

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
OFFICE OF RECOVERY
PREVAILING WAGE /AFFIRMATIVE ACTION/ EEO/ SECTION 3 / SWMVBEs
COMPLETION CERTIFICATE
CONSTRUCTION MANAGER/GENERAL CONTRACTOR AND SUBCONTRACTORS

NJEDA PROJECT OWNER/APPLICANT COMPANY NAME

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

PROJECT LOCATION (include Street, City and Zip Code)

COMPLETION DATE (or substantially complete date)

NJ COUNTY (project location)

NJEDA PROJECT NO.

Certificate to be completed by the General Contractor and each Subcontractor (all tiers) 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.
5. We have made good faith efforts to achieve NJ Small /Woman / Minority / Veteran Business Enterprise (SWMVBE) participation goals and submitted all reports and certificates required by the Authority.

CONSTRUCTION MANAGER, OR GENERAL CONTRACTOR	Date	Signature of Authorized Representative for the (Check one) <input type="checkbox"/> Construction Manager <input type="checkbox"/> General Contractor
	Contact Phone Number	Print Name and Title
	Email (optional)	Print or Type Company Name of the above
		Street Address or PO Box of the above
		City, State and Zip Code of the above
SUBCONTRACTOR	Date	Signature of Authorized Representative
	Contact Phone Number	Print Name and Title
	Email (optional)	Print or Type Company Name
		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 Standard, Affirmative Action, EEO, Section 3, and SWMVBE policies, guidelines, and regulations.

EDA Labor Standards Compliance Officer Name

Signature

Date