

2024 JDIG Grantee Annual Report

(As required by §143B-437.58)

GENERAL INFORMATION	GE	ΞΝ	IER	AL	IN	FO	RM	AT	Ю	Ν
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1(a).	DOC Grant Number	1(b). Effective				2. Date	e of Report (mm/dd/yy)		
3	Found on first page of CEDA Legal Name of the Grantee		first page of CE	-DA			4(a). FEIN		
Ο.	As registered with N.C. Secretary		ivision: http	s://www	/.sosnc.gov/searc	h/	(Federal ID)		
						_	4(b). NCUI		
5.	. Is there a Guarantor on the	e CEDA?	•	▼ Grant	tee must complete t	the drop dow			
	If Yes, Complete Guaranto	r Name and FEIN:			•	•			
	Guarantor Name:						FEIN:		
	•						(Federal ID)		
6.	. Is there a Related Member	and/or Affiliate on t	he CEDA?			▼ Gran	ntee must complete the dro	op down box	
	If Yes, provide the number of	of Related Members a	and/or Affilia	tes in t	he CEDA:	If "	Yes" above - complete the	yellow box to	the left
	Related Member Name	FEIN	NCUI		Related Memb	er Name	FEIN	NCUI	
i	. N/A	N/A	N/A	٦ "	N/A		N/A	N/A	
Ш	. <mark>N/A</mark>	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	
хi	. N/A	N/A	N/A	xii.	N/A		N/A	N/A	
	If there are more than 12	Related Members	or Affiliates	-		separate	attachment		
<u>Proj</u>	ect Location:								
7.	. Provide the <u>number</u> of Ph	ysical Location(s) o	f the North C	Carolina	a project site(s)	(section 1.1	9 of the CEDA)		
	NC Project Site 1:				NC Project Sit	e 2:]
	<street 1="" address=""></street>				<street addres<="" td=""><td></td><td></td><td></td><td></td></street>				
	<street 2="" address=""> <city, +="" 4="" state,="" zip=""></city,></street>				<street <city,="" addres="" state,="" td="" zi<=""><td></td><td></td><td></td><td></td></street>				
				_					<u>-</u> -
	NC Project Site 3: Street Address 1>				NC Project Sit Street Addres				
	<street 2="" address=""></street>				<street addres<="" td=""><td></td><td></td><td></td><td></td></street>				
	<city, +="" 4="" state,="" zip=""></city,>				<city, state,="" td="" zi<=""><td>p + 4></td><td></td><td></td><td></td></city,>	p + 4>			
	If there are more that	an 4 NC project site	es, please p	orovide	additional site	es on a se _l	parate attachment		
Con	tact Information: NOTI	FY the JDIG Team if a	any contacts b	elow ch	ange after submiss	sion			
8.	GAR Contact (Contact who c	an answer reporting qu	estions includ	ding wag	ge and tax data)				
	a. Name			b. Com	npany				
	c. Mailing Address Street Address 1>			d. Title					
	<street 1="" address=""> <street 2="" address=""></street></street>			e. Pho	ne	Extension	f. Cell phone		
	<city, state,="" zip=""></city,>			C. 1 110		LAGISION	i. Con priorio		
	g. Web Site			h. Ema	ail Address				_

GAF	Rs submitted to the EIC shall include Soc. Sec. (SS) #s of indiv. em			-		ation submitted on this
9.	form is subject to N.C.G.S. 105- Disbursement Contact: (Contact who will receive notification of Contact)					
	Check the box if this person is the same as the Comp	T -				
	a. Name	b. Title				
	c. Physical Address (for UPS delivery)	d. Phone	Exte	ension	e. Cell phone	
	<street 1="" address=""></street>					
	<street 2="" address=""></street>	f. Email Address			•	
	<city, state,="" zip=""></city,>					
	g. Select the type of disbursement preferred:					
10.	Officer who will sign this report					
	Check the appropriate box if this person is the same a. Name	9 b. Title	Company Con	tact	☐ Disbursement Co	ntact
	a. Name	9 b. Title				
	c. Email Address	d. Phone	Exte	ension	e. Cell phone	
11.	Contact for the Department of Revenue's (DOR) verification (Contact who can answer questions regarding Overdue Taxes			nd with	noldings (NC-3)	
	a. Name	b. Title	oron to Dorry			
	c. Email Address	d. Phone	Exte	ension	e. Cell phone	
12.	Does the CEDA require the Grantee to retain jobs at Non-particle of the CEDA require the Grantee to retain jobs at Non-particle of the CEDA required to retain positions as a condition of the CEDA. Use a separate Non-Project Employment Profile for each of sites. Does the CEDA require a Related Member(s) or Affiliate(s) in NC? The Related Member(s) or Affiliate(s) must complete a Norphysical location required to retain positions as a condition Use a separate Non-project Employment Profile for each of Affiliates non-project location sites.	oroject location of the Grantee of the retain jobs	physical local 's non-project s at Non-project loyment Prof.	ation ct locati ject loc file for t	cation(s)	Grantee must complete this box Grantee must complete this box
"Nevand I Com an H "Ne" Facil repre	Remote Employee: v Employee " means a Full-Time Employee hired for the Preporting there at least four days a month, who represents a pany's employees in North Carolina over the Retained Employee 1B visa or with H-1B status. W Remote Employee " means a Full-Time Employee hired ity and working from a home-office within the State or a sate seents a net increase in the number of the Company's employined Employment] and who is not a worker with an H-1B vision Did the Grantee or Related Member(s), if applicable, employear (between January 1 and December 31, 2024).	net increase loyment and for the Project ellite location byees in North a or with H-1	in the number who is not a state of the within the State of Carolina [or B status.	er of the worker to the ate, wh ver the	e with o	
						Grantee must

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.

Base Period - Transfers from OUTSIDE North Carolina:

The General Assembly has requested a report on the number of <u>eligible</u> employees transferred from locations <u>outside</u> 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:
 - b.) Provide the number of Non-eligible (N) H-1 B visa holders reported:

Grantee must complete this	
box	
Grantee must complete this	
hov	

bic (14) 11 1 B visa fiolacis reported.

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.

Verification of Capital Expenditures

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.

		oject Location yment Profile		the name of the CEDA I					ructions) -		J·D·l·G	If Colum	nns W , Y, Z			7 (Column) identify th	ne number	of entries v	vith errors	- please con	ect prior to su		for entry id	entified
L.				ta should be sorted by						I v		i							-		ı	1		v		
A	В	· ·	U		г	G	n		J	n n		M	N	U	Р	ų .	R	3		U	V	W				AA
	Eligible or		Social Security Number (Duplicates -	Job Title		Was Bata ta	Termination	Tomboulou	Gross Wages	NC State Taxable Wages	NC Withholdings	Duplicate Position Numbers (A)	Duplicate Position	Eligible or	Position is "E" but hired in Current	Hire date in	Terminated at Entity (I) but not	Current Position (H)	Current Position (H)	Terminated in Current Position (H) prior to being		Gross Wages < NC Taxable	NC Withholdings (L) GREATER THAN NC Taxable Wages	Employee has \$0 Gross Wages (J)	\$0 NC Taxable	Employee has \$0 NC Withholdings
		Name	highlighted in	Job Title		Hire Date in	Date in	Termination	(Medicare	(NC State	Paid	and neither	number								Entity (I) prior		(K) or Gross		Wages (K)	(L)
Position	Eligible	(Duplicates highlighted in Red -	Green)	(Intern - highlighted in Tan)	Hire Date at	Current	Current	Date at Entity	wages and	wages, tips,	(NC State	position is	labeled both	(B) is NOT		Position prior		Current Grant	Current Grant		to being hired		Wages (J)	(Please	(Please	(Please
Number	Position	please explain)	please explain		Entity	Position	Position	(if applicable)	tips)	etc.)	income tax)	terminated (H)	E and N	"E" or "N"	date of CEDA	to Entity	Position (H)	Year	Year	Position (G)	at Entity (F)	explain)	(Please explain)	explain)	explain)	explain)
Malaura Museban			9 digits (do not include	Interns should NOT be included on this					W-2	W-2	W-2															
Unique Number	(E or N)	(Last Name, First Name)	owsnes)	report	(mm/aa/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	Box 5	Box 16	Box 17															

2024 Project Location Remote Worker Employment Profile

Enter the name of the CEDA Entity (Grantee or Related Member) here



Question #14 on the General Info tab MUST be completed

	Please DO NOT type directly into spreadsheet - use Copy/Paste Special Values to input data (see GAR Instructions) -										
	Data should be sorted by Position Number (Column A)										
Α	В	С	D	E	F	G	Н	I	J	K	L
Position Number	Eligible or Non-Eligible Position	Name (Duplicates highlighted in Red - please explain)	Social Security Number (Duplicates - highlighted in Green) please explain	Job Title (Intern - highlighted in Tan)	Hire Date at Entity	Hire Date in Current Position	Termination Date in Current Position	Termination Date at Entity (if applicable)	Gross Wages (Medicare wages and tips)	NC State Taxable Wages (NC State wages, tips, etc.)	NC Withholdings Paid (NC State income tax)
Unique Number	(E or N)	(Last Name, First Name)	9 digits (do not include dashes)	Interns should NOT be included on this report	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	W-2 Box 5	W-2 Box 16	W-2 Box 17

Profile Must by sorted by Column A prior to "Dropping" into GAR Form

The numbers in Row 7 (Columns M thru AA) identify the number of entries with errors - please correct prior to submission

If Columns W, Y, Z or AA have numbers - please provide an explanation document, identifying the position number (A) and employee name (C) for entry identified

	M	N	0	P	Q	R	S	Т	U	V	W	X	Y	Z	AA
									Terminated in			NC Withholdings			
Dup	licate			Position is "E"		Terminated at	Terminated in	Terminated in	Current			(L) GREATER	Employee has		Employee has
Pos	sition	Duplicate		but hired in		Entity (I) but	Current	Current	Position (H)		Gross Wages <	THAN NC	\$0 Gross	Employee has	\$0 NC
Numb	ers (A)	Position	Eligible or	Current	Hire date in	not	Position (H)	Position (H)	prior to being	Terminated at	NC Taxable	Taxable Wages	Wages (J)	\$0 NC Taxable	Withholdings
and i	neither	number	Non-Eligible	Position prior	Current	Terminated in	PRIOR to the	AFTER the	hired in	Entity (I) prior	Wages	(K) or Gross		Wages (K)	(L)
posi	tion is	labeled both E	(B) is NOT	to effective	Position prior	Current	Current Grant	Current Grant	Current	to being hired	(Please	Wages (J)	(Please	(Please	(Please
termin	ated (H)	and N	"E" or "N"	date of CEDA	to Entity	Position (H)	Year	Year	Position (G)	at Entity (F)	explain)	(Please explain)	explain)	explain)	explain)

2024 NON-PROJECT Location Employment Profile

Enter the name of the CEDA Entity Grantee, Related Member, or Affiliate paying the NC Withholdings



Enter the Address and County of the Non-Project Location

A separate employment profile must be provided for each location and each entity.

All employees included on this profle must be in Non-Eligible Positons ("N")

Profile must be sorted by Column A - Position number

Please <u>DO NOT</u> type directly into spreadsheet - use Copy/Paste Special Values to input data (see GAR Instructions)										
В	С	D	E	F	G	Н	1	J	K	L
Non-Eligible	Name (Duplicates highlighted in Red -	Social Security Number (Duplicates - highlighted in Green)	Job Title (Intern - highlighted in Tan)	Hire Date at	Hire Date in Current	Termination Date in Current	Termination Date at Entity			NC Withholdings Paid (NC State
Position	please explain)	please explain		Entity	Position	Position	(if applicable)	tips)	etc.)	income tax)
(M)	(Last Name First Name)			(mm/dd/sssss)	(mm/dd/aaa)	(mm/dd/\u00e4\u00e	(mm/dd/sssss)	W-2	W-2	W-2 Box 17
	Non-Eligible	Name Non-Eligible (Duplicates highlighted in Red - please explain)	B C D Social Security Number (Duplicates - highlighted in Red- Position please explain) Social Security Number (Duplicates - highlighted in Green) please explain 9 digits (do not include	B C D E Social Security Number (Duplicates - highlighted in Coreen) Position Name (Duplicates highlighted in Red- please explain) Politicates highlighted in Red- please explain 9 digits (do not include Interns should NOT be included on this	B C D E F Social Security Number (Duplicates - highlighted in Green) Position Name (Duplicates highlighted in Red- please explain) please explain 9 digits (do not include) Interns should NOT be included on this	B C D E F G Social Security Number (Duplicates - highlighted in Red- Position Dease explain Social Security Number (Duplicates - highlighted in Green) (Intern - highlighted in Tan) please explain Soligits (do not include Interns should NOT be included on this	B C D E F G H Social Security Number (Duplicates - highlighted in Green) Position please explain) Social Security Number (Duplicates - highlighted in Green) please explain 9 digits (do not include interns should NOT be included on this	B C D E F G H I Social Security Number (Duplicates - highlighted in Red-position please explain) Social Security Number (Duplicates - highlighted in Green) please explain 9 digits (do not include Interns should NOT be included on this	B C D E F G H I J Social Security Number (Duplicates - highlighted in Red- position please explain) Social Security Number (Duplicates - highlighted in Red- please explain) Position please explain) Social Security Number (Duplicates - highlighted in Green) (Intern - highlighted in Tan) Hire Date in Current Position Position (Intern - highlighted in Tan) Position	B C D E F G H I J K Social Security Number (Duplicates - highlighted in Red- Position please explain) Social Security Number (Duplicates - highlighted in Red- please explain) 9 digits (do not include interns should NOT be included on this) Social Security Number (Duplicates - highlighted in Tan) Litro Date in Current Date in Current Date in Current Date at Entity (if applicable) W-2 W-2

Profile Must by sorted by Column A prior to "Dropping" into GAR Form The numbers in Row 7 (Columns M thru Z) identify the number of entries with errors - please correct prior to submission

If Columns W, Y, Z or AA have numbers - please provide an explanation document, identifying the position number (A) and employee name (C) for entry identified

M	N	0	P	Q	R	S	T	U	V	W	X	Υ	Z	AA
								Terminated in			NC Withholdings			
			Position is		Terminated	Terminated in	Terminated in	Current			(L) GREATER	Employee	Employee	Employee has
Duplicate			"E" but hired		at Entity (I)	Current	Current	Position (H)		Gross Wages <	THAN NC	has \$0	has \$0 NC	\$0 NC
Position	Duplicate	Eligible or	in Current	Hire date in	but not	Position (H)	Position (H)	prior to being	Terminated at	NC Taxable	Taxable Wages	Gross	Taxable	Withholdings
Numbers (A) and	Position	Non-Eligible	Position prior	Current	Terminated	PRIOR to the	AFTER the	hired in	Entity (I) prior	Wages	(K) or Gross	Wages (J)	Wages (K)	(L)
neither position	number labeled	(B) is NOT	to effective	Position prior	in Current	Current Grant	Current Grant	Current	to being hired	(Please	Wages (J)	(Please	(Please	(Please
is terminated (H)	both E and N	"E" or "N"	date of CEDA	to Entity	Position (H)	Year	Year	Position (G)	at Entity (F)	explain)	(Please explain)	explain)	explain)	explain)

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 <u>GRANTEE BEING INELIGIBLE FOR A GRANT PAYMENT</u> 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 <u>must</u> 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 N	Name: FEIN:	
DOC Gra	nt Number: NCUI:	
CERTII	FICATIONS:	
	edge that you have read and understand the certification, and that the certification applies by checking the	9
	nding 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 <i>N.C. Department of Revenue</i> 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.	

	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.	
CONTAC If certif	LED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE IT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. ication #2 does not apply, the grant is in default for the reporting year. In such cases, the attachment must include tion of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the	an
SIGNA	TURES:	
	nation contained in this report has been assembled following diligent inquiry and is true and accurate to the best of m c and that of the company.	ıy
OFFICE	R OF THE COMPANY	
(Signature of		
NOTARY I,	<u>A PUBLIC</u> , a notary public of the County of in the State of	
do certify that he/she	that personally appeared before me this day, and first being duly sworn, acknowled is of and that he/she is authorized to execute the foregoing instrument on behalf ared the foregoing instrument in my presence.	
Witness m	y hand and official seal, this theday of, 20	
(Official	Seal)	
(Signature of	My commission expires on, 20	
(Signature of	Notary Public)	

The Grantee understands that if any of the certifications provided herein prove to be false or misleading in any respect, it

18.

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.



2024 JDIG Grantee Annual Report

(As required by §143B-437.58)

Guarantor Certifications of Grantee Certifications

Grantee N	Name DOC Grant Number	
Grantee I	FEIN Number:	
Guaranto	r Name: FEIN: (Federal ID)	
	Do not complete this Form	
CERTII	FICATIONS:	
Acknowle	edge that you have read and understand the certifications, and that the certifications apply by checking the	?
-	nding box. Attach a detailed explanation for each certification that is <u>not</u> checked. Defined terms have set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").	the
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 fat or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contain 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 affects it 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:

(Signature of Notary Public)

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)



2024 JDIG Grantee Annual Report

(As required by §143B-437.58)

Guarantor Certifications of Grantee and Related Member Party Certifications

Grantee N	Name DOC Grant Number	DOC Grant Number			
Grantee F	EIN Number:				
Guaranto					
	(Federal ID)				
	Do Not Complete this Form				
CERTIF	FICATIONS:				
correspor	edge that you have read and understand the certifications, and that the certifications apply by checking the adding box. Attach a detailed explanation for each certification that is not checked. Defined terms have 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 fat or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contain 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 affects it 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					
Ι,	, 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				
	of and that he/she is authorized to execute the foregoing instrument on behalf of				
and executed the foregoin	ng instrument in my presence.				
Witness my hand and off	icial seal, this theday of,	. 20			
(Official Seal)					
	My commission	on expires on, 20			
(Signature of Notary Public)					



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 1	Name DOC Grant Number	DOC Grant Number		
Grantee 1	FEIN Number:			
Related N	Member Name: FEIN:			
	(Federal ID) NCUI			
	Do Not Complete this Form			
CEDTI	FICATIONS:			
	FICATIONS: edge that you have read and understand the certifications, and that the certifications apply by checking the	2		
	nding box. Attach a detailed explanation for each certification that is not checked. Defined terms have			
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 fat 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 it 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)	(Da	te)		
NOTARY PUBLIC				
Ι,	, a notary public of the County of	in t	he State of	
do certify that	personally appeared b	efore me this day, and fi	rst being duly sworn, acknow	wledged
	of and that he/she is			
	ng instrument in my presence.			
Witness my hand and off	icial seal, this theday of	, 20		
(Official Seal)				
	My comi	nission expires on	, 20	
(Signature of Notary Public)		1		