

ElevateNH

Employer Registration Agreement

To be completed on an annual basis

Please print or type and respond to all questions. Application and information within will be sent to Granite Edvance for enrollment into the program. Please be advised that as employees apply for the program, the HR Manager/Director listed below will receive notices to review and approve employee information. Please ensure this is submitted timely or else it could result in the employee becoming ineligible for the program. Additionally, please be sure to update the contact information as necessary if personnel changes.

EMPLOYER INFORMATION:

Legal Name of Organization: _____

Industry _____

Description of business:

Street Address: _____

City: _____ State: _____ Zip: _____

HR Manager/Director: _____ Title: _____

E-Mail _____ Ph :(_____) _____ Ext. _____ Fax: _____

TIN/EIN#: _____ Total Number of Employees: _____

Please provide a list of all employees, currently identified by the Organization, eligible for the program:

I, the undersigned, hereby affirm and certify that the Organization listed on this form is primarily in the business of Regenerative Medicine Manufacturing, and is a “Qualified Regenerative Manufacturing Company” as defined by NH RSA 77-A:1, XXX. Specifically:

"Qualified regenerative manufacturing company" means any business organization which meets each of the following requirements at all times during the entire taxable year:

1. It files with its return for the taxable year an election to be a qualified regenerative manufacturing company in accordance with RSA 77-A:5-c or has made such election for a previous taxable year; and
2. At least 75 percent of its business activities over the course of the tax year meet the requirements for an “active regenerative manufacturing business”, or, in the case of a subsidiary located in New Hampshire, 75 percent of that subsidiary's business activities meet the requirements for an “active regenerative manufacturing business”.
 - a. For purposes of this agreement, the term "regenerative manufacturing" means any aspect of the manufacturing of blood, tissues, tissue constructs, and organs for the purpose of researching, diagnosing, treating, or curing any disease or injury, such as (1) cell collection, culture and scale-up, (2) biomaterial selection and scale-up, (3) tissue process automation and monitoring, (4) tissue maturing, and (5) tissue preservation and transport.
 - b. For purposes of this agreement, the term "active regenerative manufacturing business" means the conduct of any business activity the primary focus of which is any one or more of the following areas:
 - (1) Performing research relating to regenerative manufacturing;
 - (2) Performing regenerative manufacturing activities;
 - (3) Researching, developing, manufacturing, or supplying technical services in support of regenerative manufacturing, such as process engineering, automation, facility set-up, and distribution services;
 - (4) Researching, developing, manufacturing, or supplying technologies utilized in regenerative manufacturing, such as cellular and non-cellular source materials, tools, equipment, reagents, and other supplies; and
 - (5) Performing any activity necessary to bring a product created through regenerative manufacturing to market, including but not limited to seeking patents, regulatory approval, performing clinical trials, and sales.

Pricing Structure:

1 - 49 Employees	<ul style="list-style-type: none">• \$750 annual fee• +10/p/m
50 - 149 Employees	<ul style="list-style-type: none">• \$1,250 annual fee• +8/p/m
150 - 999 Employees	<ul style="list-style-type: none">• \$2,500 annual fee• +6/p/m
1,000 - 9,999 Employees	<ul style="list-style-type: none">• \$5,000 annual fee• +5/p/m

As the facility's authorized representative, I have read the ElevateNH program guidelines at GraniteEdvance.org/ElevateNH and understand the employer requirements and agree the above information is accurate to the best of my knowledge. I further agree to pay all dues required by the Organization upon submission of this agreement. Failure to pay amounts due will result in deregistration from the program for the Organization, and will invalidate any employee of that Organization from participation in the program regardless of when that employee began participating in the program.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Facility's Authorized Representative

If you have any questions, please email ElevateNH@GraniteEdvance.org.