

QUALITY JOBS PROGRAM ANNUAL CERTIFICATION

CONTRACT # _____

Company's Name: _____ Period Reported _____

(mm/dd/yy - mm/dd/yy)

Project Physical Address and phone #: _____

Total Number of Active New Direct Jobs	Total Wages Eligible for 5% Rebate	Total Wages Eligible for 6% Rebate	Total Wages Eligible for Taxing Period Reported
\$	\$	\$	\$

ESTIMATED PAYROLL REBATE EARNED: \$ _____
(Combined Total from Spreadsheet)

Basic Health Benefits Plan or the Health Insurance Coverage (BHBP or HIC)—that which is required to be offered and/or provided shall include coverage for basic hospital care, coverage for physician care, and coverage for health care which shall be the same as that provided to executive, administrative, or professional employees.

List the percentage of the employer share of BHBP or HIC plan costs.

- _____ % Insurance Premium Paid by Employer for Single coverage for employees earning < \$50,000 annually
- _____ % Insurance Premium Paid by Employer for Single coverage for employees earning ≥ \$50,000 annually
- _____ % Insurance Premium Paid by Employer for Family coverage

1. Was the eligible BHBP or HIC offered to all individuals employed in new direct jobs? Yes No

2. Has the company ever applied for or received Sales and Use Tax Rebates or the Investment Tax Credit as they relate to the above referenced contract? *(If yes, answer a. and b. below)* Yes No
 - a. Were the "Employee Certification Report(s)", "Project Completion Report(s)" and "Affidavit(s) of Final Cost" submitted to LED-Business Incentives Services for all filing periods? Yes No
 - b. Have they been processed and approved by LED? Yes No

3. Are all rebates or credits based solely on the operations and expenditures at the single physical location specified on the above referenced contract? *(If no, explain in detail)* Yes No

4. Were all employees listed on the annual rebate spreadsheet during this filing period:
 - a. Domiciled in the state of Louisiana? Yes No
 - b. Working at or above the average hours per week required for full time (35 or more hours) Yes No

5. Are any New Direct Jobs or Employees attributable to: *(If yes to any below explain in detail)*
 - a. The purchase or other acquisition of another business? Yes No
 - b. The Company providing goods or services that were previously provided by another company? Yes No
 - c. Jobs/employees being transferred to or from any other location within the state, including affiliates? Yes No
 - d. Hiring labor/jobs that were previously provided by a contract/temporary labor/staffing service? Yes No

6. Has a baseline of employees been established and approved by LED for the above referenced contract? *(If no, explain in detail)* Yes No

7. Does the baseline report reflect statewide employment including affiliates? *(If no, explain in detail)* Yes No

8. Has the baseline been maintained for the duration of the filing period? *(If no, explain in detail)* Yes No

9. Has the company applied for or are they planning on applying for any other program/incentive administered by LED relative to this filing period? Yes No
(If yes, list all programs/incentives) _____

Note: The following supporting documentation must accompany this certification. The most current updated prescribed forms and spreadsheets listed on the LED website (LouisianaEconomicDevelopment.com, follow the links to the Quality Jobs Program) must be used, failure to use and comply with the instructions and format contained within these documents will result in a delay or rejection of the annual certification.

- Please (√) check the respective boxes acknowledging that the required documentation and forms are included with this filing.
- An explanation/summary of all the Basic Health Benefit Plans or Health Insurance Coverage offered by the company & their respective schedule of rates (premiums) paid by the **employer and employee** for this filing period.
 - Copies of all quarterly wage reports (ES-4's) filed with the LA Workforce Commission for the same filing period.
 - Reconcile ES4's to wage report for the same filing period. (A general description of any discrepancies must be provided)
 - The (most current prescribed format/form) employee baseline spreadsheet and annual rebate spreadsheet located on our website.
 - Certification of Primary Qualification
 - An electronic version (CD, flash drive, etc) containing the submitted spreadsheets for sorting purposes

Certification

I herby certify that I am _____ of _____
(Title) (Company Name)

and that the information provided in this annual certification and supporting documentation covers only the contract site in the parish of _____ in compliance with the above referenced contract number. I additionally certify that all information contained in this Annual Certification and Supporting Documentation to be true and correct.

Signature _____, Printed Name _____

Contact Information

Contact Type: Business Consultant Other

Prefix _____ First Name _____ MI _____ Last Name _____ Suffix _____

Contact Person's: Title _____ Company name _____

Mailing Address1 _____ Mailing Address 2 _____

City _____ State _____ Zip Code _____-

Phone Number _____ Ext _____ Fax Number _____

Email Address _____

Submit a signed original and supporting documentation with \$100 processing fee (payable to Louisiana Economic Development):

Mailing Address:
 Louisiana Economic Development
 Quality Jobs Program Administrator
 P.O. Box 94185
 Baton rouge, LA 70805-

Physical Address:
 Louisiana Economic Development
 Quality Jobs Program Administrator
 1051 N. 3rd Street
 Baton Rouge, LA 70802

Frank Favaloro 225-342-5402, FFavaloro@la.gov
Sajni Patel, 225-342-5340, SPatel@la.gov