



MINISTRY OF PUBLIC FINANCE

Payment Guide

**of the State aid awarded on the basis of G.D. no. 332/2014
*establishing a State aid scheme in support of investments promoting regional development
through the creation of jobs,***

- Revision 3, August 2020 -

**VALID for the Payment requests of State aid
submitted as of the date of publication in the Official Gazette of Romania
of this Guide**

This document is a guide for enterprises benefiting of State aid granted pursuant to G.D. No. 332/2014 and has the purpose of detailing the mechanisms of performance of the State aid payment procedure, as well as of clarifying certain aspects related to the manner of elaboration and presentation of the supporting documentation corresponding to the payment requests.

Information about the way of filling in the supporting documents to be submitted with the Application for financing agreement pursuant to this State aid scheme, as well as all the requirements that must be fulfilled in order for the State aid to be paid, can be found in this document and on the website of the Ministry of Public Finance at <http://www.mfinante.gov.ro/>, section Informed Investor - State aid.

It is necessary the prior analysis of the provisions in G.D. no. 332/2014 *establishing a State aid scheme in support of investments promoting regional development through the creation of jobs*, as subsequently amended and supplemented, of all information included in this Guide, as well as of the other data made available on the website of the Ministry of Public Finance.

During the validity period of the State aid scheme, the Ministry of Public Finance shall make available to the applicants, at <http://www.mfinante.gov.ro/>, section Informed Investor - State aid, a dedicated platform through which questions, notices and requests for clarifications can be addressed and which shall be settled with priority.

Enterprises may request in writing to have technical meetings to clarify the aspects related to the Payment request of State aid, in accordance with the mentions from the website of the Ministry of Public Finance, section Informed Investor - State aid - Technical meeting request.

WARNING!

All the documents elaborated in foreign languages shall be translated into Romanian by authorized translators; the translated documents shall bear the signature and stamp of the authorized translators.

WARNING!

All the documents issued by the applicant enterprise or by third parties in direct relationship with the enterprise must be dated and signed by the person authorized to legally represent the applicant enterprise or the third parties.

The compliance of the documents presented in copies is assumed by the legal representative of the enterprise through the statement on one's own responsibility from the payment request.

CONTENTS

CHAPTER 1 - GENERAL INFORMATION.....	4
1.1 What are the requirements that must be met by the beneficiary enterprise for the purpose of payment of State aid?	4
1.2 What are the requirements the newly created jobs must fulfill?	4
1.3 Where is the payment documentation sent?	4
1.4 Which is the period during which payment requests can be sent?	5
CHAPTER 2 – DOCUMENTS WHICH REPRESENT THE FILE OF THE PAYMENT REQUEST	5
2.1. Documents issued by the enterprise and by other public authorities	5
2.2 Supporting documents which accompany the payment request.....	8
CHAPTER 3 – MANNER OF FILLING IN THE DOCUMENTS ELABORATED BY THE ENTERPRISE	9
3.1 How to fill in the Payment request of State aid?	9
3.2. How is the Settlement form filled in?	11
3.3 How to fill in the Statement regarding the occupation and eligibility of the jobs?.....	13
3.4 How to fill in the Form on the status of creation and maintenance of jobs?.....	14
3.5 How to fill in the Statement on implementation of the investment?	15
3.6 How to fill in the Statement on the comparative report of employees by agreements?	16
3.7 How to fill in the Statement on the employment of disadvantaged individuals?	17
3.8 How to fill in the detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the net salaries?	19
3.9 How to fill in the detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the contributions per enterprise?	20
CHAPTER 4 – SETTLEMENT OF THE PAYMENT REQUEST	20
CHAPTER 5 - FORMS	23

CHAPTER 1 - GENERAL INFORMATION

1.1 What are the requirements that must be met by the beneficiary enterprise for the purpose of payment of State aid?

For the payment's performance, the enterprise benefiting of State aid must fulfill the following **requirements**:

- a) should start the investment and inform the Ministry of Public Finance in this respect within at most 6 months as of the date of issuance of the financing agreement;
- b) should not move the location of performance of the investment to another region which is different from the region where it benefited of State aid;
- c) should create the jobs in accordance with the mentions from the agreement;
- d) should perform in whole or in part the eligible expenses, in accordance with the financing agreement;
- e) should bring proof of payment of the salary expenses for the jobs created through the project corresponding to the months for which it requests payment of State aid;
- f) should send the payment documents mentioned in Chapter 2 of the Payment Guide.

1.2 What are the requirements the newly created jobs must fulfill?

The newly created jobs must fulfill the following **requirements**:

- a) they should be created after the submission of the application for financing agreement and after the start of the investment, but not later than 3 years as of the investment's completion date;
- b) they must be created as a result of the necessities imposed by the investment project and in accordance with the financing agreement;
- c) they should be held by people employed on the basis of a full-time employment agreement for undetermined period of time;
- d) they should not be vacant for a period longer than 6 consecutive months;
- e) they should be maintained in accordance with the provisions of the financing agreement.

WARNING!

The job creation date represents the date of the first occupation of the position created within the plan of creation of jobs.

1.3 Where is the payment documentation sent?

For the purpose of performance of the State aid payment, the beneficiary enterprise shall send to the Ministry of Public Finance a payment request for State aid, accompanied by the supporting documents.

The request for payment of State aid and the supporting documents can be sent as follows:

- on paper, by post or courier services,
- electronically, through on-line submission¹.

WARNING!

Shall not be taken into account the requests, documents, written items sent to other addresses than the one of the Ministry of Public Finance.

¹ The date as of which the payment requests shall be submitted on-line and the necessary instructions shall be published on the web page of the Ministry of Public Finance in the section Informed Investor - State aid/G.D. No. 332/2014/On-line submission

1.4 Which is the period during which payment requests can be sent?

One or several payment requests of State aid can be sent in one calendar year.

The State aid can be paid by 2028 to the enterprises that have received a financing agreement, after partial or total performance of the eligible expenses incurred in accordance with the financing agreement, within the limit of the approved annual budget appropriations.

WARNING!

If the Ministry of Public Finance is analyzing at the same time a payment request of State aid and a notification related to the extension of the schedule of creation of jobs, pursuant to art. 16¹, para. (2) in Annex no. 2 to G.D. no. 332/2014, as subsequently amended and supplemented, **the payment request shall be returned until the notification is settled.**

WARNING!

If the Ministry of Public Finance is analyzing a payment request of State aid, a new payment request shall be submitted only after the first one is settled.

CHAPTER 2 – DOCUMENTS WHICH REPRESENT THE FILE OF THE PAYMENT REQUEST

WARNING!

The documents which represent the file of the payment request shall be filed, their pages shall be numbered in ascending order and shall be indexed.

The documents shall be placed in two files/binders, as follows:

- Documents issued by the enterprise and by other public authorities,
- Supporting documents which accompany the payment request.

2.1. Documents issued by the enterprise and by other public authorities

No.	Document	Compliance requirements
1	Index	<ul style="list-style-type: none">- is page number 1 of the payment request file- contains the name of every document mentioned in Chapter 2 of the Payment Guide and the page where said document is found
2	Payment request of State aid	<ul style="list-style-type: none">- observes form no. 1 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.1- contains information correlated with the information from the Ascertaining Certificate, the settlement form, the identity document of the person authorized to legally represent the enterprise, the power of attorney, as applicable
3	Settlement form	<ul style="list-style-type: none">- observes form no. 2 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.2 and in the standard file published on the website of the ministry- contains information correlated with the information from the payrolls for the newly created jobs that correspond to the initial investment- is also sent in electronic form (.xls)

No.	Document	Compliance requirements
4	Statement regarding the occupation and eligibility of the jobs	<ul style="list-style-type: none"> - observes form no. 3 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.3 - contains information correlated with the information from the identity document of the person authorized to legally represent the enterprise, as annex to the settlement form and the statement regarding the classification in the category of disadvantaged workers² - is also sent in electronic form
5	General record of employees - excerpt	<ul style="list-style-type: none"> - the excerpt shall be selected from the REVISAL application made available to the employees by the Labor Inspection Department - the excerpt comprises at least the following information with respect to all the employees that are part of the project: the name of the employee, the date of conclusion of the employment agreement, the duration of the agreement, the type of working hours, the date of termination of the employment agreement, if applicable - shall be emphasized the positions corresponding to the employees holding the jobs newly created through the project - is also sent in electronic form
6	Status of creation and maintenance of jobs	<ul style="list-style-type: none"> - observes form no. 4 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.4 - contains information correlated with the information from the financing agreement, statement 112 and the declaration regarding the occupation and eligibility of the jobs
7	Declaration of implementation of the investment	<ul style="list-style-type: none"> - observes form no. 5 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.5 - contains information correlated with the information from the identity document of the person authorized to legally represent the enterprise, the address for information provided by art. 16 para. (1) in Annex no. 2 to G.D. no. 332/2014, as subsequently amended and supplemented, and the register of fixed assets
8	Register of fixed assets - excerpt	<ul style="list-style-type: none"> - is updated on the date of registration of the payment request - identifies the assets which are part of the project - is also sent in electronic form (.xls)
9	Ascertaining Certificate	<ul style="list-style-type: none"> - is issued at most 10 business days before the date of registration of the payment request, either in its original counterpart, issued by the Trade Register Office with the tribunal where the enterprise is seated, or electronically, obtained from the services portal of the National Trade Register Office - RECOM Online - contains at least the following information: identification details, sole registration code, shareholders and legal representatives of the enterprise, main field of activity, all secondary fields of activity and working units of the enterprise, as well as the authorization of the activity for which financing was obtained in the location/locations of implementation of the investment.

² The statement regarding the classification into the category of disadvantaged workers shall be filled in only for the financing agreements issued between 2015 and 2018

No.	Document	Compliance requirements
10	Approved annual financial statements corresponding to the last concluded financial year	<ul style="list-style-type: none"> - they contain: form F10 - Balance, form F 20 - Profit and loss account, form F30 - Informative data, form F40 - Report on fixed assets - they have attached the proof of submission to the National Agency for Fiscal Administration
11	Written confirmation from the National Agency for Fiscal Administration regarding the status of the account - IBAN code 5050 "Available funds from subsidies and transfers"	- shall be sent the written confirmation from the National Agency for Fiscal Administration - Activity of Treasury and Public Accounting where the enterprise has its fiscal domicile of opening of the account and of the fact that said account is active.
12	Identity document of the legal representative	- is valid on the date of registration of the payment request
13	Power of attorney for the legal representative	- shall be sent if a different person than the one mentioned in the Ascertaining Certificate signs the payment request and the documents attached thereto
In addition, if the enterprise is the beneficiary of several financing agreements		
14	Statement on the comparative situation of the employees by agreements	<ul style="list-style-type: none"> - observes form no. 6 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.6 - shall be elaborated only if the enterprise is the beneficiary of two or several financing agreements issued on the basis of G.D. no. 332/2014 - contains information correlated with the information from the identity document of the person authorized to legally represent the enterprise and with the employees hired on the basis of the financing agreements - is also sent in electronic form
In addition, for the financing agreements issued between 2015 and 2018		
15	Statement regarding the classification into the category of disadvantaged workers	<ul style="list-style-type: none"> - observes form no. 7 and the filling in instructions in Chapter 3 point 3.7 - contains information correlated with the number of jobs of the disadvantaged individuals from the financing agreement, the identity document of the person authorized to legally represent the enterprise and the information from the annex to the settlement form elaborated for the period for which the payment of State aid is requested - in the nominal table of disadvantaged individuals are mentioned in alphabetical order - is also sent in electronic form
16	The documents which prove that the employees are part of the category of disadvantaged workers (according to the table at point 3.7 in the Payment Guide)	<ul style="list-style-type: none"> - accompany the statement regarding the classification into the category of disadvantaged workers - are presented in the order in which the employees are mentioned in the statement regarding the classification into the category of disadvantaged workers

WARNING!

Newly incorporated enterprises which do not have a completed financial year shall not send the

2.2 Supporting documents which accompany the payment request

No.	Document	Compliance requirements
1	Payroll for the newly created jobs that correspond to the initial investment	<ul style="list-style-type: none"> - includes information extracted from the payroll by enterprise: <ul style="list-style-type: none"> • current number • first and last name, according to the identity document, by alphabetical order and identification code for every employee • the basic salary of the employee, the gross salary obtained, the social contributions of the employer and the employee, the net income, etc.
2	Monthly statements on the payment obligations of social contributions, personal income tax, submitted to the authorized bodies	<ul style="list-style-type: none"> - shall be submitted Statement 112 (Annexes no. 1 and no. 1.1) for the months for which it is requested the settlement of the eligible expenses to which shall be attached the proof of submission thereof to the National Agency for Fiscal Administration If there are corrective statements, shall be presented the last corrective statement submitted to the fiscal bodies by the date of submission of the payment request
3	The detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the net salaries	<ul style="list-style-type: none"> - observes form no. 8 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.8 - contains information correlated with the payroll and the attached payment documents
4	The detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the contributions per enterprise	<ul style="list-style-type: none"> - observes form no. 9 in the Payment Guide, as well as the filling in instructions in Chapter 3 point 3.9 - contains information correlated with Statement 112 and the attached payment documents
5	5.1 Payment instruments by bank of the net salaries corresponding to the employees by project, including withholdings	<ul style="list-style-type: none"> - shall be presented exclusively the record of salary card funding, which shall include the following sections: <ul style="list-style-type: none"> • last name and first name of the employees that hold the jobs newly created through the project • amount fed for every employee • total value of feedings • description of the operation If the record is elaborated for the entire enterprise, for the purpose of easing the verification process it shall be necessary to emphasize the net salaries that correspond to the employees by project and to mention the total amount that corresponds to the payments by project
	5.2 Payment instruments by cash office of the net salaries corresponding to the employees by project	<ul style="list-style-type: none"> If the payment of net salaries corresponding to the project employees is made in cash (by cash desk) shall be presented: <ul style="list-style-type: none"> - payment order/payroll signed by the persons that collected their net salary in cash - excerpt from the cash register revealing the registration of the payment in cash of the net salary, as well as mentioning the description of the operation In order to ease the performance of verifications, it is necessary to emphasize the payment of net salaries corresponding to the project employees.

No.	Document	Compliance requirements
6	Account statement	<ul style="list-style-type: none"> - shall be submitted account statements certifying the payment of mandatory contributions to social insurance and the salary tax in accordance with the statements 112, respectively of net salaries that correspond to the employees by project, including withholdings - the document has all the sections filled in legibly, in order to easily identify the following information: <ul style="list-style-type: none"> • the date of issuance of the account statement • the date of the transaction • the payment object • the payment addressee - the document bears the signature of the representative of the issuer bank or the mention regarding its validity without signature and stamp <p>For ease of performance of the verifications, it is necessary to emphasize the payments that correspond to the project</p>
7	Other relevant documents	<ul style="list-style-type: none"> - for the withholdings from the project shall be presented monthly summary tables by types of withholdings, comprising at least information regarding the name of the employees, the withheld amounts, the object of withholding, the document on the basis of which the withholding was made and the account statement corresponding to the payment - the summary tables shall be signed by the person authorized to legally represent the enterprise

WARNING!

The documents mentioned at point 2.2 shall be presented for every month for which the payment of State aid is requested and shall be delimited by separators.

WARNING!

The Ministry of Public Finance seeks to identify in the account statements/cash registers the payment of the mandatory social insurance contributions, of the salary tax, in accordance with S112, and of the net salaries, including withholdings, from the project.

The salary expenses for which no account statements/cash registers are presented shall be considered ineligible.

CHAPTER 3 – MANNER OF FILLING IN THE DOCUMENTS ELABORATED BY THE ENTERPRISE

3.1 How to fill in the Payment request of State aid?

Registration date _____ (shall be mentioned the registration date in the enterprise's correspondence register)

Registration number _____ (shall be mentioned the registration number from the enterprise's correspondence register)

Payment request of State aid

We, the undersigned, _____ (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office), having the identification details mentioned at point I, legally represented by Mr./Mrs. _____ (the first and last name of the legal representative of the enterprise shall be taken from the identity document), in the capacity of _____ (administrator shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or attorney-in-fact, if another person is delegated to elaborate the documentation provided by G.D. no. 332/2014), identified with identity document series _____ no. _____ issued by _____ on _____, residing in the locality of _____, _____ street building _____, _____, entrance _____, apt. _____, district/county _____ (the information shall be taken from the identity document of the legal representative), zip code _____, hereby request the payment of State aid amounting to _____ (the value of State aid shall be taken from the Settlement form - column 6), pursuant to the Financing Agreement no. _____ of _____ (the information shall be taken from the box on the upper right side of the document issued by the MPF) and in accordance with the provisions of the State aid scheme in support of investments that promote regional development through the creation of jobs, approved through Government Decision no. 332/2014, under observance of the intensity for every region _____ (shall be calculated by referencing the value of State aid to the value of the eligible expenses provided in the approved Financing Agreement, on every region), in accordance with the Financing Agreement.

I. Identification details of the enterprise:

Enterprise name: _____ (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office)

Date of registration of the enterprise: _____ (shall be taken from the Ascertaining Certificate issued by the Trade Register Office under the position "Identification information")

Registration no. with the trade register office: J____/____/____ (shall be taken from the Ascertaining Certificate issued by the Trade Register Office under the position "Identification information")

Tax identification code: _____ (shall be taken from the Ascertaining Certificate issued by the Trade Register Office under the position "Identification information")

Address: _____ (county, locality, district, street, building, entrance, floor, apartment - shall be taken from the Ascertaining certificate issued by the Trade Register Office under position "Identification information")

Telephone: _____ Fax: _____ Email: _____ (the information shall be taken from the Ascertaining Certificate issued by the Trade Register Office under the position "Identification information")

IBAN Code: _____, opened with the Treasury of _____ (the information shall be taken from the confirmation from the National Agency for Fiscal Administration - Activity of Treasury and Public Accounting where the enterprise has its fiscal domicile).

II. Statement on one's own responsibility

I, the undersigned, _____ (first and last name of the legal representative of the enterprise, to be taken from the identity document thereof), identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, _____, entrance _____, apt. _____ district/county _____ (the information shall be taken from the identity document of the legal representative), in my capacity as legal representative of the enterprise _____ (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office), hereby declare on my own responsibility that all the information provided and registered in this application is correct and complete and that all the copies of documents that accompany the application are compliant with their originals.

I hereby declare on my own responsibility that the enterprise: (shall be ticked off, as applicable)

☐ is not undergoing the procedure of forced execution, insolvency, bankruptcy, judicial reorganization, dissolution, operational closing, liquidation, or temporary activity suspension,

- ☐ is not subject to decisions of recovery of State aid or if such decisions have been issued they have been enforced, in accordance with the legal provisions in force;
- ☐ has not benefited and shall not benefit of regional State aid for eligible costs of the type of tangible and intangible assets within the same single investment project;

WARNING!

Single investment project is any initial investment started by the same beneficiary, at group level, within a time interval of 3 years as of the starting date of the works at another investment that benefits of aid in the same region of level 3 in the Common nomenclature of territorial statistical units (NUTS 3), respectively county.

- ☐ has not made a relocation to the unit where the initial investment for which the aid is requested shall be made in the last 2 years prior to the registration of the application for financing agreement and, at the time of registration of the application, it offers a commitment that it shall not do this for a period of up to 2 years after completion of the initial investment for which the aid is requested,

I hereby declare on my own responsibility that the information included in this application is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator" shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or "attorney-in-fact" if another person is authorized to sign the documentation)

Signature: _____ (the request shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the application)

WARNING!

The data regarding the company's status (dissolution, liquidation, insolvency) are found under position "Deeds subject to the provisions of art. 21 letters e-h) in Law no. 26/1990" in the Ascertaining Certificate issued by the Trade Register Office attached to the Tribunal from the area where the economic operator has its seat.

The other data related to the company's eligibility shall be declared by the legal representative on his/her own responsibility.

The Ministry of Public Finance reserves the right to request additional documents to support the statements of the legal representative.

3.2. How is the Settlement form filled in?

WARNING!

The settlement form is a **standard electronic file (.xls) published on the website of the Ministry of Public Finance** at <http://www.mfinante.gov.ro/>, section Informed Investor - State aid - G.D. no. 332/2014.

The Excel application must be downloaded and adapted according to the number of months for which the payment of State aid is requested, the number of employees and the percentages of the social contributions owed by the employer and the employee, according to the period requested for payment.

The settlement form is thus conceived so that part of the information are taken or are calculated automatically, and the rest have to be filled in manually.

It is not allowed to change the forms.

The settlement form shall be also sent in electronic form (.xls).

Settlement form

Month	Payment liabilities				Requested State aid - lei -
	Salary cost	Gross salaries obtained - lei -	Employer's contributions - lei -	Total - lei -	
1	2	3	4	5=3+4	6
Month.. .	Salary cost for the newly created jobs				
	Eligible expenses				
Month.. .	Salary cost for the newly created jobs				
	Eligible expenses				
...					
Total for the period	Salary cost for the newly created jobs				
	Eligible expenses				

I hereby declare on my own responsibility that the information included in this form is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator" shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or "attorney-in-fact" if another person is authorized to sign the documentation)

Signature: _____ (the form shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the form)

The instructions for filling in the settlement form are presented in the Microsoft Excel application published on the website of the ministry.

The electronic (.xls) form comprises 5 sheets:

- The Settlement Form
- The summary table of liabilities for 2017 (for the period up to December 31, 2017)
- The summary table of liabilities for 2018 (for the period starting on January 1, 2018)
- The monthly annex comprising the salary expenses for the period up to December 31, 2017
- The monthly annex comprising the salary expenses for the period starting on January 1, 2018

According to the period for which the payment of State aid is requested shall be used the necessary sheet of liabilities and monthly annex, and a corresponding sheet shall be created for every month.

If there are several locations of implementation of the investment, the information in the monthly annex shall be coupled on locations and shall be calculated sub-totals and a grand total.

3.3 How to fill in the Statement regarding the occupation and eligibility of the jobs?

Statement regarding the occupation and eligibility of the jobs

I, the undersigned, _____ (first and last name of the legal representative of the enterprise, to be taken from the identity document thereof), identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____ (the information shall be taken from the identity document of the legal representative), acting as legal representative of the enterprise _____ (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office), hereby declare on my own responsibility that all the information provided and registered is correct and complete.

No. of jobs	Date of creation of the job	Eligibility exit date	First and last name of the employee	Disadvantaged (YES/NO)	Exit date from the project	Payment no. 1			Payment no. ...													
						Year 1			Year 2											Year ...		
						Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23...
Location 1																						
1																						
2																						
....																						
Location 2																						
1																						
2																						

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator" shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or "attorney-in-fact" if another person is authorized to sign the documentation)

Signature: _____ (the statement shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the statement)

- in **column 1** shall be filled in the number of newly created jobs within the project (for example, shall be filled in no. 1 for the first job created within the project, a number to be kept for the entire

period of maintenance of the job);

- in **column 2** shall be filled in the date of creation of the job, respectively the date of first occupation of the position (month and year);
- in **column 3** shall be filled in the date (month and year) when 24 months have lapsed since the date of creation of the job;
- in **column 4** shall be filled in the first and last name of the employee that occupied the job (or of the employees, if there is staff turnover on a job);
- in **column 5** shall be filled in with YES or NO, in accordance with the information from the Statement on the employment of disadvantaged individuals, **exclusively by the beneficiaries of financing agreements issued between 2015 and 2018**;
- in **column 6** shall be filled in the date as of which the employee leaves the project, if applicable;
- in columns 7-23, etc., shall be filled in the number of days effectively worked (including leaves of absence, medical leaves, unpaid leaves, etc.) by every employee from the project. if the job is vacant the entire month, the letter **V** shall be filled in the corresponding cell, in Bold.

In the Excel file transmitted electronically, the months for which State aid payment is requested shall be colored differently for every payment request.

WARNING!

Shall be considered eligible expenses the salary costs resulting from the creation of jobs, registered for a period of 2 consecutive years, respectively 24 whole consecutive calendar months (for example: one job occupied as of March 12, 2020 will generate eligible expenses between March 2020 - February 2022).

WARNING!

If a job was not occupied for a period longer than 6 consecutive months it shall be considered that the job in question was not maintained, and in this case the payments that correspond to that job, both current and future, shall be suspended.

WARNING!

The table must be adapted in accordance with the number of months for which State aid payment is requested and the number of employees.

3.4 How to fill in the Form on the status of creation and maintenance of jobs?

Form on the status of creation and maintenance of jobs

Average number of employees in the 12 months prior to the date of registration of the application for financing agreement	Total number of jobs approved in accordance with the Financing Agreement	Number of jobs existing in the last month for which State aid payment is requested	
		Total	of which newly created corresponding to the investment
1	2	3	4

I hereby declare on my own responsibility that the information included in this form is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator” shall be taken from the Ascertaining Certificate under the position “Attorneys-in-fact” or “attorney-in-fact” if another person is authorized to sign the documentation)

Signature: _____ (the form shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the form)

– in **column 1** shall be filled in the number of employees calculated on the basis of the simple arithmetic mean, for the period of the last 12 months prior to the date of registration of the application for financing agreement, according to Statements 112, which must be the same as the average number of employees provided in the issued Financing Agreement;

– in **column 2** shall be filled in the total number of newly created jobs (created through the project) mentioned in the plan of creation of jobs approved through the Financing Agreement;

– in **column 3** shall be filled in the total number of jobs mentioned in Statement 112 submitted to ANAF and corresponding to the last month for which State aid payment is requested; if there are vacant jobs in the enterprise, a footnote shall be inserted mentioning the number thereof;

– in **column 4** shall be filled in the number of jobs newly created for the project during the period comprised between the date of issuance of the financing agreement and the last month for which State aid payment is requested; if there are vacant jobs at project level on the last month for which State aid payment is requested a footnote shall be inserted mentioning the number thereof.

3.5 How to fill in the Statement on implementation of the investment?

Statement on one's own responsibility on the implementation of the investment

I, the undersigned, _____ (first and last name of the legal representative of the enterprise, to be taken from the identity document thereof), identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____ (the information shall be taken from the identity document of the legal representative), acting as legal representative of the enterprise _____ (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office), hereby declare on my own responsibility that all the information provided and registered is correct and complete.

I hereby declare on my own responsibility that:

- the enterprise started the initial investment on..... (the information shall be taken from the written Notification through which the ministry is informed on the starting date of the investment), according to Financing Agreement no. of (the information shall be taken from the box on the upper right side of the document issued by the MPF);

- by the date of this request, the investment has been implemented (shall be filled in partially or fully, as applicable) and amounts to Lei (shall be filled in with the total amount of the assets registered in accordance with the register of fixed assets as updated on the date of the payment request)

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - “False statements” in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator” shall be taken from the Ascertaining Certificate under the position

“Attorneys-in-fact” or “attorney-in-fact” if another person is authorized to sign the documentation)

Signature: _____ *(the statement shall be signed by the legal representative)*

Signing date: _____ *(the signing date is the date when the legal representative signs the statement)*

3.6 How to fill in the Statement on the comparative report of employees by agreements?

WARNING!

Shall be elaborated only if the enterprise is the beneficiary of two or several financing agreements issued on the basis of G.D. no. 332/2014.

Statement on the comparative situation of the employees by agreements

I, the undersigned, _____ *(first and last name of the legal representative of the enterprise, to be taken from the identity document thereof)*, identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____ *(the information shall be taken from the identity document of the legal representative)*, acting as legal representative of the enterprise _____ *(the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office)*, hereby declare on my own responsibility that all the information provided and registered is correct and complete.

I hereby declare on my own responsibility that the following individuals are employed in the financing agreements the enterprise benefits of:

Financing agreement no. /				Financing agreement no. /			
No	First and last name of the employee	Date of employment on the project	Exit date from the project	No.	First and last name of the employee	Date of employment on the project	Exit date from the project
1	2	3	4	5	6	7	8

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - “False statements” in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ *(the last name and first name of the legal representative of the enterprise shall be taken from the identity document)*

Position: _____ *(„administrator” shall be taken from the Ascertaining Certificate under the position “Attorneys-in-fact” or “attorney-in-fact” if another person is authorized to sign the documentation)*

Signature: _____ *(the statement shall be signed by the legal representative)*

Signing date: _____ (the signing date is the date when the legal representative signs the statement)

- in **column 1** shall be filled in the current number in ascending order;
- in **column 2** shall be filled in alphabetically the first and last name of the project employee within the first financing agreement;
- in **column 3** shall be filled in the date when the employee was employed on the project;
- in **column 4** shall be filled in the date when the employee left the project, if applicable;
- in **columns 5-8** shall be filled in information regarding the second financing agreement, in accordance with the instructions from columns 1-4.

3.7 How to fill in the Statement on the employment of disadvantaged individuals?

WARNING!

Shall be elaborated only if the enterprise is the beneficiary of one financing agreement issued between 2015 and 2018.

Statement on the employment of disadvantaged individuals

I, the undersigned, _____ (first and last name of the legal representative of the enterprise, to be taken from the identity document thereof), identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____ (the information shall be taken from the identity document of the legal representative), acting as legal representative of the enterprise _____ (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office), hereby declare on my own responsibility that all the information provided and registered in this statement is correct and complete.

I hereby declare on my own responsibility that (the denomination of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office) employs for undetermined term the following disadvantaged individuals:

- a) (represents the total number of persons that are classified into this category), who have not had a paid job in the last 6 months;
- b) (represents the total number of persons that are classified into this category) individuals aged between 15 and 24 years;
- c) (represents the total number of persons that are classified into this category) individuals aged over 50 years;
- d) (represents the total number of persons that are classified into this category) individuals who have not graduated a form of high school education or do not have a professional qualification (ISCED 3) or are in the first two years from graduating a cycle of education with frequency and have not had any paid job yet;
- e) (represents the total number of persons that are classified into this category) individuals who come from a single parent family, and have one or several dependents;
- f) (represents the total number of persons that are classified into this category) individuals who are members of an ethnic minority and need to develop their linguistic knowledge, their professional training or work experience, in order to increase their chances of obtaining a stable job;
- g) (represents the total number of persons that are classified into this category) individuals recognized as disabled in accordance with the national legislation.

Nominal table with the disadvantaged individuals employed at... (the name of the enterprise shall be taken from the Ascertaining Certificate issued by the Trade Register Office), during the period for

which State aid payment is requested

No.	Last and first name*	Category of disadvantaged individuals**	No. and date of the agreement
Location 1			
Location 2 ...			

* shall be filled in by locations and in alphabetical order

**shall be filled in the type of employment of the disadvantaged individuals provided at letters a)-g).

WARNING!

The table shall be filled in on the basis of the data from the identity document, of the type of employment for disadvantaged individuals provided at letters a)-g), of the plan of creation of jobs, of the General Register of employees.

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator" shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or "attorney-in-fact" if another person is authorized to sign the documentation)

Signature: _____ (the statement shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the statement)

Relevant documents regarding the classification into the category of disadvantaged workers, to be attached in copy:

No.	Category of disadvantaged workers	Document
1	Individuals who have not had a paid job in the last 6 months	<ul style="list-style-type: none"> • statement on one's own responsibility of the employee • identity card
2	Individuals aged between 15 and 24 years;	identity card
3	Individuals aged over 50 years	identity card
4	Individuals who have not graduated a form of high school education or do not have a professional qualification (ISCED 3) or are in the first two years from graduating a cycle of education with frequency and have not had any paid job yet	<ul style="list-style-type: none"> • the document attesting the graduation of the last form of education • statement on one's own responsibility of the employee • identity card
5	Individuals coming from a single parent family, and having one or several dependents	<ul style="list-style-type: none"> • The employee's statement on one's own responsibility that he/she comes from a single parent family and has one or several dependents and that the members of the

No.	Category of disadvantaged workers	Document
		single parent family live together • identity card
6	Individuals who are members of an ethnic minority and need to develop their linguistic knowledge, their professional training or work experience, in order to increase their chances of obtaining a stable job	• statement on one's own responsibility of the person who is a member of an ethnic minority • identity card or any other document issued by a public institution/nongovernmental organization which can prove the belonging to a certain ethnic minority
7	Individuals recognized as disabled in accordance with the national legislation	certificate issued by the medical expert investigation team for the disabled

3.8 How to fill in the detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the net salaries?

Detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the net salaries

Month/Year

Components of the net salary	Payment liabilities according to the payroll -Lei-	Payments				Differenc e	Comment s
		PO/Tally-sheet no./date	Value - lei -		Account stateme nt no./date		
			Total	Of which project			
1	2	3	4	5	6	7 = 5 - 2	8
Advance							
Withholdings							
Rest of payment							
.....							
TOTAL							

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator" shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or "attorney-in-fact" if another person is authorized to sign the documentation)

Signature: _____ (the report shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the report)

- in **column 1** shall be filled in the components of the net salary according to the payroll by project on that month;
- in **column 2** shall be filled in the total value of every component of the net salary;
- in **column 3** shall be filled in the number and date of the payment instrument;
- in **column 4** shall be filled in the total value registered on the payment instrument;
- in **column 5** shall be filled in the total value corresponding to the project from the total of the payment instrument;
- in **column 6** shall be filled in the number and date of the account statement;
- in **column 7** shall be filled in the difference between the paid value and the payment liability, if

applicable;

- **column 8** shall be filled in if there are difference in column 7, mentioning if the amounts are eligible or not, as well as the manner of compensation of the plus/minus paid amounts.

3.9 How to fill in the detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the contributions per enterprise?

Detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the contributions per enterprise

Month/Year

Statement correspondin g to salary contributions		Payments			Differenc e - lei -	Commen ts	
	Value of the payment liabilities. - lei -	PO/Sett- off decision no./date	Amount paid/set-off - lei -				Accoun t statem ent no./dat e
			Total	Of which corresponding to salary contributions			
1	2	3	4	5	6	7 = 5 - 2	8
S 112							
TOTAL							

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name: _____ (the last name and first name of the legal representative of the enterprise shall be taken from the identity document)

Position: _____ („administrator" shall be taken from the Ascertaining Certificate under the position "Attorneys-in-fact" or "attorney-in-fact" if another person is authorized to sign the documentation)

Signature: _____ (the report shall be signed by the legal representative)

Signing date: _____ (the signing date is the date when the legal representative signs the report)

- in **column 1** shall be filled in S112;
- in **column 2** shall be filled in the total value of Statement 112 (the initial one or the last rectifying one, if applicable);
- in **column 3** shall be filled in the number and date of the payment instruments/set-off decisions;
- in **column 4** shall be filled in the total value of the payment instruments/set-off decisions;
- in **column 5** shall be filled in the value corresponding to the salary contributions from the total of the payment instruments/set-off decisions;
- in **column 6** shall be filled in the number and date of the account statement;
- in **column 7** shall be filled in the differences registered between payments and payment liabilities;
- **column 8** shall be filled in if there are difference in column 7, mentioning if the amounts are eligible or not, as well as the manner of compensation of the plus/minus paid amounts.

CHAPTER 4 – SETTLEMENT OF THE PAYMENT REQUEST

- The Ministry of Public Finance **verifies** the compliance of the transmitted documents and the

fulfillment of the conditions provided in the State aid scheme established through G.D. no. 332/2014, for the purpose of making the payment.

- If it is **found that certain documents are missing or there are inconsistencies** between the transmitted data and information, the Ministry of Public Finance shall send a request to supplement the request for payment of State aid, with confirmation of receipt.

WARNING!

The requested documents and information shall be transmitted to the Ministry of Public Finance within **30 business days** as of the date of receipt of the request.

If the enterprise does NOT confirm the receipt of the request sent by the Ministry of Public Finance or does NOT observe the term, the request **shall be returned** to the enterprise within 15 business days as of the lapse of the term, in order for it to be supplemented.

For the purpose of calculating the term of 15 business days for the return of the payment request shall be necessary the following mentions:

1. The situation in which the enterprise does NOT confirm the receipt of the transmitted request:

When the request is returned to the Ministry of Public Finance by the post:

- shall be contacted the enterprise and shall be resent the request to the same address/a new address communicated by the legal representative of the enterprise by email.

If the request is returned for the second time, the entire documentation that corresponds to the payment request shall be returned to the address mentioned in the request, within 15 business days as of the date of return of the post.

- if the enterprise cannot be contacted, the entire documentation that corresponds to the payment request shall be returned to the address mentioned in the request, within 15 business days as of the date of return of the post.

2. The situation in which the enterprise does NOT observe the term of 30 business days as of the date of receipt of the request for transmission of the clarification documents:

When the answer to the request is not sent by the enterprise within the 30 business days as of the date when the company signs the confirmation of receipt (A.R.), the entire documentation shall be returned to the address mentioned in the payment request, within 15 business days as of the day when the 30 business days have lapsed.

- The Ministry of Public Finance, in its capacity as provider of State aid, reserves **the right to verify at any point in time on the spot**, with prior notification, during the investment's implementation period, as well as during the period of implementation and monitoring of the newly created jobs, the truthfulness and compliance of the documents related to the performance of the investments and the performance of the eligible expenses corresponding to the newly created jobs.

- After it analyzes all the documents, the Ministry of Public Finance shall send **a letter** to the enterprise, through which:

- a) it requests the Tax ascertaining certificates for the budgets that form the general consolidated budget, and
- b) it informs the enterprise on the period of performance of the verification, as applicable.

WARNING!

The State aid shall be paid only if the enterprise does not register outstanding debt to the budgets that form the general consolidated budget.

In this respect, the enterprise shall send:

- Tax ascertaining certificate for the State budget issued by the National Agency for Fiscal Administration;

- the Tax ascertaining certificates for the local budgets for the registered office and all the working units mentioned in the Ascertaining Certificate attached to the payment request.

- If the Payment request of State aid is considered complete, the representatives of the Ministry of Public Finance shall elaborate the **Payment report**, an internal document through which it is proposed the settlement of the State aid corresponding to the payment request.

WARNING!

The request for payment of State aid shall be considered complete when:

- it observes all the requirements in terms of compliance and the conditions on the basis of which was issued the Financing Agreement,
- the enterprise does not have outstanding debt to the budgets that make up the general consolidated budget,
- the verification on the spot was made, as applicable.

- **The actual transfer of State aid** shall be made by the Ministry of Public Finance within at most 45 business days as of the date when the request for payment of State aid is considered complete within the meaning of the provisions in the State aid scheme, into account 50.70 "Available funds from subsidies and transfers", opened with the State Treasury unit where the enterprise benefiting of State aid has its fiscal domicile.

- **Enterprises are required to verify the value of the State aid transferred** by the Ministry of Public Finance into account 50.70 "Available funds from subsidies and transfers". If any undue amount is found, the enterprises shall be required to inform the Ministry of Public Finance at once for the amount's return.

- The amounts unduly collected shall be returned into the budget expense accounts from which they were collected, if the amounts are returned in the year when they were collected, respectively into the account provided under art. 8 para. (1) in Government Emergency Ordinance no. 37/2008 on the regulation of certain financial measures in the budgetary field, approved as amended through Law no. 275/2008, as subsequently amended and supplemented, if the amounts are returned in the years following the year they were collected in.

- For the undue amounts collected by the enterprises, the Ministry of Public Finance shall charge related interest and penalties owed as of the date of collection and until the date of return, in accordance with the provisions of art. 174 and 176 in Law no. 207/2015 on the Code of Fiscal Procedure, as subsequently amended and supplemented.

CHAPTER 5 - FORMS

Form no. 1

Date of registration _____

Registration number _____

Payment request of State aid

We, the undersigned, _____, having the identification details mentioned at point I, legally represented by Mr./Mrs. _____, in his/her capacity of _____, identified with identity document series ____ no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, _____, entrance _____, apt. _____, district/county _____, zip code _____, hereby request payment of State aid, amounting to _____, on the basis of Financing Agreement no. _____ of _____ and under the conditions of the scheme in support of investments promoting regional development through creation of jobs, approved through Government Decision no. 332/2014, as subsequently amended and supplemented, under observance of the intensity on every region of _____, in accordance with the Financing Agreement.

I. Identification details of the enterprise:

Enterprise name: _____

Date of registration of the enterprise: _____

Registration no. with the trade register office: _____

Tax identification code: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

IBAN Code: _____, opened with the Treasury of _____

II. Statement on one's own responsibility

I, the undersigned, _____, identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____ district/county _____, in my capacity as legal representative of the enterprise _____, hereby declare on my own responsibility that all the information provided and registered in this application is correct and complete and that all the copies of documents that accompany the application are true to their originals.

I hereby declare on my own responsibility that the enterprise:

☐ is not undergoing the procedure of forced execution, insolvency, bankruptcy, judicial reorganization, dissolution, operational closing, liquidation, or temporary activity suspension,

☐ is not subject to decisions of recovery of State aid or if such decisions have been issued they have been enforced, in accordance with the legal provisions in force;

☐ has not benefited and shall not benefit of regional State aid for eligible costs of the type of tangible and intangible assets within the same single investment project;

☐ has not made a relocation to the unit where the initial investment for which the aid is requested shall be made in the last 2 years prior to the registration of the application for financing agreement and, at the time of registration of the application, it offers a commitment that it shall not do this for a period of up to 2 years after completion of the initial investment for which the aid is requested,

I hereby declare on my own responsibility that the information included in this application is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

¹ The application shall be signed by the person authorized to legally represent the enterprise.

Settlement form

Month	Payment liabilities				Requested State aid - lei -
	Salary cost	Gross salaries obtained - lei -	Employer's contributions - lei -	Total - lei -	
1	2	3	4	5=3+4	6
Month...	Salary cost for the newly created jobs				
	Eligible expenses				
Month...	Salary cost for the newly created jobs				
	Eligible expenses				
...					
Total for the period	Salary cost for the newly created jobs				
	Eligible expenses				

I hereby declare on my own responsibility that the information included in this form is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

¹ The form shall be signed by the person authorized to legally represent the enterprise.

Statement regarding the occupation and eligibility of the jobs

I, the undersigned, _____, identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____, acting as legal representative of the enterprise _____, hereby declare on my own responsibility that all the information provided and registered is correct and complete.

No. of jobs	Date of creation of the job	Eligibility exit date	First and last name of the employee	Disadvantaged (YES/NO)	Exit date from the project	Payment no. 1							Payment no. ...									
						Year 1			Year 2												Year ...	
						Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23...
Location 1																						
1																						
2																						
....																						
Location 2																						
1																						
2																						

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

¹ The statement shall be signed by the person authorized to legally represent the enterprise.

Form on the status of creation and maintenance of jobs

Average number of employees in the 12 months prior to the date of registration of the application for financing agreement	Total number of jobs approved in accordance with the Financing Agreement	Number of jobs existing in the last month for which State aid payment is requested	
		Total	of which newly created corresponding to the investment
1	2	3	4

I hereby declare on my own responsibility that the information included in this form is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

1 The form shall be signed by the person authorized to legally represent the enterprise.

Statement on the implementation of the investment

I, the undersigned, _____, identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____, acting as legal representative of the enterprise _____, hereby declare on my own responsibility that all the information provided and registered is correct and complete.

I hereby declare on my own responsibility that:

- the enterprise has started the initial investment on....., according to the Financing Agreement no..... of
- by the date of this request, the investment has been implemented up to and amounts to Lei.

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

1 The statement shall be signed by the person authorized to legally represent the enterprise.

Statement on the comparative situation of the employees by agreements

I, the undersigned, _____, identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____, acting as legal representative of the enterprise _____, hereby declare on my own responsibility that all the information provided and registered is correct and complete.

I hereby declare on my own responsibility that the following individuals are employed in the financing agreements the enterprise benefits of:

Financing agreement no. /				Financing agreement no. /			
No.	First and last name of the employee	Date of employment on the project	Exit date from the project	No.	First and last name of the employee	Date of employment on the project	Exit date from the project
1	2	3	4	5	6	7	8

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

¹ The statement shall be signed by the person authorized to legally represent the enterprise.

Statement regarding the classification into the category of disadvantaged workers

I, the undersigned, _____, identified with identity document series _____, no. _____, issued by _____ on _____, domiciled in the locality of _____, _____ street, building _____, entrance _____, apt. _____, district/county _____, acting as legal representative of the enterprise _____, hereby declare on my own responsibility that all the information provided and registered in this statement is correct and complete.

I hereby declare on my own responsibility that is employing for an undetermined period the following disadvantaged individuals:

- a) Individuals who have not had a paid job in the last 6 months;
- b) Individuals aged between 15 and 24 years;
- c) individuals aged over 50 years;
- d) individuals who have not graduated a form of high school education or do not have a professional qualification (ISCED 3) or are in the first two years from graduating a cycle of education with frequency and have not had any paid job yet;
- e) individuals coming from a single parent family, and having one or several dependents;
- f) individuals who are members of an ethnic minority and need to develop their linguistic knowledge, their professional training or work experience, in order to increase their chances of obtaining a stable job;
- g) individuals recognized as disabled in accordance with the national legislation

Nominal table with the disadvantaged individuals employed at, during the period when the State aid is requested

No.	Last and first name*	Category of disadvantaged individuals**	No. and date of the agreement
Location 1			
Location 2 ...			

* shall be filled in by locations and in alphabetical order

**shall be filled in the type of employment of the disadvantaged individuals provided at letters a)-g).

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

1 The statement shall be signed by the person authorized to legally represent the enterprise.

Detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the net salaries

Month/Year

Components of the net salary	Payment liabilities according to the payroll -Lei-	Payments				Differenc e	Comment s
		PO/Tally-sheet no./date	Value - lei -		Account stateme nt no./date		
			Total	Of which project			
1	2	3	4	5	6	7 = 5 - 2	8
Advance							
Withholdings							
Rest of payment							
.....							
TOTAL							

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

¹ The report shall be signed by the person authorized to legally represent the enterprise.

Detailed monthly situation of the payment liabilities and the manner of payment thereof with respect to the contributions per enterprise

Month/Year

Statement correspondin g to salary contributions		Payments			Differenc e - lei -	Commen ts	
	Value of the payment liabilities. - lei -	PO/ Set-off decision no./date	Amount paid/set-off - lei -				Accoun t statem ent no./dat e
			Total	Of which corresponding to salary contributions			
1	2	3	4	5	6	7 = 5 - 2	8
S 112							
TOTAL							

I hereby declare on my own responsibility that the information included in this statement is exact and complete, subject to enforcement of art. 326 - "False statements" in Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented.

Name:

Position:

Signature¹:

Signing date:

¹ The report shall be signed by the person authorized to legally represent the enterprise.