

QUALITY JOBS PROGRAM ANNUAL CERTIFICATION

CONTRACT # _____

Company's Name: _____ Period Reported _____
(Mm/dd/yy - mm/dd/yy)

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. The Basic Health Benefits Plan or the Health Insurance Coverage is offered to the individuals it employs in new direct jobs within 90 days of their effective hire date.

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

Was the BHBP or HIC offered to the individuals employed in new direct jobs within 90 days of their effective hire date? Yes No

Have you ever applied for Sales and Use Tax Rebates or the Investment Tax Credit (ITC)? Yes No

If so, have you submitted the "Employee Certification Reports" (ECR) for all filing periods? Yes No

Are all rebates based solely on the operations at the single physical location specified on the above referenced contract? Yes No

Were any New Direct Jobs or Employees: (A detailed explanation must be attached for each "Yes" answer listed below)

Previously on the employer's payroll in Louisiana? Yes No

Previously on the payroll of such employer's parent entity, subsidiary, or affiliate in Louisiana? Yes No

Previously on the payroll of any business whose physical plant and employees are substantially the same as those of the employer in Louisiana? Yes No

Retained, hired or re-hired due to the acquisition of all or part of an in-state business by an employer? Yes No

Existing in this state prior to the start date of the contract? Yes No

A result of job shifts due to the gain or loss of an in-state contract to supply goods or services? Yes No

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

and the said contract number shown above covers a business in the parish of _____, and hereby

certify that all information contained in this Annual Certification and Supporting Documentation to be true and correct.

Signature, _____, Printed Name, _____

Contact Person, address, phone # and email: _____

Establishment Location: Physical Address and Phone # _____

NOTE: THE FOLLOWING SUPPORTING DOCUMENTATION MUST ACCOMPANY THE CERTIFICATION.

1. An explanation/summary of the BHBP or HIC & the schedule of rates breakdown of employer and employee share of plan costs.
2. Copies of all quarterly wage reports (ES-4's) filed with the La. Workforce Commission for the same time period.
3. Employee baseline spreadsheet and annual certification spreadsheet on the most current prescribed forms.
4. Certification of Primary Qualification.

Submit a signed original and supporting documentation with \$100 processing fee to: Louisiana Economic Development, Frank Favalaro, Post Office Box 94185, Baton Rouge, LA 70804-9185. Phone: 225-342-5402. Email FFavalaro@la.gov