



NJ Child Care Facilities Improvement Program – Phase 1

Verification of Professional Services Eligibility

EXHIBIT 2-1

**Please attach a copy of firm’s NJ Business Registration Certificate (BRC) and any SWM/VBE Certifications held to this form.*

Services are limited to architect fees, permit fees, construction management, freight, shipping and delivery, and environmental assessment

1. Request for Clearance of Professional Services is hereby made by:

Applicant Organization _____

Facility Name _____

Facility Location _____

2. Identification of the professional firm for which clearance is requested:

Legal Business Name _____

SAM.GOV Unique Entity ID
(required: full registration) _____

Street Address, City, _____

State, and Zip Code _____

Phone Number(s) _____

3. Name of the principals of the firm and their title/position are as follows.

(Complete names preferred: Example—John Buford Brown is preferable to John Brown)

Name of Principals	Title(s)
_____	_____
_____	_____

4. Description of professional services? _____

5. Signed: _____ Date _____
CEO or Representative

6. (To be completed by the NJEDA)

Professional firm cleared: Yes No Date: _____

Signature, NJEDA’s staff _____

Faxed or Mailed To _____

Comments:
