

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.

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 (where chosen by the employee)

1. Was the BHBP or HIC offered to the individuals employed in new direct jobs within 90 days of their effective hire date? Yes No
 2. Have the BHBP, HIC, or the premiums been modified from previous years? Yes No
 3. Has the company ever applied for or received Sales and Use Tax Rebates or the Investment Tax Credit? Yes No
 4. If so, were the "Employee Certification Report(s)" and "Project Completion Report(s)" submitted to LED-Business Incentives Services for all filing periods? Yes No
 5. Are all rebates based solely on the operations at the single physical location specified on the above referenced contract? *(If no, attach a detailed explanation)* Yes No
- (A detailed explanation must be attached for each "Yes" answer listed below)*
6. Are any New Direct Jobs or Employees attributable to;
 - 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

I hereby 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; Name, Address, Phone Number and Email: _____

Establishment Location: Physical Address and Phone # _____

NOTE: THE FOLLOWING SUPPORTING DOCUMENTATION MUST ACCOMPANY THE CERTIFICATION.

1. An explanation/summary of all the BHBP or HIC offered by the company & their respective 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. Reconcile ES4's to wage report for the same filing period.
4. Employee baseline spreadsheet and annual certification spreadsheet on the most current prescribed forms.
5. Certification of Primary Qualification.

Use the updated prescribed forms and spreadsheets listed on our website LouisianaEconomicDevelopment.com. Failure to use and comply with the instructions and format contained within these documents may result in a delay or rejection of the annual certification.

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