external investors within 60 days of NJEDA qualification decision? *

Will the investment raised from external investors be in the form of preferred equity with a defined price per share? *

Is this a product-based business? *

Will the funds provided by the Angel Match Program be used to support a construction project? *


NJEDA only invests in companies that are in one of its targeted industries. If your company operates in one of these targeted sectors, please indicate which below. *

Definitions of targeted industries can be found [here](#).

Program Eligibility Documents


[Personal Financial Statement](#) (Please provide for each founder, download template here.)

Upload or drag files here.

 [Test Document \(2\).pdf](#)
32.3 KB ↓ ⊗


Historical Financial Statements for Three Years *

Upload or drag files here.

 [Test Document \(2\).pdf](#)
32.3 KB ↓ ⊗


Projected Financials for Three Years *

Upload or drag files here.

 [Test Document.pdf](#)
32.3 KB ↓ ⊗




Fully Diluted Capitalization Table *

Upload or drag files here.

 [Test Document \(2\).pdf](#)
32.3 KB ↓ ⊗




List of Potential Investors *

or drag files here.

 [Test Document \(2\).pdf](#) 32.3 KB  




Executive Summary of Business, Pitch Deck, Business Canvas, Business Plan, or other similar document *

or drag files here.

 [Test Document.pdf](#) 32.3 KB  




Term sheet / draft agreement / letter of intent/ commitment letter or similar document from investors (Investment NOT closed) *

or drag files here.

 [Test Document \(2\).pdf](#) 32.3 KB  

Federal 941 or W2 / NJWR30 or NJ927 / 1099's or K1's / Employment Agreements or similar documents (if available)

or drag files here.

 [Test Document \(2\).pdf](#) 32.3 KB  

Please add any additional company, investment, employment document, etc. that the company would like to provide to assist with the due diligence process (if available)

or drag files here.

Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your organization. Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only. Within each of these questions, "Prefer not to answer" can be selected if that is the case OR if the question is not applicable to your organization.

Selecting "Minority" shows next 2 fields.



With which of the following does the majority owner of the applicant organization self-identify (if applicable)? *

- Minority
- Woman
- Veteran
- LGBTQ
- Disabled
- None of the above
- Prefer not to answer

Please indicate the majority owner's race(s): *

- Black or African American
- American Indian and Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer not to answer

Please select the ethnicity or ethnicities that the majority owner most closely identifies with: *

- Black
- East Asian (e.g. Chinese, Korean)
- Latino/a/x or Hispanic
- Middle Eastern/ Northern African (e.g. Egyptian, Iranian)
- North American Aboriginal, Alaska Native, First Nations, Metis, or Inuit
- South Asian (e.g. Thai Vietnamese)
- Other
- Prefer not to answer

Please select which of the following State of New Jersey certifications the applicant organization currently holds: *

- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Veteran-Owned Business Enterprise (VOB)
- Disabled Veteran-Owned Business Enterprise (DVOB)
- None of the above
- Prefer not to answer

Additional DE&I Information

In this section, we would like more information about any actions your organization has taken or is taking with respect to Diversity, Equity, and Inclusion.

Please describe whether your organization's leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).

→

- Question is not applicable
- Prefer not to answer

Please describe whether your organization's Board of Directors is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your Board of Directors as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).

- Question is not applicable
- Prefer not to answer

For all text entry fields in this section, text entry is required unless N/A options below are selected. Should text be entered, N/A options are hidden to prevent selection.

In this section, we would like more information about any actions your organization has taken or is taking with respect to Diversity, Equity, and Inclusion

- Question is not applicable
- Prefer not to answer

Please upload any documentation detailing diversity initiatives, if available.

or drag files here.

Language Assistance

Selecting "Yes" hides next field.



Is English your primary language? *

No

Selecting "No" hides next field.



If the NJEDA needs to contact you regarding your application, would you be interested in having an EDA provided interpreter in your native language? *

Yes

Please identify which of the following languages is your primary language: *

한국어 (Korean)

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SSBCI Privacy Notice

Information from this application will be shared with the U.S. Department of the Treasury (Treasury). Treasury has published a Privacy and Civil Liberties Impact Assessment that describes what Treasury will do with the information your business provides in this application. It can be found on the Treasury website. If you have any questions about this document, please email Privacy@Treasury.gov.

PRIVACY ACT STATEMENT FOR SOLE PROPRIETORSHIPS: The Privacy Act of 1974 (Privacy Act) protects certain information that the federal government has about "individuals" (United States citizens and lawfully admitted permanent residents). The Privacy Act does not generally apply to businesses, but some federal courts have found that this law applies to sole proprietors (they are deemed "individuals" under the Privacy Act). If you, as the applicant, are a sole proprietor, you may have rights under the Privacy Act.

Authority: Small Business Jobs Act of 2010 (SBJA), Title III, 12 U.S.C. § 5701 et seq., as amended by the American Rescue Plan Act of 2021 (ARPA), section 3301; Executive Order No. 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 Fed. Reg. 7009 (January 25, 2021); and Interim Final Rule, State Small Business Credit Initiative; Demographics-Related Reporting Requirements, 87 Fed. Reg. 13628 (March 10, 2022).

Purpose: Information from this collection will be shared with Treasury. This information will be shared with Treasury so it can conduct oversight to ensure compliance with federal law, including requirements related to nondiscrimination and nondiscriminatory uses of federal funds. Treasury also receives this information (including any demographic information provided) to comply with reporting requirements under the authorities listed above and to advance fairness and opportunity in underserved communities in the allocation of federal resources.

Routine Uses: The information you furnish may be shared in accordance with the routine uses outlined in Treasury .013, Department of the Treasury Civil Rights Complaints and Compliance Review Files; Treasury .015, General Information Technology Access Account Records; and Treasury .017, Correspondence and Contact Information. For example, one routine use under Treasury .013 is to disclose pertinent information to appropriate agencies when Treasury becomes aware of a potential violation of civil or criminal law. Under this routine use, Treasury may disclose demographic information to the appropriate agencies if Treasury becomes aware of a violation of applicable antidiscrimination laws. More information about this and other routine uses can be found in the System of Records Notices (SORNs) listed above, which are posted on Treasury's website.

Disclosure: Providing this information is voluntary. However, failure to furnish the requested information (except for the demographic information) may result in the denial of your application. Providing demographic information is optional. If you decline to provide this information, it will not adversely affect your application.

I have read and accept this disclosure.

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SSBCI Eligibility Questions

What was the end date of the applicant organization's last fiscal year? *

What was the applicant organization's gross revenue in the last fiscal year? *

What was the applicant organization's net income in the last fiscal year? *

Is your organization a very small business as defined by SSBCI? *

SSBCI defines a very small business as having fewer than 10 employees, including independent contractors and sole proprietors, at the time of loan / investment support.

Please indicate current stage of the applicant organization's development. *

Please identify your entity's primary transaction source of private capital. *

Please identify your entity's secondary transaction source of private capital. *

Will the funds provided by the Angel Match Program be used to support a business that makes climate-aligned investments? *

Climate-aligned investments may reduce greenhouse gas emissions or promote adaptation to climate change or energy transitions. This could be either in the business's activities (including its production processes and use of energy, inputs, supply chain services, and/or actions to increase resiliency) or by supplying products and services that contribute to lower emissions.

Climate-aligned investments can include investment supporting weatherization; energy-efficient prefabrication or manufacturing; supply chain use, processes or production resulting in lower emissions; energy site transitions; sustainable and/or climate-smart agriculture and forestry; renewable energy development or implementation (including wind, solar, hydroelectric, biomass, geothermal, and other low-carbon technologies); electric vehicle innovation or use; and other investments that aim to build climate resilience, support adaptation to extreme weather and climate events, and/or mitigate climate change.

Is your business located in a climate- or energy-impacted community? *

Yes

A community is defined as climate- or energy-impacted if it is located in a census tract that is:

- *Climate Change*: At or above the 90th percentile for expected agriculture loss rate OR expected building loss rate OR expected population loss rate OR projected flood risk OR projected wildfire risk; OR
- *Energy*: At or above the 90th percentile for energy cost OR PM2.5 in the air.

Please hit the save button at the bottom of this page before proceeding to the link.

Please search for any address [on the Climate and Economic Justice Screening Tool](#), click on the map to select a census tract, and review the "Climate Change" and "Energy" indicators on the right side or below the map to determine whether you meet this definition.

Please note: Whether or not a community is identified as "disadvantaged" on this map is not relevant for the purposes of this question.

Please indicate the primary purpose for which you will use the funds provided by the Angel Match Program. *

Marketing, market research, and commercialization expenses

Please note, while the SSBCI funding source allows some uses, the Angel Match Program regulations may not. Please refer to the Angel Match Program FAQs on the website for clarification regarding eligible uses.

Please indicate the secondary purpose for which you will use the funds provided by the Angel Match Program. *

No Secondary Purpose

Will the Angel Match investment be used for any construction, renovation, or any other real estate related functions? *

No


Is your organization involved in political lobbying activities? *

Yes

You have indicated that your organization is involved in political lobbying activities. As such, please download, fill, and upload the form below.

[Political Activity Questionnaire](#)

Upload or drag files here.

 [Test Document \(2\).pdf](#)
32.3 KB

↓ ⊗

Selecting "No" hides next field.



Selecting “No” hides next field.



Is your business affiliated with another company / organization(s)? *

Yes

For an explanation of affiliation in relation to SSBCI please see [13 C.F.R. § 121.103](#).

Please provide the name(s) of the affiliated company / organization(s). *




Test

Does the affiliate company / organization(s) have employees to report? *

Yes

Please upload an employee log for each affiliate company / organization with employees to report. *

Upload or drag files here.

 [Test Document \(2\).pdf](#)
32.3 KB  

The employee log used to report affiliate employees is the same as that provided on behalf of the applicant organization earlier in this application.

A blank version of this form can be found here: [Angel Match Program Current Employee List](#)

Full-Time Equivalent Calculation

SSBCI requires that the labor of an organization be defined in full-time equivalent employees (FTEs), including employees of its affiliates, rounded to the nearest whole number, at the time of the closing of the SSBCI-supported loan or investment. This is determined by adding the number of full-time employees and number of part-time and seasonal employees as a fraction of a full-time employee.

For example, if a business has 100 employees working full-time (assume a full-time week of 40 hours) and 50 employees working 20 hours per week, the total number of FTEs would be 125. For seasonal employees, the FTE count is based on a 2,080-hour year, so that an employee who works 520 hours per year counts as 0.25 FTEs.

For further definition, please review [13 C.F.R. § 121.103](#) or the Angel Match Program FAQ. The FTE of your organization should be consistent with the calculations in the employee log your organization provided in the Program Eligibility section of this application. The FTE of affiliate organizations, if relevant to your application, should be equivalent to the sum of FTE calculated in the employee logs uploaded on their behalf.

Please indicate the number of current full-time employees employed by the applicant organization. *

1

Please indicate the number of current part-time employees employed by the applicant organization. *

1

Please indicate the number of total hours worked per week by all current part-time employees employed by the applicant organization. *

Total hours worked on average per week by part-time employees.

20.00

Full Time Equivalent (FTE) from part-time employee labor.

0.50

This is calculated by dividing the average part-time hours by 40, multiplying by part-time employee count and rounding to nearest whole number.

20 average hours on a single employee would thus be worth 1 FTE.

Please indicate the current number of temporary/seasonal employees employed by the applicant organization. *

Please indicate the number of total hours worked in the last year by all seasonal/temporary employees of the applicant organization. *

Full-Time Equivalent (FTE) from seasonal/temporary employees

0.48

This is calculated by dividing the yearly seasonal / temporary employee hours by 2080.

Full-Time Equivalent (FTE) for applicant organization

2

This is a sum of all FTE labor sources (full-time, part-time, and seasonal / temporary employee calculations), rounded to the nearest whole number.

Please provide the total Full-Time Equivalent (FTE) job count of all affiliate company / organization(s). *

The FTE of affiliate organizations should be equivalent to the sum of FTE calculated in the employee logs uploaded on their behalf.

Overall Full-Time Equivalent (FTE) for the applicant organization, including FTE of affiliates

3

This is the sum of the direct applicant organization FTE and any reported FTE of affiliate company / organization(s). SSBCI guidelines include both of these labor sources when calculating the FTE of an applicant organization.

Please provide an estimated Full-Time Equivalent (FTE) jobs expected to be created as a direct result of the loan or investment. These jobs must be expected to materialize in no more than 2 fiscal years from the date of the loan or investment closing. *

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SSBCI Specific Demographic Information

Since SSBCI is a federal program, we are required to request additional demographic information beyond what is required on the standard NJEDA Diversity, Equity, and Inclusion Questionnaire. Although some of the terms may seem similar, they are distinct and defined below. **Some of the terms used below may be similar to the ones used on the previous page, but are distinct and defined below.**

Please fill out all fields as requested using the definitions given for each field.

This information is being collected to help ensure that communities' small business credit needs are being fulfilled and allow the federal government to analyze the populations that SSBCI funding is benefiting.

1. Minority-owned or controlled business status

For purposes of this form, **minority individual** means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Native Hawaiian or Other Pacific Islander; Hispanic or Latino/a; or one or more than one of these groups.

For purposes of this form, an applicant is a **minority-owned or controlled business** if the business meets one or more of the following:

- (1) if privately owned, 51 percent or more is owned by minority individuals;
- (2) if publicly owned, 51 percent or more of the stock is owned by minority individuals;
- (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or
- (4) one or more minority individuals have the power to exercise a controlling influence over the business.

Is the applicant a minority-owned or controlled business? *

2. Women-owned or controlled business status

For purposes of this form, an applicant is a **women-owned or controlled business** if the business meets one or more of the following:

- (1) if privately owned, 51 percent or more is owned by females;
- (2) if publicly owned, 51 percent or more of the stock is owned by females;
- (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or
- (4) one or more individuals who are females have the power to exercise a controlling influence over the business.

Is the applicant a women-owned or controlled business? *

3. Veteran-owned or controlled business status

For purposes of this form, an applicant is a **veteran-owned or controlled business** if the business meets one or more of the following:

- (1) if privately owned, 51 percent or more is owned by veterans;
- (2) if publicly owned, 51 percent or more of the stock is owned by veterans;
- (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or
- (4) one or more individuals who are veterans have the power to exercise a controlling influence over the business.

Is the applicant a veteran-owned or controlled business? *

Each principal owner of the applicant is encouraged to answer the questions below.

This information is being collected to help ensure that communities' small business credit needs are being fulfilled and allow SSBCI to analyze the populations that SSBCI funding is benefiting.

For purposes of this form, a **principal owner** of the applicant is a natural person who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity of the business. If a trust owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the business, the trustee is a principal owner.

For each principal owner of the applicant, indicate which of the following categories the principal owner identifies with. Submit a separate copy of this table for each principal owner of the applicant (up to four).

Selecting these fields → shows relevant Identity field.

⊗ **Principal Owner 1**

1. Ethnicity *

Hispanic or Latino/a Not Hispanic or Latino/a Prefer not to respond

2. Race (select all that apply) *

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Prefer not to respond

Asian Racial Identity *

Indian Japanese Asian (Other)
 Chinese Korean Prefer not to respond
 Filipino Vietnamese

Native Hawaiian or Other Pacific Islander Racial Identity *

Guamanian or Chamorro Samoan Prefer not to respond
 Native Hawaiian Pacific Islander (Other)

3. Middle Eastern or North African Ancestry *

Middle Eastern or North African Not Middle Eastern or North African Prefer not to respond

4. Gender *

Prefer not to respond

5. Sexual Orientation *

Prefer not to respond

6. Veteran Status *

Veteran Non-Veteran Prefer not to respond

+ Add Principal Owner

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Save

SSBCI Certifications

Please print and sign the following forms to meet SSBCI compliance requirements. Physical signatures are necessary for the following three documents:


[Borrower / Investee Use of Proceeds and Conflict of Interest Certification](#)

[Sex Offender Investor / Investee Certification](#)

[Borrower/Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals \(SEDI-Owned Businesses\)](#)


Borrower / Investee Use of Proceeds and Conflict of Interest Certification *

or drag files here.

 [Test Document \(2\).pdf](#) 32.3 KB


Sex Offender Investor/Investee Certification *

or drag files here.

 [Test Document \(2\).pdf](#) 32.3 KB

Borrower/Investee Certification Related to Business Enterprises Owned and Controlled by Socially and Economically Disadvantaged Individuals (SEDI-Owned Businesses) *

or drag files here.

 [Test Document \(2\).pdf](#) 32.3 KB

I agree to SSBCI compliance requirements. I understand that, as an approved company, maintaining this standard of performance is a requirement of ongoing participation. I agree to submit compliance documents as requested for continued monitoring during the allotted time frame for SSBCI funding.

Duplication of Benefits Affidavit

This affidavit must be completed by all businesses that are applying for the Angel Match Program, have been awarded, and/or are receiving any assistance funded by the State Small Business Credit Initiative (SSBCI). The information within this affidavit will provide the NJEDA with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

As an authorized Signor (Owner, CEO, or similar level of officer) for this entity, I hereby state and certify to the United States Federal Government and to NJEDA as follows:

Have you applied for any other federally funded programs? *

→

Relevant assistance would have been issued after February 2020.

Which of the following federally funded awards did you receive / pursue? *

- Any other SSBCI Funded Program (in NJ and/or other US states)
- SBIR - Small Business Innovation Research Grant
- STTR - Small Business Technology Transfer
- CSIT - Commission on Science, Innovation and Technology
- Other Program/Funding Source Assistance

Selecting “No” hides next field.

Award Description

Please fill out the requested information for each of the programs which you have selected above, as well as any other federally funded program within the listed time period.

⊗ Award 1

Award Name *

Test

Program Status *

Approved

Applied Date *

3/2/2023

Approved Date (if Approved)

Applied Amount *

\$1.00

Approved Amount (if Approved)

Purpose of Funds (Check all that apply) *

- Inventory
- Payroll
- Rent/Mortgage
- Utilities
- Capital Improvements
- Other

Briefly describe other purpose of funds *

Test

+ Add Award

I certify that there is no Duplication of Benefits and no other government funds were used for expenses beyond those detailed above.

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Selecting “No” or N/A here or below indicates that the primary applicant cannot legally represent their organization.

In this case, they are given forms representing the following sections, with instructions requesting an authorized representative fill and sign them.

Applicant Representation

→ Is the individual filling out this application employed by the organization that is applying for the program? *

Yes

Is the individual filling out this application one of the following:

- for a corporation: a principal executive officer at least the level of vice president;
- for a partnership: a general partner;
- for a sole proprietorship: the proprietor;
- for a governmental entity: the contact person (business administrator, manager, mayor, etc.);
- for other than above: the person with legal responsibility for the application.

Yes

Please indicate which of the following best describes the individual filling out this application? *

Principal Executive Officer at or above the minimum level of Vice President

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Legal Questionnaire

Applicant Name: [testapp]

Persons (entities or individuals) applying for NJEDA programs are subject to the Authority's Disqualification/Debarment Regulations (the "Regulations"), which are set forth in N.J.A.C. 19:30-2.1, et seq. Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors. Governmental entities are not required to submit this Legal Questionnaire and may leave it empty.

Note that this form has recently been modified.
Please review this form in its entirety prior to providing any responses or certifications.

DEFINITIONS

Notwithstanding any terms defined elsewhere or otherwise herein, the following definitions shall govern in responding to this Legal Questionnaire:

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant company of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with the Authority.

Note that any entities or persons fitting these definitions will need to be listed in Part C below.

"Legal Proceedings" means any civil, criminal, or administrative proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

RELEVANT TIMEFRAMES

Responses should be given based on the following "look-back" periods:

- For civil matters, those that were either pending or concluded within 5 years of the reporting date;
- For criminal matters, those that were either pending or concluded within 10 years of the reporting date;
- For environmental regulatory matters, those that were either pending or concluded within 10 years of the reporting date; and
- For all other regulatory matters, those that were either pending or concluded within 5 years of the reporting date.

Note that in cases where Applicant has previously submitted and certified a legal questionnaire to the Authority, the Applicant may refer to its prior legal questionnaire and report only those matters that are new or have changed in status since the date of last reporting.

Part A. Past Proceedings

Has Applicant, or any officers or directors of Applicant, or any Affiliates of Applicant, been found or conceded or admitted to being guilty, liable or responsible in any Legal Proceeding, or conceded or admitted to facts in any Legal Proceedings that demonstrate responsibility for any of the following violations or conduct? (Any civil or criminal decisions or verdicts that have been vacated or expunged need not be reported.)

1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract. *

No

2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty. *

No

3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C.874). *

No

4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision. *

No

5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.). *

No

6. To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor. *

No

7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries. *

No

8. Debarment by any department, agency, or instrumentality of the State or Federal government. *

No

9. Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below:

(i) No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).

(ii) The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.

(iii) No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actually or appearance of a conflict of interest.

(iv) No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.

(v) No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

No

10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million.

(i) Laws banning or prohibiting discrimination or harassment in the workplace.

(ii) Laws prohibiting or banning any form of forced, slave, or compulsory labor.

(iii) The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other "Whistleblower Laws" that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.

(iv) Securities or tax laws resulting in a finding of fraud or fraudulent conduct.

(v) Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.

(vii) Laws banning anti-competitive dumping of goods.

(viii) Anti-terrorist laws.

(ix) Criminal laws involving commission of any felony or indictable offense under State or Federal law.

(x) Laws banning human rights abuses.

(xi) Laws banning the trade of goods or services to enemies of the United States.

No

Part B. Pending Proceedings

11. To the best of your knowledge, after reasonable inquiry, are Applicant, or any officers or directors of Applicant, or any Affiliates, a party to pending Legal Proceedings wherein any of the offenses or violations described in questions 1-10 above are alleged or asserted against such entity or person? With respect to laws banning or prohibiting discrimination or harassment in the workplace, please provide only information pertaining to any class action lawsuits. *

Part C. Applicable Affiliates

Please provide a list of all entities or persons considered to be "Affiliates" of Applicant based upon the above definitions.

Do you have affiliates to report? *

Certification of Legal Questionnaire and Authorization to Release Information

This certification shall be signed as follows:

- for a corporation, by a principal executive officer at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for a governmental entity, by the contact person (business administrator, manager, mayor, etc.);
- for other than above, by the person with legal responsibility for the application.

I hereby represent and certify that I have reviewed the information contained in this Legal Questionnaire, and that the foregoing information is true and complete under penalty of perjury. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I further agree to inform the New Jersey Economic Development Authority of any changes in the foregoing information which may occur prior to execution of any agreement with the Authority, and so long as any such agreement is in effect. Failure to disclose relevant matters may render the Applicant ineligible for the financial benefits sought and may subject the Applicant to disqualification, debarment, suspension, or referral to the office of the state's Attorney General.

The undersigned, on behalf of the Applicant, understands and acknowledges that information and documents provided to the New Jersey Economic Development Authority: (1) are subject to public disclosure during deliberations of the Authority at public meetings regarding the application and as set forth in the minutes of the Authority's public meetings; and (2) are subject to public disclosure under certain laws, including, but not limited to, the Open Public Records Act, N.J.S.A. 47A:1-1 et seq., and the common law right-to-know.

Electronic Signatures

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

Full Name *

Title *

Legal Questionnaire Date Signed *

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CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L. 2022, C. 3

Program Name: Angel Match Program

Applicant Name: testapp

Applicant Doing Business As:

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is engaged in prohibited activities in Russia or Belarus. If the New Jersey Economic Development Authority finds that an Applicant has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party. Insert and format text, links, and images here.

Certification

I, the undersigned, have read and reviewed the Department of the Treasury's List: (<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>) of entities engaged in prohibited activities in Russia or Belarus, and having done so certify (must check one appropriate box and complete the Authorized Signature section below):

Certification

- A. That the Applicant is not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus and is not engaged in prohibited activities in Russia or Belarus. OR
- B. That I am unable to certify as to "A" above because the Applicant is identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia and/or Belarus. OR
- C. That I am unable to certify as to "A" above because the Applicant, though not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus, is engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the Applicant's activity in Russia and/or Belarus is set forth below.

Certification *

- A. That the Applicant is not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus and is not engaged in prohibited activities in Russia or Belarus. OR
- B. That I am unable to certify as to "A" above because the Applicant is identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia and/or Belarus. OR
- C. That I am unable to certify as to "A" above because the Applicant, though not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus, is engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the Applicant's activity in Russia and/or Belarus is set forth below.

If applicable, provide Additional Certification of Federal License

I, the undersigned, certify that Applicant is currently engaged in activity in Russia and/or Belarus, but is doing so consistent with federal law and/or regulation and/or license. Provide a detailed description of how the Applicant's activity in Russia and/or Belarus is consistent with federal law, or is within the requirements of the federal license.

Additional Certification

Authorized Signature

I understand that if the above statements are willfully false, I shall be subject to penalty.

Name of Applicant Authorized Representative

Test 2 Test 2

Applicant FEIN or Taxpayer ID

00-000000

Signature *



⊗

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Application Confirmations

PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments and schedules. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I, , THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

I affirm, represent, and warrant that the information contained in this application and in all associated attachments submitted herewith is to the best of my knowledge true and complete and that the funding applied for herein is not for personal, family, or household purposes. *

I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJEDA which may at its option terminate its financial assistance. *

I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJEDA. *

I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the NJEDA. *

I certify my understanding that an electronic signature of this Application and any Approval Letter or Agreement shall be a binding on the parties. *

I certify that the applicant organization is not in default with any other program administered by the State of New Jersey. *

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Fee Acknowledgment

Please note that this program only accepts credit card as a payment method.

Please hit save to generate the correct Application ID.

Pay by Credit Card Instructions

Application ID#: [REDACTED]

Amount Due: \$1,000

Please read this information carefully.

An email will be sent to test@test.com. This email will provide instructions and a link to make the credit card fee payment. **The payment must be completed before the NJEDA will begin reviewing the application.**

The email will come from NJEDAFeePaymentRequest@njeda.com. Please check your spam/junk folders if you do not see the email in your inbox.

I acknowledge that there is a \$1,000 non-refundable application fee payable to NJEDA prior to this application being deemed complete.

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Electronic Signature

I agree to be bound by electronic signatures

Full Name *

Test

Title *

Test

Signature *



draw type

Date *

11/4/2022 

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Application Submission

Thank you for your interest in the Angel Match Program. Your application is now complete.

If you are ready to submit this application to the NJEDA for review, please click the Submit button.

If you would like to make any changes to the application at this point, please click the Back button.

If there is any additional supporting documentation that you would like to provide, please use the upload button below.

or drag files here.

Full Name *

Test

Title *

Test

Date *

11/4/2022