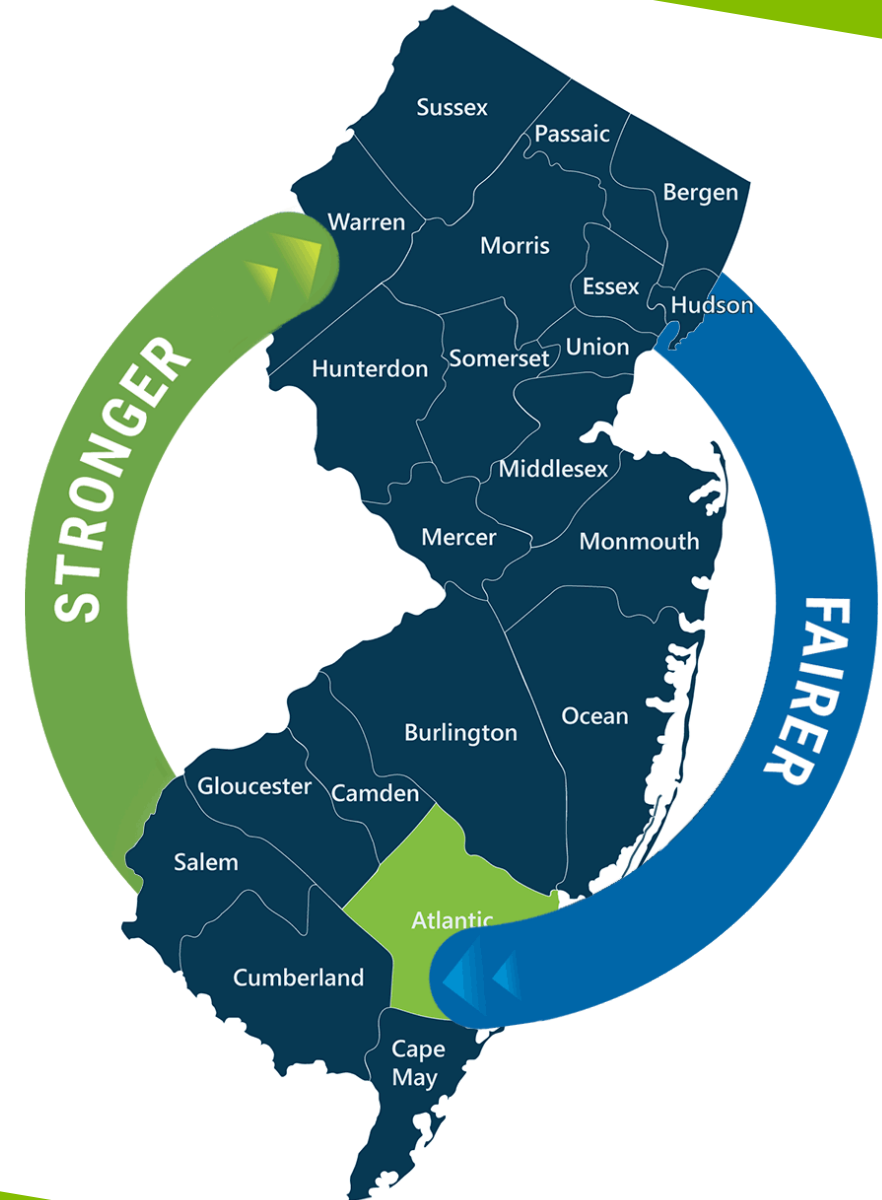


Atlantic City Food Security Grants Pilot Program

March 2024



Sample Application

Welcome

Before beginning the application read through the information provided on the welcome page.

Once ready click “Next” to begin the application

IMPORTANT TIP:

Click “Save” in the beginning to create a reusable link that will save your progress as you complete the application.



Welcome: Atlantic City Food Security Grant Program

Program Description

This is a pilot program awarding grants between \$50,000 and \$500,000 for projects to strengthen food access and food security in Atlantic City. There is a total of \$5.25 million available in this program to fund grants to projects that can have an impact for Atlantic City residents' ability to access fresh, affordable, healthy food.

In January 2021, Governor Phil Murphy signed the Food Desert Relief Act, which allocated to NJEDA a total of \$240 million in tax credits over six years and directed NJEDA to collaborate with the New Jersey Departments of Community Affairs and Agriculture to designate up to 50 Food Desert Communities (FDCs) across the state. Out of all 50 FDCs, the Atlantic City/Ventnor FDC ranks second highest, indicating extremely significant need. More than 41,000 people reside within the boundaries of the Atlantic City/Ventnor FDC, which covers the entirety of Atlantic City as well as a portion of neighboring Ventnor.

Atlantic City has been without a full-service supermarket since 2006. NJEDA recently launched the Food Desert Relief Tax Credit Program, which offers an important tool to develop and sustain new supermarkets. Still, developing and opening a new supermarket takes years, and residents of Atlantic City need and deserve improved access to nutritious food much sooner than that. Recognizing that a supermarket is not the only path to improving access to nutritious food, this program aims to pilot a variety of different initiatives that could address the challenges of Food Desert Communities, beginning with Atlantic City.

Applications will be scored on a 100-point scale. To be eligible for a grant, an application must earn at least 50 out of 100 points. The point values of various components are noted in the application.

Language Assistance

ATENCIÓN: si habla español, los servicios de asistencia lingüística, gratuitos, están disponibles para usted enviando un correo electrónico a languagehelp@njeda.com.

تقديم: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانية متاحة لك عبر إرسال بريد إلكتروني إلى languagehelp@njeda.com.

注意: 如果您說粵語, 可以透過傳送電子郵件至 languagehelp@njeda.com 免費獲取語言協助服務。

注意: 如果您說普通話, 可以通过发送电子邮件至 languagehelp@njeda.com 免费获取语言协助服务。

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય તો, તમારા માટે languagehelp@njeda.com પર ઇ-મેઇલ કરવાથી ભાષા સહાયતા સેવાઓ મફતમાં ઉપલબ્ધ છે.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो languagehelp@njeda.com पर ईमेल द्वारा, आप के लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं।

ATTENZIONE: se parla italiano, può usufruire gratuitamente di servizi di assistenza linguistica scrivendo all'indirizzo languagehelp@njeda.com

알림: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 이메일 languagehelp@njeda.com을 통해 제공됩니다.

UWAGA: Jeśli mówisz po polsku, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e-mail pod adres languagehelp@njeda.com.

ATENÇÃO: se você falar português, oferecemos serviços de apoio de idioma gratuitos. Envie um e-mail para languagehelp@njeda.com.

ATTENTION: Kung nagsasalita ka ng Tagalog, magagamit mo ang libreng mga serbisyonang tulong sa wika sa pamamagitan ng pag-email sa languagehelp@njeda.com.

Next >

Save

Language Access

Provide a “Yes/No” response to indicate whether English is your primary language or select “Prefer Not to Answer”.

Free language assistance services are available to you by sending an email to languagehelp@njeda.gov.

Language Assistance

Is English your primary language? *

2

NJEDA Atlantic City Revitalization Grant Program
ECONOMIC DEVELOPMENT AUTHORITY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Language Assistance

Is English your primary language? *

Please identify which of the following languages is your primary language: *

Español (Spanish)
العربية (Arabic)
粵語 (Cantonese Chinese)
國語 (Mandarin Chinese)
ગુજરાતી (Gujarati)
हिन्दी (Hindi)
Italiano (Italian)
한국어 (Korean)
Polski (Polish)
Português (Portuguese)
Tagalog
Other

Primary Point of Contact

On this page we will collect contact information for the Primary Point of Contact for this application.

Please ensure that the email provided is the correct email for the primary point of contact on this application.

This email will be used correspondence to the applicant team.



REMINDER

Click “Save” to create a reusable link that will save your progress as you complete the application.

Primary Point of Contact

Throughout the life of a project – from application, to approval, to closing, and to certification/servicing – NJEDA will need to engage with various members of your team. This section collects contact information for individuals we may need to speak with as part of this project.

Please provide contact information for the primary point of contact within the applicant that NJEDA will keep updated on the status of this application.

NOTE: It is highly recommended that the primary point of contact be the individual that is currently filling out this application.

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone Number *

Authorized Representative

If the primary point of contact is not an authorized representative for the applicant entity, you will be asked to fill out the contact information for the authorized representative.

Authorized Representative

This application includes company representations and certification and must be submitted by an individual who is legally authorized to sign documents on behalf of the applicant company.

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone *

Chief Executive Officer/Owner/Equivalent

If the primary point of contact is not Chief Executive Officer/Owner/Equivalent for the applicant entity, you will be asked to fill out the contact information for the Chief Executive Officer/Owner/Equivalent.

Chief Executive Officer/Owner/Equivalent

If the primary point of contact does not hold this role, please provide the contact information for the owner, CEO, or equivalent highest-ranking executive for the applicant

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone

Consultant Information

While not required, we understand that some applicants may choose to utilize consultants for support on grant applications.

Are you, the applicant company, using a consultant to assist with this application?

IF YES, you will be asked to fill out the contact information for the consultant.

Consultant Information

While not required, we understand that some applicants may choose to utilize consultants for support. While the NJEDA will direct all communications to the primary point of contact, please also provide us with information about any consultants supporting you on this application.

Would you like to designate a consultant contact who is assisting with this application? *

☒ Yes ☐ No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Company *

Title *

Email Address *

Media Contact

If the primary point of contact is not authorized to speak to the media, you will be asked to fill out information for a media contact in the event of press releases and press inquiries regarding approved projects.

Would you like to designate a media contact?

IF YES, you will be asked to fill out the contact information for the media contact.

Media Contact

NJEDA often works with an applicant's public relations or media relations representatives on press releases and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant's Media Contact that will support on this project.

Would you like to designate a media contact? *

☒ Yes

☐ No

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Applicant Organization

In this section, we are collecting information about the registered business that is applying for this program.

This page will request applicant organization information including but not limited to...

- Entity Type
- Date Established
- Entity Formation Documents
- Federal Tax Identification Number (FEIN)
- NJ Tax Identification Number
- NAICS Code
- NJ Tax Clearance Certificate

Applicants must be in existence for at least two years at the time of application to be considered eligible for this program.

If the applicant is involved in religious activities or is religiously affiliated, an additional [Religious Activity Questionnaire](#) will be required.

Applicant Organization

In this section, we are collecting information about the company that is applying for assistance. We are focused on the primary applicant only. We may collect information on affiliates, parent companies, holding companies, or other related entities in the following sections of the application.

Applicant Organization Name *

The full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit: <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName>

Applicant Doing Business As (DBA)

Entity Type *

Date Established *

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey? *

☐ Yes ☐ No ☐ NA - Applicant Organization is Government Entity

Mailing Address *

Address Line 1

Address Line 2

City

State

Zip Code

Applicant Country of Incorporation/Formation *

Applicant State of Incorporation/Formation *

Formation Document(s)

Documentation to verify applicant entity's name – must provide company formation documents that relate to the entity applying (Articles of Incorporation, Articles of Organization, Certificate of Incorporation, Certificate of Trade Name (filed at county clerk's office-for sole proprietors))

- Sole Proprietor: [Provide a Certificate of Trade Name](#) (filed with the County Clerk)
- LLC: [Certificate of Formation](#)
- Corporation: [Certificate of Incorporation and Bylaws](#)
- Not-for-Profit: [Certificate of Incorporation and Bylaws](#)
- Out of State: If your entity was formed out of state but operates within the State of NJ, you must file a Certificate of Authority when registering the business in NJ and provide that certificate.

or drag files here.

Cannabis Questionnaire

Cannabis Questionnaire

Has the applicant applied for or been issued a license, including a conditional license, from the New Jersey Cannabis Regulatory Commission (NJ-CRC) to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or does the applicant employ or intend to employ, or is the applicant itself, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

☐ Yes ☐ No

If the applicant is a property owner, developer, or operator of a project: is the property being used or intended for use, in whole or in part, (1) by or to benefit a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service, (2) to employ a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service, (3) by a person or entity that has applied or intends to apply to the New Jersey Cannabis Regulatory Commission (NJ-CRC) for a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service or has applied for certification to be, or intends to employ, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? *

☐ Yes ☐ No

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New Jersey State law prohibits certain cannabis licensees and certified personal use cannabis handlers' employers from receiving or continuing to receive most financial incentive awards.

Diversity Equity and Inclusion

In this section, we would like more information about the diversity of your organization.

Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only.

Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your organization. Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only. Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

With which of the following does the majority owner of the applicant organization self-identify (if applicable)? *

- ☐ Minority
- ☐ Woman
- ☐ Veteran
- ☐ LGBTQ
- ☐ Disabled
- ☐ None of the above
- ☐ Prefer not to answer

Please select which of the following State of New Jersey certifications the applicant organization currently holds: *

- ☐ Small Business Enterprise (SBE)
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ Minority-Owned Business Enterprise (MBE)
- ☐ Woman-Owned Business Enterprise (WBE)
- ☐ Veteran-Owned Business Enterprise (VOB)
- ☐ Disabled Veteran-Owned Business Enterprise (DVOB)
- ☐ None of the above
- ☐ Prefer not to answer

Additional DE&I Information

In this section, we would like more information about any actions your organization has taken or is taking with respect to Diversity, Equity, and Inclusion

Please describe whether your organization's leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled). *

Project Description – Up to 30 Points (1/2)

Applications demonstrating a more detailed, comprehensive, feasible plan will receive higher scores. For any required question(s) that do not apply to your project, please write “Not Applicable” in the corresponding box that is below the question.

In 500 words or less, **provide a description of your proposed project that also includes:**

- a. Your understanding of Atlantic City’s food access and food security challenges.
- b. How your project will improve food access and food security for Atlantic City residents

How many Atlantic City residents do you estimate your project will impact?

In 200 words or less, **if your project will support recipients of federal and state nutrition benefits (SNAP, WIC) and/or any additional sub-populations (seniors, immigrant families, etc), explain how** or write “Not Applicable” in the corresponding box below.

Project Description (30 Points)

Applications demonstrating a more detailed, comprehensive, feasible plan will receive higher scores. For any required question(s) that do not apply to your project, please write “Not Applicable” in the corresponding box that is below the question.

Please provide a description of your proposed project including, but not limited to, the following information:*

- a. Your understanding of Atlantic City’s food access and food security challenges.*
- b. How your project will improve food access and food security for Atlantic City residents.*

Please limit your response to 2500 characters or less (approximately 500 words).

How many Atlantic City residents do you estimate your project will impact? *

Will your project support recipients of federal and state nutrition benefits, including SNAP and WIC and if so, how? Are there additional sub-populations, such as seniors, immigrant families, families with children, unemployed, etc., that your project will support and if so, how? *

Please limit your response to 1000 characters or less (approximately 200 words).

Project Description – Up to 30 Points (2/2)

Which area(s) of Atlantic City will your proposed project serve:

1. Bungalow Park	6. Ducktown
2. Chelsea	7. Inlet
3. Chelsea Heights	8. Marina District
4. Venice Park	9. Westside
5. Midtown South	10. Midtown North

- **All of the above** (1-10)
- **Other** - if “Other” is selected, a box will appear asking the applicant to please describe

Please note: Projects serving only the Ventnor portion of the Atlantic City/Ventnor Food Desert Community are ineligible for funding through this grant program.

In 200 words or less, describe how the proposed project could potentially be sustained after the end of the NJEDA grant.

In 200 words or less, describe how your project could potentially be scaled or adapted to improve food access and food security needs in other Food Desert Communities in New Jersey and any special considerations needed for this.

What area(s) of Atlantic City will your proposed project serve? *

- ☐ Bungalow Park
- ☐ Chelsea
- ☐ Chelsea Heights
- ☐ Ducktown
- ☐ Inlet
- ☐ Marina District
- ☐ Venice Park
- ☐ Westside
- ☐ Midtown South
- ☐ Midtown North
- ☐ All of the above
- ☐ Other

Please note: Projects serving only the Ventnor portion of the Atlantic City/Ventnor Food Desert Community are ineligible for funding through this grant program.

Please describe how the proposed project could potentially be sustained after the end of the NJEDA grant. *

Please limit your response to 1000 characters or less (approximately 200 words).

Please describe how your project could potentially be scaled or adapted to improve food access and food security needs in other Food Desert Communities in New Jersey and any special considerations that would need to be taken into account. *

Please limit your response to 1000 characters or less (approximately 200 words).

Community Engagement – Up to 20 Points (1/2)

In this section, applicants are asked to provide information related to community engagement efforts, including experience serving Atlantic City residents, soliciting and responding to feedback, providing equitable services, and mitigating previous challenges. For any required question(s) that do not apply, please write “Not Applicable” in the corresponding box that is below the question.

In 200 words or less for each of the following, describe your organization’s:

- **History of serving Atlantic City residents**
- **Planned outreach and engagement activities to connect Atlantic City residents with your proposed project**

In 200 words or less for each of the following, describe your organization’s approach to and experience with:

- **Soliciting feedback from community members and/or customers and using that feedback to inform your services.**
- **Providing services that promote social and economic equity**

Community Engagement (Up to 20 Points)

In this section, applicants are asked to provide information related to community engagement efforts, including experience serving Atlantic City residents, soliciting and responding to feedback, providing equitable services, and mitigating previous challenges.

For any required question(s) that do not apply, please write “Not Applicable” in the corresponding box that is below the question.

Please describe your organization’s history of serving Atlantic City residents. *

Please limit your response to 1000 characters or less (approximately 200 words).

Please describe your organization’s approach and experience in the following areas, as applicable:

a. Soliciting feedback from community members and/or customers and using that feedback to inform your services. *

Please limit your response to 1000 characters or less (approximately 200 words).

b. Providing services that promote social and economic equity. *

Please limit your response to 1000 characters or less (approximately 200 words).

What outreach and engagement activities will your organization do to connect Atlantic City residents with your proposed project? *

Please limit your response to 1000 characters or less (approximately 200 words).

Community Engagement – Up to 20 Points (2/2)

Food security work comes with challenges. In 200 words or less, **describe an obstacle that your organization has faced and how you addressed it.**

Will your organization collaborate with any additional partners to execute your proposed project?

- If **yes**, the following repeating table will appear asking you to provide the following details for one or more collaborators:
 - Name of Organization
 - Point of Contact Name (First and Last)
 - Point of Contact Email
 - Collaborating Organization's Role in Your Proposed Project
 - Letter of Support (from collaborator)

If your organization plans to collaborate with more than one partner:

- Please click the **+Add Collaborator** button the number of times needed to provide the appropriate details for each collaborator

Food security work comes with challenges. Please describe an obstacle that your organization has faced and how you addressed it. *

Please limit your response to 1000 characters or less (approximately 200 words).

Will your organization collaborate with any additional partners to execute your proposed project? *

☒ Yes ☐ No

Collaborators

If the applicant will be collaborating with one or more other organizations to implement the proposed project, please describe the nature of this collaboration including the roles that each organization will serve in the proposed project. Please provide a letter of support from each collaborating organization.

⊗ Collaborator 1

Name of Organization *

Point of Contact First and Last Name *

First Last

Point of Contact Email *

Role in proposed project *

Letter of Support *

Upload or drag files here.

+ Add Collaborator

Organizational Capacity – Up to 20 Points

*In this section, please provide **information demonstrating how your organization's current and previous experiences relate to the proposed project.***

In 200 words or less, describe your organization's **mission or primary line of business**, and how your proposed project aligns with that.

How would you best describe your project?

- ☐ A continuation of current services
- ☐ An extension/addition to current services
- ☐ A new initiative

In 300 words or less, describe **your experience providing services related to food access and/or food security**. Please include examples of the size and scope of current and past project(s) in your response. This can include, but is not limited to, food distribution, nutrition education, local agriculture, and/or food retail. This does not have to solely include your experience within Atlantic City.

Organizational Capacity (Up to 20 Points)

In this section, please provide information demonstrating how your organization's current and previous experiences relate to the proposed project. Please provide answers to the questions outlined below. For any required question(s) that do not apply, please write "Not Applicable" in the corresponding box that is below the question.

Please describe your organization's mission or primary line of business, and how your proposed project aligns with that mission or line of business. *

Please limit your response to 1000 characters or less (approximately 200 words).

How would you best describe your project: *

- ☒ A continuation of current services
- ☐ An extension/addition to current services
- ☐ A new initiative

Please describe your experience providing services related to food access and/or food security. Please include examples of the size and scope of current and past project(s) in your response. *

This can include, but is not limited to, food distribution, nutrition education, local agriculture, and/or food retail. This does not have to solely include your experience within Atlantic City.

Please limit your response to 1500 characters or less (approximately 300 words).

Scope of Work – Up to 30 Points (1/3)

Work Plan – Up to 20 Points

Work Plan (Up to 20 points)
Responses that provide greater detail and feasibility will receive higher scores.
Please [click here](#) to download and complete the Work Plan template before uploading it below.

Work Plan *

Upload

 or drag files here.

[Click here](#) to download and complete the Work Plan template before uploading it above, if you have not done so already.

Anticipated Project Start Date *

Anticipated Project End Date *

***Please note:** Start date and end date should be less than two (2) years apart and/or end date should be before September 30, 2026, whichever is earlier.*

- Download the [Work Plan/Project Milestones template](#) and input milestones before uploading as an Excel file.
- **Note:** Start date and end date should be less than two (2) years apart and/or end date should be on or before September 30, 2026, whichever is earlier.

Scope of Work – Up to 30 Points (2/3)

Budget/Budget Narrative – Up to 10 Points

Download the [Budget template](#) provided in the application and complete before uploading as an excel file.

Download the [Budget Narrative template](#) provided in the application and complete before uploading as a PDF file.

How much do you estimate the total project will cost? Please include the complete project cost in your estimate, including any costs that will be funded through other sources.*

Total Grant Amount Requested must be between \$50,000.00 and \$500,000.00.

Budget and Budget Narrative (Up to 10 Points)

Please [click here](#) to download and complete the Budget template before uploading it below.

Please [click here](#) to download and complete the Budget Narrative template before uploading it below.

Budget *

Upload

or drag files here.

[Click here](#) to download and complete the Budget template before uploading it above, if you have not done so already.

Budget Narrative *

Upload

or drag files here.

[Click here](#) to download and complete the Budget Narrative template before uploading it above, if you have not done so already.

How much do you estimate the total project will cost? *

Please include the complete project cost in your estimate, including any costs that will be funded through other sources.

How much are you requesting in grant funding? *

*If estimated total project costs exceeds total grant amount being requested, the applicant will be asked to **list the source(s) and amount(s) of any additional funding sources that will cover the remaining project cost** in this section.

Scope of Work – Up to 30 Points (3/3)

Does your proposed plan include any of the following expenses:

1. Land Acquisition*
2. Property Purchase (such as building, commercial space, etc.)*
3. Installation of equipment**
4. Construction or renovation**

If the proposed plan **does not** include any of the above expenses, applicant must select “None of the above” to proceed with the rest of the application.

***Please note:**

1. Land acquisition is a nonallowable cost under this grant. If your proposed project includes land acquisition expenses, please revise your project plan.
2. Purchasing property is a nonallowable cost under this grant. If your proposed project includes property purchases, please revise your project plan.*

Does your proposed plan include any of the following expenses*:

- ☐ Land Acquisition
- ☐ Property Purchase (such as building, commercial space, etc.)
- ☐ Installation of equipment
- ☐ Construction or renovation
- ☐ None of the above

****Please note:**

For installation costs requiring site construction or site modification that exceeds \$1999 **AND/OR**

For installation costs that require a contract with a trade worker and that exceed \$1999:

These must be performed by a New Jersey Department of Labor and Workforce Development (DOL) Public Works Registered Contractor and must abide by NJ prevailing wage and affirmative action requirements. See next page (if applicable).**

Construction, Renovation, or Installation of Equipment (1/2)**

NJDOL Public Works Registered Contractor/Subcontractor:

All contractors used for any construction costs more than \$1999 must be registered as a New Jersey Department of Labor and Workforce Development (DOL) Public Works Registered Contractor and must abide by NJ prevailing wage and affirmative action requirements. Any quotes submitted from contractors/subcontractors that are not NJDOL Public Works Registered Contractors at the time of application will not be eligible to be used in your proposed project.

Professional Services:

All professional services including, but not limited to, architectural, engineering, construction management services must provide verification proof of NJ Business Registration and a Verification of Professional Service form.

Construction, Renovation, or Installation of Equipment

NJDOL Public Works Registered Contractor/Subcontractor: All contractors used for any construction costs more than \$1999 must be registered as a New Jersey Department of Labor and Workforce Development (DOL) Public Works Registered Contractor and must abide by NJ prevailing wage and affirmative action requirements. Any quotes submitted from contractors/subcontractors that are not NJDOL Public Works Registered Contractors at the time of application will not be eligible to be used in your proposed project.

Professional Services: All professional services including, but not limited to, architectural, engineering, construction management services must provide verification proof of NJ Business Registration and a Verification of Professional Service form.

Professional Services/ Contractor/Subcontractor

Please complete this section for every contractor/subcontractor and/or professional service listed as part of your project.

⊗ Contractor/Subcontractor or Professional Service 1

Are you working with a Contractor, Subcontractor, or Professional Service? *

+ Add Contractor/Subcontractor or Professional Service

Are you working with a Contractor, Subcontractor, or Professional Service?

If your organization plans to work with more than one Contractor, Subcontractor, or Professional Service, please click the +Add Contractor/Subcontractor, or Professional Service button the number of times needed to provide details for each one.

Construction, Renovation, or Installation of Equipment (2/2)**

Contractor/Subcontractor Information

Contractor/Subcontractor Information

⊗ Contractor/Subcontractor 1

Name of Contractor/Subcontractor *

Contractor Quote *

Upload or drag files here.

NJ Business Registration Form *

Upload or drag files here.

Please [click here](#) to download and complete the Contractor Verification Form prior to uploading it in the section below.

Contractor Verification Form *

Upload or drag files here.

NJ Small/Women/Minority/Veteran Business Enterprise (SWMBE) certification, if applicable

Upload or drag files here.

Square footage of proposed construction site *

Please provide a detailed explanation of the proposed construction and any specialized equipment or materials required, if applicable. *

+ Add Contractor/Subcontractor

Professional Services Information

⊗ Contractor/Subcontractor or Professional Service 1

Are you working with a Contractor, Subcontractor, or Professional Service? *

Professional Service

Professional Service Information

⊗ Professional Service 1

Name of Professional Services Company *

NJ Business Registration Form *

Upload or drag files here.

Please [click here](#) to download and complete the Professional Service Verification Form prior to uploading it in the section below.

Professional Service Verification Form *

Upload or drag files here.

NJ Small/Women/Minority/Veteran Business Enterprise (SWMBE) certification, if applicable

Upload or drag files here.

+ Add Professional Service

Download the [Contractor Verification Form](#) provided in the application and complete before uploading as a PDF.

Download the [Professional Service Verification](#) provided in the application and complete before uploading as a PDF file.

Prevailing Wage and Affirmative Action Requirements

Prevailing Wage and Affirmative Action Requirements

Please be aware that construction activities under the Atlantic City Food Security Grant Program are subject to New Jersey Contractor Registration, prevailing wage, and affirmative action requirements.

Projects utilizing financial assistance for construction related costs that total \$2,000 or more are subject to state prevailing wage requirements. During the eligibility period, each worker shall be paid not less than the prevailing wage rate for the worker's craft or trade, as determined by the Commissioner of the Department of Labor and Workforce Development pursuant to P.L. 1963, c. 150 ([N.J.S.A. 34:11-56.25 et seq.](#)) and P.L.2005, c. 379 ([N.J.S.A. 34:11-56.58 et seq.](#)).

Effective April 1, 2020, contractors and subcontractors for construction contracts that require payment of prevailing wage must provide proof of registration under the Public Works Contractor Registration Act ([N.J.S.A. 34:11-56.48 et seq.](#)) The Act does not require proof of registration for such contracts that were awarded prior to April 1, 2020. Information regarding this Act can be found on the NJ Department of Labor's Website.

For projects receiving financial assistance, any contractor or subcontractor hired for construction work and having a total company workforce of four (4) or more employees must provide documentation demonstrating their good faith efforts to employ minority and women workers in each construction trade. This effort should be consistent with the applicable county employment goals established in accordance with [N.J.A.C. 17:27-7.2](#) and align with the affirmative action requirements outlined in [N.J.A.C. 19:30-3.5](#).

If you have any questions about these requirements, please contact the Atlantic City Food Security Grant Program team at foodsecuritygrants@njeda.gov before submitting this application.

- ☐ I acknowledge any construction on this project, undertaken either by the applicant or as a result of this application, is subject to prevailing wage and affirmative action requirements.
- ☐ I acknowledge that any contractor working on this project must be registered with the New Jersey Department of Labor (DOL) and possess a valid public works certificate at the time of approval.

Duplication of Benefits

In this section, we will ask if you have applied for or received any other funds (governments loans/grants, private or bank loans, donations, insurance proceeds, etc.)

IF NO, certify this is correct and proceed to the next page

IF YES, select all the program(s) your business has applied to or received funding for from the list that appears and/or check “Other” to include any other funding sources not covered in the list. For each source, you will need to provide the following information:

- Name of Funding Source
- Program Status: In Process or Approved
- Approved/Applied Date
- Approved/Applied Amount
- Purpose of Funds

Duplication of Benefits Affidavit

This affidavit must be completed by all businesses that are applying for the Atlantic City Food Security Grant. Please provide below information about all sources of funds that the Applicant has applied for, been awarded and/or received for the same purpose or purposes as the Atlantic City Food Security Grant. The information within this affidavit will provide the NJEDA with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

As an authorized signer (Owner, CEO, or similar level of officer) for this entity, I hereby state and certify to the United States Federal Government and to NJEDA as follows:

Have you applied for or received any other funds or assistance for this project? *

Sources of funds include, but are not limited to: Federal, State and local loan/grant programs, private or bank loans, gifts or donations, and insurance proceeds.

☐ I certify that there is no Duplication of Benefits and no other government funds were used for expenses detailed in the project.

Once you've provided details for all other assistance applied for and/or received for this project, you will need to certify that there is no Duplication of Benefits and no other government funds were used for expenses detailed in the project.

Applicant Representative for Certifications

The New Jersey Economic Development Authority requires that the Legal Questionnaire, Certification of Non-Involvement in Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3, Acknowledgments of Applicant , and Certification of Applicant, are to be completed and signed by one of the following:

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- for a corporation: a principal executive officer at least the level of vice president;
- for a partnership: a general partner;
- for a sole proprietorship: the proprietor;
- for a governmental entity: the contact person (business administrator, manager, mayor, etc.);
- for other than above: the person with legal responsibility for the application.

If you are not an Authorized Representative you will be prompted to Upload the Certifications page, which will require you to download and then upload signed copies of the acknowledgments and certifications listed above (Slide 48).

If you are an Authorized Representative you will be prompted to fill out these pages throughout the application (Slides 26-28).

Applicant Representation

Is the individual filling out this application employed by the entity that is applying for the program? *

Yes

Is the individual filling out this application one of the following: *

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- for a corporation: a principal executive officer at least the level of vice president;
- for a partnership: a general partner;
- for a sole proprietorship: the proprietor;
- for a governmental entity: the contact person (business administrator, manager, mayor, etc.);
- for other than above: the person with legal responsibility for the application.

Yes

Please indicate which of the following best describes the individual filling out this application? *

Applicant's General Counsel or Chief Legal Officer

Contact for a Government Entity

General Partner

Principal Executive Officer at or above the minimum level of Vice President

Sole Proprietor

Person with Legal Responsibility for the Application

None of the above

Upload Certifications

Only if the individual filling out the application is not an Authorized Representative will the applicant see this page.

Upload Certifications

The New Jersey Economic Development Authority requires that the following information be completed and signed by one of the following:

- by applicant's General Counsel or Chief Legal Officer (recommended); or
- for a corporation, by a principal executive officer at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for a governmental entity, by the contact person (business administrator, manager, mayor, etc.);
- for other than above, by the person with legal responsibility for the application.

Because you have identified that you are not one of the individuals listed above, it is required that you download each of the three forms listed below and have someone who meets this definition for the applicant company fill out and sign each of the forms. Once the forms have been completed and signed, please attach them at the end of this application, along with any other necessary application attachments.

Your application for assistance will not be reviewed until the NJEDA has each of the signed forms from someone who is legally authorized to make these representations on behalf of the applicant company.

Legal Questionnaire

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3

Application Certifications

Legal Questionnaire *

Upload

or drag files here.

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3 *

Upload

or drag files here.

Application Certifications *

Legal Questionnaire*

In this section we will be collecting the Legal Questionnaire.

*This page will only be visible if the individual filling out the application is the authorized representative.

Legal Questionnaire

Applicant Name:

Persons (entities or individuals) applying for NJEDA programs are subject to the Authority's Disqualification/Debarment Regulations (the "Regulations"), which are set forth in N.J.A.C. 19:30-2.1, et seq. Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors. Governmental entities are not required to submit this Legal Questionnaire and may leave it empty.

Note that this form has recently been modified.

Please review this form in its entirety prior to providing any responses or certifications.

DEFINITIONS

Notwithstanding any terms defined elsewhere or otherwise herein, the following definitions shall govern in responding to this Legal Questionnaire:

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant company of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with the Authority.

Note that any entities or persons fitting these definitions will need to be listed in Part C below.

"Legal Proceedings" means any civil, criminal, or administrative proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

RELEVANT TIMEFRAMES

Responses should be given based on the following "look-back" periods:

- For civil matters, those that were either pending or concluded within 5 years of the reporting date;
- For criminal matters, those that were either pending or concluded within 10 years of the reporting date;
- For environmental regulatory matters, those that were either pending or concluded within 10 years of the reporting date; and
- For all other regulatory matters, those that were either pending or concluded within 5 years of the reporting date.

Certification of Non-Involvement in Activities in Russia or Belarus*

In this section we will be collecting the Certification of Non-Involvement in Activities in Russia or Belarus.

*This page will only be visible if the individual filling out the application is the authorized representative.

Certification of Non-Involvement in Activities in Russia or Belarus

Program Name: Atlantic City Food Security Grant Program

Applicant Name:

Applicant Doing Business As:

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List, available here: <https://sanctionssearch.ofac.treas.gov/>. If the New Jersey Economic Development Authority finds that an Applicant has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

Certification

I, the undersigned, have read and reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List, and having done so certify (must check one appropriate box and complete the Authorized Signature section below):

☐ A. That the Applicant is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus and is not engaged in activities related to Russia or Belarus. OR

☐ B. That I am unable to certify as to "A" above because the Applicant is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus. OR

☐ C. That I am unable to certify as to "A" or "B" above because the Applicant, though identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus, is engaged in activities in Russia or Belarus consistent with federal law, regulation, license or exemption. A detailed, accurate and precise description of how the Applicant's activity related to Russia and/or Belarus is consistent with federal law is set forth below, including a copy of the license or listing the exemption. (Attach Additional Sheets If Necessary).

If applicable, please provide a copy of the license or list the exemption:

Upload or drag files here.

Authorized Signature

Certification of Application**

Certification of Application

PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments and schedules. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

I affirm, represent, and warrant that the information contained in this application and in all associated attachments submitted herewith is to the best of my knowledge true and complete and that the funding applied for herein is not for personal, family, or household purposes. *

I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJEDA which may at its option terminate its financial assistance. *

I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJEDA. *

I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the NJEDA. *

I certify my understanding that an electronic signature of this Application and any Approval Letter or Agreement shall be a binding on the parties. *

*This page will only be visible if the individual filling out the application is the authorized representative.

Electronic Signature

Electronic Signature

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

☐ I agree to be bound by electronic signatures

Full Name *

Title *

Signature *

Date *

3/11/2024

×

draw type

Application Submission

Application Submission

Thank you for your interest in the Atlantic City Food Security Grant Program.

If you are ready to submit this application to the NJEDA for review, please click the Submit button.

If you would like to make any changes to the application at this point, please click the Back button.

If there is any additional supporting documentation that you would like to provide, please use the upload button below.

or drag files here.

Full Name *

Title *

Date *

3/11/2024

CLICK SUBMIT

