



North Carolina Department of Commerce  
**2024 JDIG Grantee Annual Report**  
 (As required by §143B-437.58)

**GENERAL INFORMATION:**

1(a). DOC Grant Number  1(b). Effective Date of CEDA:  2. Date of Report (mm/dd/yy)   
*Found on first page of CEDA Found on first page of CEDA*

3. Legal Name of the Grantee  4(a). FEIN   
*As registered with N.C. Secretary of State Corporations Division: <https://www.sosnc.gov/search/> (Federal ID)*

4(b). NCUI

5. Is there a Guarantor on the CEDA?  **Grantee must complete the drop down box**

If Yes, Complete Guarantor Name and FEIN:

Guarantor Name:  FEIN:   
 (Federal ID)

6. Is there a Related Member and/or Affiliate on the CEDA?  **Grantee must complete the drop down box**

*If Yes, provide the number of Related Members and/or Affiliates in the CEDA:  If "Yes" above - complete the yellow box to the left*

	Related Member Name	FEIN	NCUI
i.	N/A	N/A	N/A
ii.	N/A	N/A	N/A
iii.	N/A	N/A	N/A
iv.	N/A	N/A	N/A
v.	N/A	N/A	N/A
vi.	N/A	N/A	N/A
vii.	N/A	N/A	N/A
viii.	N/A	N/A	N/A
ix.	N/A	N/A	N/A
x.	N/A	N/A	N/A
xi.	N/A	N/A	N/A

	Related Member Name	FEIN	NCUI
ii.	N/A	N/A	N/A
iii.	N/A	N/A	N/A
iv.	N/A	N/A	N/A
v.	N/A	N/A	N/A
vi.	N/A	N/A	N/A
vii.	N/A	N/A	N/A
viii.	N/A	N/A	N/A
ix.	N/A	N/A	N/A
x.	N/A	N/A	N/A
xi.	N/A	N/A	N/A
xii.	N/A	N/A	N/A

**If there are more than 12 Related Members or Affiliates, please provide on a separate attachment**

**Project Location:**

7. Provide the **number** of Physical Location(s) of the North Carolina project site(s) (section 1.19 of the CEDA)

**NC Project Site 1:**  
 <Street Address 1 >  
 <Street Address 2 >  
 <City, State, Zip + 4 >

**NC Project Site 2:**  
 <Street Address 1 >  
 <Street Address 2 >  
 <City, State, Zip + 4 >

**NC Project Site 3:**  
 <Street Address 1 >  
 <Street Address 2 >  
 <City, State, Zip + 4 >

**NC Project Site 4:**  
 <Street Address 1 >  
 <Street Address 2 >  
 <City, State, Zip + 4 >

**If there are more than 4 NC project sites, please provide additional sites on a separate attachment**

**Contact Information: NOTIFY the JDIG Team if any contacts below change after submission**

8. GAR Contact (Contact who can answer reporting questions including wage and tax data)

a. Name	b. Company		
c. Mailing Address	d. Title		
<Street Address 1 > <Street Address 2 > <City, State, Zip >	e. Phone	Extension	f. Cell phone
	g. Web Site		
h. Email Address			

GARs submitted to the EIC shall include Soc. Sec. (SS) #s of indiv. employees identified in the reports. Payroll, tax and SS information submitted on this form is subject to N.C.G.S. 105-259 and will be maintained as confidential.

9. Disbursement Contact: **(Contact who will receive notification of GAR approval and the hard copy check, if applicable)**

Check the box if this person is the same as the Company Contact

a. Name	b. Title		
c. Physical Address (for UPS delivery) <Street Address 1> <Street Address 2> <City, State, Zip>	d. Phone	Extension	e. Cell phone
g. Select the type of disbursement preferred:		f. Email Address	

10. Officer who will sign this report

Check the appropriate box if this person is the same as:  Company Contact  Disbursement Contact

a. Name	b. Title		
c. Email Address	d. Phone	Extension	e. Cell phone

11. Contact for the Department of Revenue's (DOR) verification of No Overdue Taxes and withholdings (NC-3)

**(Contact who can answer questions regarding Overdue Taxes or NC-3 submission to DOR)**

a. Name	b. Title		
c. Email Address	d. Phone	Extension	e. Cell phone

**Job Retention at Non-project Location(s)** (if required by CEDA):

Non-Project Locations are locations with NC jobs included in the retention requirement, but not included in the definition of the Project or the Facility as defined in Sections 1.19 and 1.33 of the CEDA.

12. Does the CEDA require the Grantee to retain jobs at **Non-project location(s)** in NC?

*The Grantee must complete a Non-project Employment Profile for each physical location required to retain positions as a condition of the CEDA.*

*Use a separate Non-Project Employment Profile for each of the Grantee's non-project location sites.*

**Grantee must complete this box**

13. Does the CEDA require a Related Member(s) or Affiliate(s) to retain jobs at **Non-project location(s)** in NC?

*The Related Member(s) or Affiliate(s) must complete a Non-project Employment Profile for each physical location required to retain positions as a condition of the CEDA.*

*Use a separate Non-project Employment Profile for each of the Related Member(s) or Affiliates non-project location sites.*

**Grantee must complete this box**

**New Remote Employee:**

**"New Employee"** means a Full-Time Employee hired for the Project, and employed at the Facility and reporting there at least four days a month, who represents a net increase in the number of the Company's employees in North Carolina over the Retained Employment and who is not a worker with an H-1B visa or with H-1B status.

**"New Remote Employee"** means a Full-Time Employee hired for the Project, assigned to the Facility and working from a home-office within the State or a satellite location within the State, who represents a net increase in the number of the Company's employees in North Carolina [over the Retained Employment] and who is not a worker with an H-1B visa or with H-1B status.

14. Did the Grantee or Related Member(s), if applicable, employ New Remote Employees during the grant year (between January 1 and December 31, 2024).

**Grantee must complete this box**

**Base Period - Transfers from OUTSIDE North Carolina:**

The General Assembly has requested a report on the number of **eligible** employees transferred from locations **outside** North Carolina and employed by the JDIG Grantee or Related Member Party(ies) during the base period (as defined in Section 1.6 of the CEDA).

15. Is 2024 in the JDIG Base Period as defined by Section 1.6 of the CEDA?

Grantee must complete this box

If Yes, provide the number of ELIGIBLE employees transferred from any CEDA entity (Grantee, Guarantor, or Related Member) from a facility located outside North Carolina between January 1 and December 31, 2024.

**H-1 B Visa Holders**

§ 143B-437.51. changed on **June 12, 2018** to define a full time employee as person who is employed for consideration for at least 35 hours a week, whose wages are subject to withholding under Article 4A of Chapter 105 of the General Statutes, who is **not** a worker with an H-1 B visa or with H-1 B status, and who is determined by the Committee to be employed in a permanent position according to criteria it develops in consultation with the Attorney General. The term does not include any person who works as an independent contractor or on a consulting basis for the business.

16. For Awards on or after 6.12.18:

a.) Provide the number of Eligible (E) H-1 B visa holders reported:

Grantee must complete this box

b.) Provide the number of Non-eligible (N) H-1 B visa holders reported:

Grantee must complete this box

**Verification of Capital Expenditures**

If capital investment is due or met, attach a company-generated fixed asset report, listing each fixed asset that was placed in service at the project location after the effective date of the JDIG award, and that continued to be in service as of 12/31/2024. The report should include an asset description, asset classification, cost (not depreciated value), and the in-service date for each asset.

**The company-generated fixed asset report must be uploaded in an unlocked Excel spreadsheet.**

Assets placed in service prior to the effective date of the JDIG CEDA or assets transferred to the facility from **within** North Carolina should **NOT** be included in the report, unless specifically permitted by the CEDA. When listing assets transferred to the facility from outside of North Carolina, provide the book value at the time of transfer rather than the original cost.

**PLEASE NOTE: The Grantee is NOT required to file a fixed asset report if:**

- 1) The Grantee has previously met its required capital investment (see Art. III Sec. 3.3 of CEDA); or**
- 2) Investment is NOT due and NOT yet met; or**
- 3) Investment is NOT required (CEDA Section 3.3 = Reserved)**

Note: Pursuant to §143B-437.58(c) and the terms of the CEDA, JDIG grants are subject to audit at the discretion of the Economic Investment Committee. In the event of an audit, the Grantee may be asked to submit detailed employment records pertaining . These records, including employee names, social security numbers, position numbers, and job titles, should be maintained by the company on an ongoing basis.







**2024 NON-PROJECT Location  
Employment Profile**

<b>Enter the name of the CEDA Entity Grantee, Related Member, or Affiliate paying the NC Withholdings</b>
<b>Enter the Address and County of the Non-Project Location</b>



**A separate employment profile must be provided for each location and each entity.  
All employees included on this profile must be in Non-Eligible Positions ("N")  
Profile must be sorted by Column A - Position number**

Please **DO NOT** type directly into spreadsheet - use Copy/Paste Special Values to input data (see GAR Instructions)

A	B	C	D	E	F	G	H	I	J	K	L
<b>Position Number</b>	<b>Non-Eligible Position</b>	<b>Name</b> <i>(Duplicates highlighted in Red - please explain)</i>	<b>Social Security Number</b> <i>(Duplicates - highlighted in Green) please explain</i>	<b>Job Title</b> <i>(Intern - highlighted in Tan)</i>	<b>Hire Date at Entity</b>	<b>Hire Date in Current Position</b>	<b>Termination Date in Current Position</b>	<b>Termination Date at Entity</b> <i>(if applicable)</i>	<b>Gross Wages</b> <i>(Medicare wages and tips)</i>	<b>NC State Taxable Wages</b> <i>(NC State wages, tips, etc.)</i>	<b>NC Withholdings Paid</b> <i>(NC State income tax)</i>
	(N)	(Last Name, First Name)	<i>9 digits (do not include dashes)</i>	<i>Interns should NOT be included on this report</i>	<i>(mm/dd/yyyy)</i>	<i>(mm/dd/yyyy)</i>	<i>(mm/dd/yyyy)</i>	<i>(mm/dd/yyyy)</i>	<i>W-2 Box 5</i>	<i>W-2 Box 16</i>	<i>W-2 Box 17</i>





## **IMPORTANT REPORTING NOTICE TO ALL JDIG GRANTEES**

### **Filing Deadlines**

Any company that has been awarded a Job Development Investment Grant is required under North Carolina General Statutes § 143B 437.58 to submit a complete annual report by not later than March 1 of the year following the end of each grant year, reflecting withholdings and other performance activity, as of December 31 of each grant year “as a condition of its continuation in the grant program.” **THE MARCH 1, 2025 REPORTING DEADLINE IS A STATUTORY REQUIREMENT WITH WHICH GRANTEES MUST COMPLY.** Details of reporting requirements are provided here, and in the Community Economic Development Agreement governing each grant.

**Per 143B-437.58(a), the GAR fee MUST be made payable to:  
NC Department of Revenue**

The March 1 reporting deadline is for submission of a full and complete report reflecting all required information and certifications. After reviewing an annual report, Department of Commerce (“DOC”) staff may determine that additional information is needed to establish compliance. In such case, the DOC may request additional information, or an amended report. The grantee must deliver the additional information or amended report by the later of the first of May next following the end of such Grant Year or fifteen (15) calendar days following the date of the DOC’s request. It is very important that grantees respond quickly in completing their reports.

The **FAILURE TO SATISFY THE MARCH 1, 2025 DEADLINE IS A DEFAULT** under the program, and will result in the **GRANTEE BEING INELIGIBLE FOR A GRANT PAYMENT** for the grant year for which it failed to submit a timely report. Any grantee that does not receive a payment for a particular grant year for failure to submit a timely report, is required to submit a report for that grant year by not later than December 31 of the next grant year, in order to remain eligible in the JDIG program.

**Submit the GAR Fee via Express Courier (**FED EX, UPS**) to:**

**JDIG TEAM  
DPI (Education) Building  
301 North Wilmington St  
Raleigh, NC 27601**

### **NOTE:**

**JDIG and the JDIG Grant number must be included on the check**

**Example: JDIG 2019-55**

**UP Postal Service (standard and express mail)**

**requires an alternate address**

**Contact the JDIG Team if needed**

### **Acknowledgement**

Your understanding of the information provided in this notice, and, in particular, your understanding that your company will be ineligible for a grant payment in the event of its failure to submit a timely, complete annual report as required under the JDIG program, shall be certified by a duly authorized officer of the company in the certification section of the annual report.

GARs submitted to the EIC shall include Soc. Sec. (SS) #s of indiv. employees identified in the reports. Payroll, tax and SS information submitted on this form is subject to N.C.G.S. 105-259 and will be maintained as confidential.



North Carolina Department of Commerce  
**2024 JDIG Grantee Annual Report**  
(As required by §143B-437.58)

Grantee Name: \_\_\_\_\_  
DOC Grant Number: \_\_\_\_\_

FEIN: \_\_\_\_\_  
NCUI: \_\_\_\_\_

**CERTIFICATIONS:**

*Acknowledge that you have read and understand the certification, and that the certification applies by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked.*

1. As required in N.C.G.S. §143B-437.52(a), a check in the amount required in the CEDA Section 3.7(b)(X), payable to the **N.C. Department of Revenue** has been provided separately to the JDIG Team by Fed Ex or UPS.
2. The Grantee has met all requirements, terms and conditions of the CEDA applicable to the 2024 Grant Year.
3. The Grantee has achieved its minimum annual job creation and investment obligation, the average annual wage requirement, and all other performance criteria specified in the CEDA, for the 2024 Grant Year.
4. Eligible Positions have not been created by transferring or shifting ineligible positions that existed in North Carolina prior to the effective date of the CEDA, at other projects or locations of the Grantee or any of its affiliates, and all employees listed in Eligible Positions are full-time permanent employees, employed for consideration for at least 35 hours per week.
5. The Grantee makes available health insurance to all permanent full time employees at the Facility which meets the requirements of N. C. Gen. Stat. §143B-437.53(c).
6. The Grantee has not manipulated or attempted to manipulate employee withholdings for the purpose of increasing the amount of the Grant.
7. All statements and representations made by the Grantee, or on its behalf to the EIC, DOC, or DOR in connection with this annual report, and any reports, data, and other materials furnished by the Grantee, or on its behalf, to the EIC, DOC, or DOR, are true, accurate and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry.
8. No material adverse change has occurred in its financial condition or prospects from that set forth in the financial statements delivered to the DOC as part of the Application.
9. The Grantee is financially solvent.
10. No legal action is pending or, to its best knowledge, threatened, that relates to the activity contemplated by the CEDA or that could materially adversely affect its performance under the CEDA.
11. The Grantee is not liable for any Overdue Tax Debts (a tax debt that remains unpaid 90 days or more after final assessment notice is sent).
12. The Grantee has incurred no Disqualifying OSHA Violation (a citation under the Occupational Safety and Health Act that has become a final order within the past three years for a willful serious violation or failure to abate a serious violation with respect to the Facility).
13. The Grantee has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against it under applicable bankruptcy laws.
14. All environmental permits required by the United States or the State for the Project have been obtained.
15. All representations and warranties made by the Grantee under Article II of the CEDA are true, accurate and complete in all material respects.
16. No covenant made by the Grantee under Article III of the CEDA has been materially breached.
17. No event or condition the occurrence or existence of which would, with the lapse of time or the giving of notice or both, become a default under the CEDA.

18. The Grantee understands that if any of the certifications provided herein prove to be false or misleading in any respect, it may be required to reimburse the State in the amount of this disbursement, and the DOC may pursue such other legal actions as it deems appropriate.
19. The Grantee has read the attached Reporting Notice and understands that it will not qualify for a grant payment if it fails to report as required by the notice.

**A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 does not apply, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.**

**SIGNATURES:**

*The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.*

OFFICER OF THE COMPANY

\_\_\_\_\_  
 (Signature of Officer) (Date)

NOTARY PUBLIC

I, \_\_\_\_\_, a notary public of the County of \_\_\_\_\_ in the State of \_\_\_\_\_

do certify that \_\_\_\_\_ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is \_\_\_\_\_ of \_\_\_\_\_ and that he/she is authorized to execute the foregoing instrument on behalf of \_\_\_\_\_, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
 (Signature of Notary Public) My commission expires on \_\_\_\_\_, 20\_\_\_\_\_

*Payroll and tax information submitted under this subsection are subject to the confidentiality provisions for tax information found in N.C.G.S. 105-259 and will be maintained as confidential.*

*Other information in this report and accompanying attachments may become a public record following its submission unless otherwise protected by the confidentiality provisions of the state public records act, which include protections for confidentiality and proprietary information that constitutes a trade secret (N.C.G.S. 132-1). Any such information should be clearly marked as "confidential" and an explanation of the reasons why the information should not be disclosed should be provided.*



North Carolina Department of Commerce  
2024 JDIG Grantee Annual Report  
(As required by §143B-437.58)

**Guarantor Certifications of Grantee Certifications**

Grantee Name \_\_\_\_\_  
Grantee FEIN Number: \_\_\_\_\_

DOC Grant Number \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

FEIN: \_\_\_\_\_  
(Federal ID)

**Do not complete this Form**

**CERTIFICATIONS:**

*Acknowledge that you have read and understand the certifications, and that the certifications apply by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked. Defined terms have the meaning set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").*

1. All statements and representations made by the Grantee, or on its behalf to the EIC, DOC, or DOR in connection with its 2024 JDIG annual report, and any reports, data, and other materials furnished by the Grantee, or on its behalf, to the EIC, DOR, or DOC, are true, accurate, and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry.
2. The Grantee and the Guarantor have met the applicable requirements, terms, and conditions of the CEDA applicable to the preceding Grant Year.
3. No legal action is pending or, to the Guarantor's best knowledge, threatened that relates to the activity contemplated by the CEDA or that could materially adversely affect its performance under the CEDA.
4. All representations and warranties made by the Guarantor under Article II of the CEDA are true, accurate and complete in all material respects.
5. No covenant made by the Guarantor under Article III of the CEDA has been materially breached.
6. The Guarantor has committed no Disqualifying OSHA Violations.
7. No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default.
8. The Guarantor is not liable for any Outstanding Tax Debts (a tax debt that remains unpaid 90 days or more after final assessment notice is sent).
9. Neither the Grantee nor the Guarantor have manipulated or attempted to manipulate Withholdings for the purpose of increasing the amount of the Grant.
10. No material change has occurred in the Guarantor's financial condition or prospects from that set forth in the financial statements delivered to the DOC as part of the Application.
11. The Guarantor is financially solvent.
12. The Guarantor has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against the Guarantor under applicable bankruptcy laws.
13. The Guarantor understands that if any of the certifications provided herein prove to be false or misleading in any respect, it may be required to reimburse the State in the amount of this disbursement and the DOC may pursue such other legal actions as it deems appropriate.

**A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 is not checked, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.**

**SIGNATURES:**

*The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.*

OFFICER OF THE GUARANTOR

\_\_\_\_\_  
(Signature of Officer) (Date)

NOTARY PUBLIC

I, \_\_\_\_\_, a notary public of the County of \_\_\_\_\_ in the State of \_\_\_\_\_

do certify that \_\_\_\_\_ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is \_\_\_\_\_ of \_\_\_\_\_ and that he/she is authorized to execute the foregoing instrument on behalf of \_\_\_\_\_, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
(Signature of Notary Public) My commission expires on \_\_\_\_\_, 20\_\_\_\_\_



North Carolina Department of Commerce  
**2024 JDIG Grantee Annual Report**  
(As required by §143B-437.58)

**Guarantor Certifications of Grantee and Related Member Party Certifications**

Grantee Name \_\_\_\_\_  
Grantee FEIN Number: \_\_\_\_\_

DOC Grant Number \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

FEIN: \_\_\_\_\_  
(Federal ID)

**Do Not Complete this Form**

**CERTIFICATIONS:**

*Acknowledge that you have read and understand the certifications, and that the certifications apply by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked. Defined terms have the meaning set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").*

1. All statements and representations made by the Grantee and Related Member Party(s), or on their behalf to the EIC, DOC, or DOR in connection with its 2024 JDIG annual report, and any reports, data, and other materials furnished by the Grantee and Related Member Party(s), or on their behalf, to the EIC, DOR, or DOC, are true, accurate, and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry.
2. The Grantee, Related Member Party(s) and the Guarantor have met the applicable requirements, terms, and conditions of the CEDA applicable to the preceding Grant Year.
3. No legal action is pending or, to the Guarantor's best knowledge, threatened that relates to the activity contemplated by the CEDA or that could materially adversely affect its performance under the CEDA.
4. All representations and warranties made by the Guarantor under Article II of the CEDA are true, accurate and complete in all material respects.
5. No covenant made by the Guarantor under Article III of the CEDA has been materially breached.
6. The Guarantor has committed no Disqualifying OSHA Violations.
7. No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default.
8. The Guarantor is not liable for any Outstanding Tax Debts (a tax debt that remains unpaid 90 days or more after final assessment notice is sent).
9. The Guarantor has not manipulated or attempted to manipulate Withholdings for the purpose of increasing the amount of the Grant.
10. No material change has occurred in the Guarantor's financial condition or prospects from that set forth in the financial statements delivered to the DOC as part of the Application.
11. The Guarantor is financially solvent.
12. The Guarantor has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against the Guarantor under applicable bankruptcy laws.
13. The Guarantor understands that if any of the certifications provided herein prove to be false or misleading in any respect, it may be required to reimburse the State in the amount of this disbursement and the DOC may pursue such other legal actions as it deems appropriate.

**A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 is not checked, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.**

**SIGNATURES:**

*The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.*

OFFICER OF THE GUARANTOR

\_\_\_\_\_  
(Signature of Officer) (Date)

NOTARY PUBLIC

I, \_\_\_\_\_, a notary public of the County of \_\_\_\_\_ in the State of \_\_\_\_\_

do certify that \_\_\_\_\_ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is \_\_\_\_\_ of \_\_\_\_\_ and that he/she is authorized to execute the foregoing instrument on behalf of \_\_\_\_\_, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
(Signature of Notary Public) My commission expires on \_\_\_\_\_, 20\_\_\_\_\_



North Carolina Department of Commerce  
**2024 JDIG Grantee Annual Report**  
(As required by §143B-437.58)

**Related Member Certification**

*(If multiple Related Members: **each entity** must complete a separate Certification)*

Grantee Name \_\_\_\_\_

DOC Grant Number \_\_\_\_\_

Grantee FEIN Number: \_\_\_\_\_

Related Member Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

(Federal ID)

NCUI \_\_\_\_\_

**Do Not Complete this Form**

**CERTIFICATIONS:**

*Acknowledge that you have read and understand the certifications, and that the certifications apply by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked. Defined terms have the meaning set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").*

1. All statements and representations made by the Related Member Party, or on their behalf to the EIC, DOC, or DOR in connection with its 2024 JDIG annual report, and any reports, data, and other materials furnished by the Grantee and Related Member Party(s), or on their behalf, to the EIC, DOR, or DOC, are true, accurate, and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry.
2. The Related Member Party has met the applicable requirements, terms, and conditions of the CEDA applicable to the preceding Grant Year.
3. No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default.
4. The Related Member Party's Eligible Positions have not been created by transferring or shifting ineligible positions that existed in North Carolina prior to the effective date of the CEDA, at other projects or locations of the Grantee, the Related Member Party, or any of their affiliates.
5. No legal action is pending or, to the Related Member Party's best knowledge, threatened that relates to the activity contemplated by the CEDA or that could materially adversely affects its performance under the CEDA.
6. All representations and warranties made by the Related Member Party under Article II of the CEDA are true, accurate and complete in all material respects.
7. No covenant made by the Related Member Party under Article III of the CEDA has been materially breached.
8. The Related Member Party has committed no Disqualifying OSHA Violations.
9. No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default.
10. The Related Member Party has no Outstanding Tax Debts.
11. The Related Member Party has not manipulated or attempted to manipulate Withholdings for the purpose of increasing the amount of the Grant.
12. The Related Member Party is financially solvent.
13. The Related Member Party has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against the Related Member Party under applicable bankruptcy laws.



**A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 is not checked, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.**

**SIGNATURES:**

*The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.*

OFFICER OF THE RELATED MEMBER PARTY

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Date)

NOTARY PUBLIC

I, \_\_\_\_\_, a notary public of the County of \_\_\_\_\_ in the State of \_\_\_\_\_

do certify that \_\_\_\_\_ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is \_\_\_\_\_ of \_\_\_\_\_ and that he/she is authorized to execute the foregoing instrument on behalf of \_\_\_\_\_, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_