



# Quality Jobs Program

## ANNUAL CERTIFICATION (ACR)

**CONTRACT NUMBER**

**COMPANY'S NAME**

**REPORTING PERIOD**

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. Coverage must become effective no later than the first day of the month 90 days after hire date.

**For Act 387 Contracts:**

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

**For Pre-Act 387 Contracts:**

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 % \_\_\_\_\_

- 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**
  - 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**
  - Have they been processed and approved by LED? (If yes, provide a copy of the approval letters)  **YES**  **NO**
- 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**
- Are all rebates or credits based solely on the operations and expenditures at the single physical location specified on the above referenced contract?  **YES**  **NO**
- Has an annual certification been filed with LED for each fiscal year since contract inception?  **YES**  **NO**  
If no, which fiscal filings/years have not been filed? \_\_\_\_\_
- Were all employees listed on the annual rebate spreadsheet during this filing period:
  - Domiciled in the state of Louisiana?  **YES**  **NO**
  - Working at or above the average hours per week required for full time (Act 387 contracts - 30 or more hours, Pre Act 387 Contracts – 35 or more hours)  **YES**  **NO**
  - Working at the project site? (If no, explain in detail)  **YES**  **NO**  
\_\_\_\_\_  
\_\_\_\_\_

6. 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
- 
- 

7. Does the employee baseline report reflect statewide employment including all affiliates?  YES  NO
- If no, provide written approval from LED for any baseline reduction. Note if a baseline reduction has been approved, the respective locations or any employees associated with those locations cannot be used in baseline maintenance)

List the Employee Baseline number \_\_\_\_\_

- a. Has the employee baseline been maintained for the duration of this filing period? (If no, explain in detail)  YES  NO
- 
- 

8. Are any, or any portion of, expenditures and/or wages applied for under the referenced Quality Jobs contract included or will be included in any other rebate/credit request or filing, such as but not limited to, Research & Development or Digital Media?  YES  NO

If yes, list programs: \_\_\_\_\_

(If filing for Digital Media or Research & Development in conjunction with Quality Jobs, you must file concurrent documentation on an annual basis and notify all program administrators)

**NOTE: The following supporting documentation must accompany this certification** The most current updated prescribed forms and spreadsheets listed on the LED website 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.**

- ACR – Health Care Certification Form and addendum materials
- 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 certification spreadsheet located on our website.
- An electronic version (CD, flash drive, etc) of the submitted spreadsheets for sorting purposes, can be downloaded in Fastlane.
- Certification of Primary Qualification for this filing period

## CONTACT INFORMATION

**CONTACT TYPE**  Business  Consultant  Other

**PREFIX**  **FIRST NAME**  **MI**  **LAST NAME**  **SUFFIX**

**CONTACT'S PERSON'S NAME**  **TITLE**

**MAILING ADDRESS 1**

**MAILING ADDRESS 2**

**PHONE NUMBER (INCLUDE EXT)**  **FAX NUMBER**

**EMAIL ADDRESS**

Certification (continued on next page)

---

## CERTIFICATION

---

**(Must have legal authority to sign this document)**

I hereby certify that the Quality Jobs project identified in this document with the above referenced number and additional materials meet all of the requirements of R.S. 51:2451, et seq. and applicable regulations. I hereby certify that the information provided in this document and additional materials is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any tax credits or rebates approved under this program. I understand that application and information submitted with it shall not be returnable to the applicant.

---

Original Signature

---

Printed Name and Title

---

Date

**Submit a signed original and supporting documentation with \$250 processing fee (payable to Louisiana Economic Development):**

**Mailing Address:**

Louisiana Economic Development  
Quality Jobs Program Administrator  
P.O. Box 94185; Baton Rouge, LA 70804-9185

**Physical Address:**

Louisiana Economic Development  
Quality Jobs Program Administrator  
1051 North Third Street; Baton Rouge, LA 70802-5239