



North Carolina Department of Commerce  
Application to add New Remote Employees

*This Application is to add New Remote Employees to an existing Community  
Economic Development Agreement (CEDA)*

**GENERAL INFORMATION:**

1 Legal Name of the Grantee

2 DOC Grant Number  3 Date of this Application (mm/dd/yy)

*found on first page of CEDA*

4 Effective date of the CEDA  5 Tier Designation at time of Award

*As registered with N.C. Secretary State Corporations Division*

6 Legal Name of the Guarantor (if no Guarantor NA):  7 Target Jobs (from Table 1 of CEDA)

**New Remote Employees**

*"New Employee" means a Full-Time Employee hired for the Project, and employed at the Facility and reporting there at least four days a month, who represents a net increase in the number of the Company's employees in North Carolina over the Retained Employment and who is not a worker with an H-1B visa or with H-1B status.*

*"New Remote Employee" means a Full-Time Employee hired for the Project, assigned to the Facility and working from a home-office within the State or a satellite location within the State, who represents a net increase in the number of the Company's employees in North Carolina [over the Retained Employment] and who is not a worker with an H-1B visa or with H-1B status.*

8 Requested Grant Year for CEDA amendment (4 digit year)

9 Number of eligible employees requested to become New Remote Employees:

10 Percent of eligible employees requested to become New Remote Employees:

11 Provide a brief description of the nature of the activities of the New Remote Employees. If requested Effective Date of the CEDA amendment is prior to the current grant year, explain below:

**Annual Grant Caps - CEDA Table 2 - Tier Designation 1 and 2**

All grants in a Developmental Tier 1 or Tier 2 location at the time of the grant award that are requesting to add more than 34% New Remote Employees, must be treated as a Tier 3 county for the annual disbursement calculation. The annual Cap on the Grant paid to the company will be recalculated by multiplying the Annual Cap on the State's Total Liability by 75% and 25% shall be payable to the Utility Account, pursuant to G.S. 143B-347.56(d).

12 acknowledges the grant caps in Table 2 of the CEDA will be revised to reflect 75% to the company and 25% to the Utility account.

**Local Government Participation**

All projects requesting 75% or more New Remote Employees must acknowledge that the Local Government is aware of this request and must have the participating Local Government(s) sign the Local Government Certification.

13 The Local Government(s) which offered incentives for this project is/are aware that 75% or more of the eligible employees will be New Remote Employees and has/have signed the Local Government Certification."



**Contact Information**

14 Company Contact (employee completing this application that the JDIG Team may contact regarding application questions)

|  |  |                  |               |
|--|--|------------------|---------------|
| a. Name  |  | b. Company       |               |
| c. Mailing Address<br><Street Address 1><br><Street Address 2><br><City, State, Zip> |  | d. Title         |               |
| g. Web Site  |  | e. Phone         | f. Cell phone |
|  |  | g. Email Address |               |

**SIGNATURES:**

*The information contained in this application 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 GRANTEE -**

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**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)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_

**OFFICER OF THE GUARANTOR -**

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**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)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires on \_\_\_\_\_, 20\_\_\_\_



North Carolina Department of Commerce  
**Local Government Certification of New Remote Employees**  
*For Existing JDIGs with  
 75% or more New Remote Employees*

Grantee Name: \_\_\_\_\_ 0  
 DOC Grant Number: \_\_\_\_\_

All projects requesting 75% or more New Remote Employees, must acknowledge that the Local Government has been informed of the request and must have the participating Local Government(s) sign the Local Government Certification.

The above referenced company expects that 75% or more of the employees will be New Remote Employees. By signing below, the Local Government acknowledges the JDIG Grantee has requested to revise their project to include 75% or more New Remote Employees and the Local Government does not object to this request. With respect to Tier 3 projects only, the Local Government acknowledges that it participated in recruitment and offered incentives in a manner appropriate to the project and that this revision to the project will not affect the Local Government's incentive offer.

**SIGNATURE:**

\_\_\_\_\_  
 (Signature of Local Government official)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name)

\_\_\_\_\_  
 (Title)

**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 0 and that he/she is authorized to execute the foregoing instrument on behalf of 0, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
 (Signature of Notary Public)

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_