

Atlantic City Food Security Grant Pilot Program

EXHIBIT 2-2

(For use by Prime Contractor and all Subcontractors)

Verification of Contractor Eligibility						
Please Note: Verifications must be obtained prior to award of contract						
1.	Applicant Organization					
2.	Facility Name					
3.	Facility Location					
4.	County					
•	Identification of the contractor and principals of the firm.					
5.	Contractor Legal Business Name					
6.	SAM.GOV Unique Entity ID (required: full registration – viewable by the public)					
7.	Address					
8.	City					
9.	State					
10.	Zip Code					
11.	Contractor Phone Number					
12.	Enter the name of each princ		ipal below	Enter the title of each principal		
13.						
14.						
15.						
Signature and dates below indicate verification by NJEDA						
16.	Contractor's aligibility	Print)				
	Contractor's eligibility performed by	Sign)				
	(I	Date)				

Verification of Contractor Eligibility (Exhibit 2-2)

1-3. Applicant Name, Facility Name	Name of grant applicant, applicant organization name and the address of the facility improvement location	
4. County	County where facility improvement work will take place	
511. Contractor Identification	The legal name of the contracting firm. Address, & Phone	

1215. Identification and titles of Principals of the firm	Since the names are checked against a federal database of debarred names, list the complete name if possible. In the case of corporations, "Principals" are owners or office holders as recorded legally. In sole proprietorships or partnerships, "Principals" are the owner(s). Titles or Position: Examples—President, Vice Pres, Secretary.
16. Identification of NJEDA staff performing contractor eligibility verification	The name and signature of the NJEDA staff who verifies the contractor's eligibility; date which the verification was performed