



Atlantic City Food Security Grant Pilot Program Verification of Professional Services Eligibility

EXHIBIT 2-1

Please complete this form for professional services, including, but not limited to, architect, construction management, environmental assessments, engineering services.

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 principles of the firm and their title/position are as follows.

Please use your full legal name: 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

Please do not write under this line; For NJEDA use only

Professional firm cleared: Yes No

Date: _____

Signature, NJEDA's staff _____

Comments:
