

## QUALITY JOBS PROGRAM ANNUAL CERTIFICATION (ACR)

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.

\$ \_\_\_\_\_ /Minimum \$/per hour amount of the Premium Paid by the Employer for the BHBP or HIC for the period reported for employee coverage only.

1. Was the eligible BHBP or HIC offered to all individuals employed in new direct jobs?  Yes  No
  - a. Does coverage become effective no later than the 1<sup>st</sup> day of the month 90 days after the hire date?  Yes  No  
 If no, when? \_\_\_\_\_
  
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. Has the company ever applied for an additional Sales and Use Tax or Investment Tax Credit Period?  Yes  No  
 If yes, has the advance and application for all additional periods been filed with LED?  Yes  No
  
4. 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
  


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5. Has an annual certification been filed with LED for each fiscal year since contract inception?  Yes  No  
 If no, which fiscal years have not been filed? \_\_\_\_\_
  
6. 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 (30 or more hours)  Yes  No
  
7. 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
  


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8. Has an employee baseline been established and approved by LED for the above referenced contract?  Yes  No
  - a. Does the employee baseline report reflect statewide employment including all affiliates?  Yes  No  
*(If no, provide written approval from LED for any baseline reduction)*
  - b. Has the employee baseline been maintained for the duration of this filing period? *(If no, explain in detail)*  Yes  No

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9. Are any expenditures or wages applied for under the referenced Quality Jobs contract included in any other rebate/credit request or filing, such as but not limited to, Research & Development or Digital Media?  Yes  No

**Note:** The following supporting documentation must accompany this certification The most current updated prescribed forms and spreadsheets listed on the LED website ([LouisianaEconomicDevelopment.com](http://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. 3<sup>rd</sup> Street  
Baton Rouge, LA 70802

Frank Favaloro 225-342-5402, [FFavaloro@la.gov](mailto:FFavaloro@la.gov)  
Sajni Patel, 225-342-5340, [SPatel@la.gov](mailto:SPatel@la.gov)