

## **FEED NJ**

## **EXHIBIT 2-2**

(For use by Prime Contractor and all Subcontractors)

Applicant Information					
1.	Applicant Organization				
2.	Facility Name	!			
3.	Facility Location				
4.	County				
Contractor Information					
5.	Contractor Legal Business Name				
6.	Address				
7.	City				
8.	State				
9.	Zip Code				
10.	Contractor Phone Number				
11.	Enter the name of each princ		ipal below	Enter the title of each principal	
12.					
13.					
14.					
Please do not write under this line. Box 15 is for NJEDA use only.					
15.	Contractor's eligibility performed by	(Print)			
		(Sign)			
		(Date)			

Updated 2/27/2025. Contractors/subcontractors for FEED NJ are no longer required to register at SAM.GOV.

## Instructions: Contractor Eligibility Verification Form (Exhibit 2-2)

**Please note:** Verifications must be obtained prior to award of contract

1–3. Applicant/Facility Identification	Name of grant applicant, applicant organization name and the name and address of the facility improvement location		
4. County	county County where facility improvement work will take place		
5–10. Contractor Identification	The legal name and contact information of the contracting firm.		
11–14. Identification and titles of firm Principals	Since the names are checked against a federal database of debarred names, list complete legal names 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). Title can include President, Vice President, Secretary, etc.		
15. Identification of NJEDA staff performing contractor eligibility verification	The name and signature of the NJEDA staff who verifies the contractor's eligibility and date the verification was performed		