

Atlantic City Revitalization Grant Program *Phase Two*

Sample Application



Program Overview

The *Atlantic City Revitalization Grant Program - Phase Two* is a pilot program awarding grants between \$250K and \$2.5M for capital projects that address and improve the communities and neighborhoods within Atlantic City.

AWARD COVERAGE

Up to 50% of eligible capital project costs

Soft and hard construction costs



ELIGIBILITY

For-profit or non-profit entities responsible for overseeing a real estate development project and coordinating the activities related to the project

A real estate holding company or other special purpose entity that exists solely to own property or a real estate project **is not** eligible.

Any city, State, or county entity and any state colleges or universities **are not** eligible to apply for any support from the Program.



**APPLICATIONS WILL OPEN ON FRIDAY, FEBRUARY 7, 2025 AT 10:00AM
AND BE ACCEPTED UNTIL FUNDS ARE FULLY EXHAUSTED.**

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 Revitalization Grant Program – Phase Two

The Atlantic City Revitalization Grant Program (“Program”) – Phase Two is a grant-funded program that will utilize a minimum of \$6,000,000 in funds to support capital projects that address the impacts of COVID-19 and contribute to Atlantic City’s revitalization. These capital projects must be located in and directly support Atlantic City neighborhoods and communities, and include but not limited to public infrastructure improvements that support the completion of the project, capital construction projects that renovate or restore a vacant (at time of application and up to approval) building that aim to increase the downtown vitality, public space utilization, foot traffic, and overall economic prosperity in Atlantic City.

The goal of this program is to proactively address the negative economic impacts of the pandemic by investing in projects that demonstrate an ability to cultivate the environment and neighborhoods necessary to attract and retain local talent, enable business creation and tourism, enhance downtown vitality through small business support efforts, support towards a clean and safe initiatives, address food insecurity issues, and buttress social impact supports for the community at large.

Eligibility:

For-profit or non-profit entities responsible for overseeing a real estate development project and coordinating the activities related to the project, including, but not limited to, project design, project financing, and permitting and local approvals, are eligible to apply (each, an “Applicant” or “Developer Entity”) for the Atlantic City Revitalization Grant Program – Phase Two.

A real estate holding company or other special purpose entity that exists solely to own property or a real estate project is **not eligible**.

Any city, State, or county entity and any colleges or universities **are not eligible** to apply for any support from the Program.

Language Assistance

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

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

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, 可以通過發送電子郵件至 languagehelp@njeda.com 免費獲取語言協助服務。

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય તો, તમારા માટે languagehelp@njeda.com પર ઈ-મેઇલ કરવાથી ભાષા સહાય 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 serbisyong tulong sa wika sa pamamagitan ng pag-email sa languagehelp@njeda.com.



Language Access

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

If English is not your primary language, free language assistance services are available.

If you are interested in using an interpreter provided by EDA, please indicate your primary language.

Language Assistance

Is English your primary language? *

If the NJEDA needs to contact you regarding your application, would you be interested in having an EDA provided interpreter in your native language? *

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

- Español (Spanish)
- اللغة (Arabic)
- 粵語 (Cantonese Chinese)
- 廣東話 (Mandarin Chinese)
- ગુજરાતી (Gujarati)
- हिन्दी, (Hindi)
- Italiano (Italian)
- 한국어 (Korean)
- Po Polsku (Polish)
- Português (Portuguese)
- Tagalog
- Other

< Back Next > Save

2

Eligibility (1/2)

Is the applicant a for-profit or non-profit "Developer Entity"? *

Yes No

Is the applicant entity a real estate holding company? *

Yes No

Does the proposed project mitigate a negative COVID-19 impact in Atlantic City? *

Yes No

Does your project include a mixed-use development? *

Yes No

Total Square Footage of the Building for the Proposed Project *

Eligibility (2/2)

Please identify the local impact consideration for the proposed project (check all that apply): *

- Small Business Support Efforts
- Clean and Safe Efforts
- Food Insecurity Efforts
- Downtown Vitality Efforts
- Job and Office Space Creation

How many full time jobs does the applicant have? *

Please upload a copy of the applicant's last filed WR-30: or other payroll documentation *

or drag files here.

Does the applicant certify that construction, remediation, or demolition for this project has not begun? *

Yes No

Anticipated Start Date for Proposed Project *

Anticipated Completion Date for Proposed Project *

Please note: Pursuant to the U.S. Department of the Treasury requirements, all projects must be completed prior to 12/31/26.

3

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 for the fee correspondence and any other communications to the applicant team.

Primary Point of Contact

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone Number *



REMINDER

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

Authorized Representative

If the primary point of contact is not an authorized representative, 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 business, 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 company.

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, including the question asking if the consultant is a registered governmental affairs agent.

Are you a Registered Governmental Affairs Agent? *

Yes No

Government Affairs Registration Number *

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 on behalf of the applicant, you will be asked to fill out the contact information for the authorized media contact.

Media Contact

NJEDA often works with an applicant company'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 company'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 *

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
- Short Organizational Description
- Organization Phone Number
- Organization Website
- NJ Tax Clearance Certificate (required prior to approval)

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 *

United States

Applicant State of Incorporation/Formation *

State

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.

Additional Information

If the applicant is involved in political or lobbying activities, the applicant will be asked to download and complete [this form](#), then attach it to your application in the upload section that appears.

Additional Information

Is the company involved in political or lobbying activities? *

Yes

No

Provide a Political Activity Questionnaire form

Please download and complete this [form](#), then attach it to your application here.

Political Activity Questionnaire *

or drag files here.

10

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

< Back

Next >

Save

5

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.

Project Overview (1/2)

Project Overview

Project Location *

Address Line 1

Address Line 2

City Atlantic City **State** New Jersey **Zip Code ***

Block and Lot

Block * **Lot ***

+ Add Block and Lot

Is there more than one street address associated with the project location? *

Yes No

Additional Street Address(es)

⊗ **Street Address 1**

Street Address *

Address Line 1

Address Line 2

Block and Lot

Block * **Lot ***

⊗

+ Add Block and Lot

+ Add Street Address

Project Overview (2/2)

Project Narrative

In the section below, please upload a narrative on how the project will address the impacts of COVID-19 in Atlantic City, and why this capital expenditure is the most appropriate to address the economic harms caused by COVID.

Your narrative must also include a detailed description of the overall project, related costs, and the proposed future use, describing the property/building(s) current and future state (i.e., vacant or partially vacant, abandoned, code violations, recent uses, any local, state, or federal historic designation/eligibility, brownfield site, location within designated redevelopment area, etc.) as well as current or planned development/redevelopment efforts in the area proximate to the Project location.

Please upload your project narrative: *

or drag files here.

Local impact consideration(s) for the proposed project:

Small Business Support Efforts, Clean and Safe Efforts

Please describe how the project will address the anticipated local impact consideration selected in the previous section and displayed above: *

Applicants must describe how they are addressing the need for this Project in the community and the benefits of the Project to Atlantic City as a whole. Please include detailed descriptions of the anticipated economic and local impact to the community, including but not limited to projections of job creation, increases in pedestrian traffic and public access as well as other metrics.

Supporting Research and Documentation for Local Impact Consideration

or drag files here.

Project Budget (1/2)

Project Budget

Hard construction costs *

Please note: Contingencies of Total Project Costs cannot exceed 10% on hard project costs.

Soft construction costs *

Please note: Contingencies of Total Project Costs cannot exceed 5% on soft project costs.

Total Project Cost *

\$0.00

Total Grant Amount Requested *

Please upload a Project Budget *

or drag files here.

Detailed project budget provided by a New Jersey certified and registered public works contractor including all Project costs from pre-development and construction to close out and Certificate of Occupancy. All contracts of work, equipment installation must include New Jersey Prevailing Wage Rates.

Applicants will need to provide as much detail as possible regarding the Project steps involved, Project budget, community impact, and projected timeline for the Project from start to finish to show how the Grant will be used. Must demonstrate the project will be completed prior to 12/31/26.

Project Budget (2/2)

Evidence of Remaining Funds Secured by Applicant

In the section below, the applicant must upload documentation to demonstrate that the remaining funds are secured. Please provide bank statements, executed grant agreements, or loan closing documents to demonstrate the funds are secured and on hand. If you are getting a loan, the loan cannot cover the full project costs or that will be considered a duplication of benefits. Supporting documentation must demonstrate that \$0.00 in funding has been secured.

⊗ Evidence of Funding 1

Name of Funding Source *

Type of Funding *

Please note: If you are getting a loan, the loan cannot cover the full project costs or that will be considered a duplication of benefits.

Amount secured from *

Type of supporting documentation *

Please upload your supporting documentation: *

+ Add Source of Funds

Please upload a project schedule and explain how the projects will be completed by December 31, 2026. Be sure to include all important milestones that will help ensure the success of this project. *

Team Capacity

Team Capacity

Does the applicant certify to having experience implementing at least three similar scope and size projects? *

Yes No

Please upload a narrative and supporting documentation to demonstrate experience implementing at least three similar scope and size projects. *

Upload

or drag files here.

< Back

Next >

Save

Site Control and Activation

Site Control and Activation

Does the applicant own the property that is a part of this project or is there a fully executed agreement of sale that shows the closing will happen within 60 days of this application? *

Own

Fully Executed Agreement of Sale

Please upload the deed or agreement of sale for the property: *

or drag files here.

Please note: Any and all uploaded evidence must be fully signed by both seller and purchaser/applicant.

If an agreement of sale is not executed by both parties, the application will be declined.

If the agreement of sale does not demonstrate the ability to close within 60 days of the application deadline, the application will be declined.

< Back

Next >

Save

Prevailing Wage and Affirmative Action Requirements

Prevailing Wage, Contractor Registration, and Affirmative Action Requirements

Please be aware that construction activities under the Atlantic City Revitalization 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 Revitalization Grant team at ACrevitalization@njeda.gov before submitting this application.

- 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.
- 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.

< Back

Next >

Save

Duplication of Benefits Affidavit

In this section, we would like to know more about other funding and assistance you have received 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.

For each program or funding source, you will be asked to provide Name of Funding Source, Status (In process or Approved), Approved/Applied Date, Approved/Applied Amount, and Purpose of Funds.

Duplication of Benefits Affidavit

This affidavit must be completed by all businesses that are applying for the Atlantic City Revitalization Grant Program. 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 Revitalization Grant Program. 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 Signor (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?

Yes

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.

What program(s) have you applied to or received funding for? (Check all that apply.) *

- Small Business Administration
- Community Development Block Grant Programs
- Neighborhood Revitalization Tax Credit supported projects
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act
- American Rescue Plan Coronavirus State and Local Fiscal Recovery Funds
- NJ Casino Reinvestment Development Authority
- City of Atlantic City
- Atlantic County Improvement Authority
- Community Development Corporations
- Insurance Proceeds
- Loans
- Tax Credits
- Other Program/Funding Source

< Back

Next >

Save

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). *

Applicant Representative for Certifications

The New Jersey Economic Development Authority requires that the Legal Questionnaire, Certification of Non-Involvement in Prohibited 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 25).

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 organization 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 (recommended); or
- Principal Executive Officer at or above the minimum level of Vice President
- General Partner
- Sole Proprietor
- Person with Legal Responsibility for the Application
- Contact for a Government Entity
- None of the Above

< Back

Next >

Save

Upload Certifications

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

Here you will be prompted to download and then upload signed copies of the acknowledgments and certifications listed above.

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 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](#)

[Program Certifications](#)

Legal Questionnaire *

or drag files here.

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

or drag files here.

Application Certifications *

or drag files here.

Program Certifications *

or drag files here.

Legal Questionnaire*

In this section we will be collecting the Legal Questionnaire for the applicant registered business.

Note: This is in addition to the individual entrepreneur's Legal Questionnaire.

Legal Questionnaire

Applicant Name:

Please note "Applicant" includes individuals and all types of entities applying for and receiving NJEDA financial assistance, incentives or contracts, including but not limited to: for profit businesses, non-profit organizations, municipalities, counties, colleges, universities and other institutions of higher learning.

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.

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. This includes (however is not limited to):

- entities or persons having an ownership interest in the applicant of 30% or greater;
- entities in which an applicant holds an ownership interest of 30% or greater and are either named in the application and/or agreement or will receive a direct benefit from the financing, incentive or other agreement with NJEDA; and
- other 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 NJEDA.

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

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

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

Note: This is in addition to the individual entrepreneur's Certification of Non-Involvement in Prohibited 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

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.

Authorized Signature

I understand that if the above statements are willfully false, I shall be subject to penalty.

Application Certifications**

Application Certifications

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.**

Program Certifications

Program Certifications

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

COVID Impact: I certify that this Project will be responsive to a negative public health and/or economic impacts of the COVID-19 pandemic and complies with all the ARP program requirements.

Initials *

Capacity: If applicable, I, the Applicant, certify that I have experience with implementing at least three similar scope and size projects (i.e., similar in budget size and scope) and will provide documentation to that effect. Exception to this experience requirement is available only if I have selected "Small Business Efforts" or "Food Insecurity Efforts" box as their local impact consideration at time of application, in which case the experience requirement is waived.

Initials *

Long-Term Impacts: As stated in the application, I the Applicant, certify the Project will have a positive long-term impact in the community or neighborhood where the Project will be located.

Initials *

Deed Restriction:

I, the Applicant, acknowledge that, if I own the property or will own the property as evidenced by the fully executed agreement of sale that was provided in this application, I am agreeing to the NJEDA enforcing a 5-year deed restriction on my property where the project is located and I cannot change the use or ownership of the property after the last grant disbursement.

Initials *

Financial Viability: I, the Applicant, certify that the Project will be financially viable and self-sustaining after construction, and therefore I will be able to operate for the necessary time period pursuant to the 5-year deed restriction.

Initials *

Project Completion: I, the Applicant, certify that I am fully aware and agree that the construction project will be completed by 12/31/2026, pursuant to the U.S. Department of the Treasury requirements. If the Project is not completed by 12/31/2026, I further acknowledge that I may be held liable for the recapture of the grant funds that have been drawn down or received.

Initials *

Local Impact Considerations: I, the Applicant, certify that the Project addresses at least one of the following community initiatives to be eligible to apply (applicant will check all that apply):

- **Small Business Support Efforts:** *Businesses that are engaged in the following are not eligible for funding: the conduct or purveyance of "adult" (i.e., pornographic, lewd, prurient, obscene or otherwise similarly disreputable) activities, services, products or materials (including nude or semi-nude performances or the sale of sexual aids or devices); any auction or bankruptcy or fire or "lost-our-lease" or "going-out-of-business" or similar sale; sales by transient merchants, Christmas tree sales or other outdoor storage; cannabis related businesses; casinos; or any activity constituting a nuisance.*
- **Clean and Safe Efforts**
- **Food Insecurity Efforts**
- **Downtown Vitality Efforts** (all projects must be located from Sunset Avenue, Fairmount Avenue, Baltic Avenue to the boardwalk throughout Atlantic City).
- **Job and Office Space Creation**

Initials *

U.S. Treasury Reporting: If requested by New Jersey Economic Development Authority, I, the Applicant, certify that I will cooperate to provide the U.S. Department of the Treasury with relevant information in order to report for all Project expenditures exceeding \$1 million, as necessary.

Initials *

Environmental Assessments: I certify that I have read and will adhere to [New Jersey Executive Order 215 of 1989](#) regarding the requirement for environmental assessments.

Initials *

A.R.T Program: I, the Applicant, certify, that I did not close on a grant agreement for a Real Estate Grant under the Activation Revitalization Transformation (ART) Program established by the New Jersey Economic Development Authority.

Initials *

Fee Acknowledgement

Fee Acknowledgment

I acknowledge that there is a \$1,000 non-refundable application fee payable to NJEDA prior to this application being deemed complete.

Pay by Credit Card Instructions

Application ID#: ACRGR-009

Amount Due: \$1,000.00

Please read this information carefully.

After you fill out the pages remaining for this application and then hit "Submit" on the final page, an email will be sent to . This email will provide instructions and a link to make the credit card fee payment. **The payment must be completed before the NJEDA will begin reviewing the application.**

The email will come from NJEDAFeePaymentRequest@njeda.com. Please check your spam/junk folders if you do not see the email in your inbox.

Electronic Signature

Electronic Signature

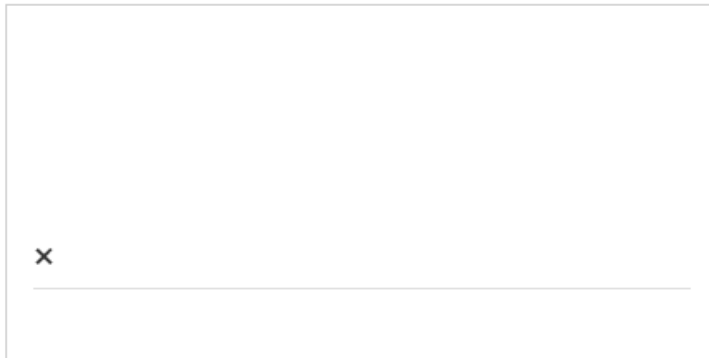
Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

I agree to be bound by electronic signatures

Full Name *

Title *

Signature *



Date *

2/4/2025

[draw](#) type

Application Submission

Application Submission

Thank you for your interest in the Atlantic City Revitalization Grant Program – Phase Two.

If you are ready to submit this application to the NJEDA for review, please click the Submit button and then complete your application fee payment following the instructions that will be sent to your email after you hit Submit.

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 *

2/4/2025



www.njeda.gov/atlantic-city-revitalization-grant-program-phase-two/



@NewJerseyEDA

njeda.gov

844.965.1125

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ECONOMIC DEVELOPMENT AUTHORITY