

FEED NJ

Food Equity and Economic Development in New Jersey

Sample Application

*For additional information, please visit
www.njeda.gov/feednj*



Welcome (1/2)

Welcome: FEED NJ

Program Description

Food Equity and Economic Development in New Jersey (FEED NJ) is a pilot program awarding grants between \$50,000 and \$500,000 for innovative projects that strengthen food access and food security in New Jersey's Food Desert Communities (FDCs). There is up to \$30 million in funding available.

To learn more about the program, please visit <https://njeda.gov/feednj>.

Please consider the following program requirements **before beginning an application**:

- Applicants *must* be for-profit or nonprofit entities that have been in existence for at least two years at the time of application.
- Proposed projects *must* primarily serve residents of one or more of 14 Primary Focus FDCs. Applicants may also elect to serve additional NJEDA-designated FDCs, provided the primary focus remains on at least one of these 14. A list is available [here](#).
- Funding requests *cannot* include acquisition of land or buildings, ground-up construction, and/or major renovations (e.g. construction of an additional floor or an addition to the building footprint).
- Entities demonstrating a track record of serving FDC residents and providing programming/services related to food access and/or food security will earn higher scores.

Applications will be scored on a 100-point scale. To be eligible for a grant, an application must earn at least 70 out of 100 points, including at least 8 out of 15 points in Strength of Budget category. The point values of various components are noted in the application.

In evaluating applications, NJEDA will use the definition of food security offered by the New Jersey Office of the Food Security Advocate: "Food security exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food which meets their dietary needs and food preferences for an active and healthy life."

Application Overview

In this application, you'll first be asked to share basic contact information and general information about your organization. You'll then answer scored open-ended questions specific to FEED NJ. These questions span the following categories: (1) Organizational Capacity, (2) Project Impact, (3) Project Viability and Sustainability, and (4) Community Engagement. You must also submit a detailed Work Plan and Budget using the templates provided, as well as other supporting documents listed on the [Application Checklist](#).

A sample application, FAQ document, and full scoring criteria is available at <https://njeda.gov/feednj>. It is estimated that this application will take at least 2–5 hours to complete. You may begin work and return at any time.

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

Welcome (2/2)

Language Assistance

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

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

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 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.com를 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.

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Save

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Free language assistance services are available if you need support completing your application. Email languagehelp@njeda.gov for assistance.

When ready, click **Next** to begin the application.

Application Tip

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

Language Assistance (1/1)

Language Access

Is English your primary language? *

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This is a yes/no question.

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: *

The following questions will only appear if you selected **No** to "Is English your primary language?"

The first question is a yes/no question. The second question is a drop-down of various languages.

Introduction (1/2)

Introduction

Organization Name *

Please provide a high level, 2–5 sentence overview of your proposed project. What is it? Who will it serve? Where will it be located? *

Please limit your response to 500 characters or less (approximately 100 words).

How would you best describe your project? Select all that apply. *

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

Please select at least one.

Proposed projects must primarily serve residents of one or more of the 14 Primary Focus Food Desert Communities (FDCs). Please indicate which of the 14 Primary Focus FDCs your project will primarily serve. *

- | | |
|--|---|
| <input type="checkbox"/> North, Central and South Camden/Woodlynne | <input type="checkbox"/> Salem City |
| <input type="checkbox"/> Newark South | <input type="checkbox"/> Passaic City |
| <input type="checkbox"/> Newark West | <input type="checkbox"/> Trenton East |
| <input type="checkbox"/> Camden East/Pennsauken | <input type="checkbox"/> Bridgeton/Fairfield Twp/Lawrence Twp |
| <input type="checkbox"/> Trenton West | <input type="checkbox"/> Paterson South |
| <input type="checkbox"/> Newark North and Central | <input type="checkbox"/> New Brunswick City |
| <input type="checkbox"/> Newark East | <input type="checkbox"/> Paterson North |

Please refer to [this interactive map](#) to view the boundaries of the Primary Focus FDCs. Click the checkbox marked "FEED NJ – Food Desert Communities."

Introduction (2/2)

Please indicate any additional FDCs your project will serve, if any.

- | | | |
|---|--|--|
| <input type="checkbox"/> Atlantic City/Ventnor | <input type="checkbox"/> Pleasantville/Absecon | <input type="checkbox"/> Fairview Borough |
| <input type="checkbox"/> Irvington Township | <input type="checkbox"/> Red Bank Borough | <input type="checkbox"/> Egg Harbor City |
| <input type="checkbox"/> Asbury Park City | <input type="checkbox"/> Lakewood North | <input type="checkbox"/> Burlington City |
| <input type="checkbox"/> Jersey City South | <input type="checkbox"/> Jersey City North | <input type="checkbox"/> Linden/Roselle |
| <input type="checkbox"/> East Orange City | <input type="checkbox"/> Woodbine Borough | <input type="checkbox"/> Vineland City |
| <input type="checkbox"/> Penns Grove/Carneys Point | <input type="checkbox"/> Long Branch City | <input type="checkbox"/> Phillipsburg Town |
| <input type="checkbox"/> Elizabeth City | <input type="checkbox"/> Millville/Commercial Twp | <input type="checkbox"/> Bayonne City |
| <input type="checkbox"/> Orange/West Orange/Montclair | <input type="checkbox"/> Prospect Park/Haledon/Hawthorne | <input type="checkbox"/> Dover Town |
| <input type="checkbox"/> Jersey City Central | <input type="checkbox"/> Keansburg Borough | <input type="checkbox"/> Bound Brook Borough |
| <input type="checkbox"/> Perth Amboy City | <input type="checkbox"/> Paulsboro Borough | <input type="checkbox"/> Union City |
| <input type="checkbox"/> Lindenwold/Clementon | <input type="checkbox"/> Lakewood South | <input type="checkbox"/> High Bridge Borough |
| <input type="checkbox"/> Plainfield City | <input type="checkbox"/> North Bergen/West New York/
Guttenberg | <input type="checkbox"/> Montague Township |

Please refer to [this interactive map](#) to view the boundaries of all 50 FDCs.

You must select a grant term of either 12 months or 24 months. *

Please note: NJEDA's process of reviewing and approving applications will take several months after the application closes. Please keep this in mind when planning your project. Costs incurred before grant execution are not eligible for reimbursement. Note that while the selected grant term will have no impact on score, the feasibility of your project will be evaluated in the context of the selected project term.

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 NJEDA grant funding? *

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Scope of Work (1/1)

Scope of Work

Does your funding request for FEED NJ include any of the following expenses? *

- ☐ Land acquisition
- ☐ Property purchase (such as building, commercial space, etc.)
- ☐ Ground-up construction and/or major renovations (e.g. construction of an additional floor or an addition to the building footprint)
- ☐ None of the above

Does your proposed project (including both FEED NJ and outside funding) include any of the following expenses? *

- ☐ Installation of equipment
- ☐ Minor renovations or repairs
- ☐ None of the above




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If **Land acquisition, Property purchase, or Ground-up construction and/or minor renovations** is selected, the following warnings will appear:

-  Land acquisition is a nonallowable cost under this grant. Please revise your funding request.
-  Purchasing property is a nonallowable cost under this grant. Please revise your funding request.
-  Ground-up construction and/or major renovations are nonallowable costs under this grant. Please revise your funding request.

Will this installation require construction or site modification? *

Will this installation require a contract with a trade worker (such as a plumber, carpenter, electrician, etc.)? *

These questions will only appear if **Installation of equipment** is selected. These are yes/no questions.

Primary Point of Contact (1/2)

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 *



Application Tip

The email address listed on this page will be used for all future program communication.

Primary Point of Contact (2/2)

Is the primary point of contact legally authorized to submit this application on behalf of the applicant company? *

☐ Yes ☐ No

Legally authorized representative means 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.

Is the primary point of contact the Chief Executive Officer/equivalent officer for North America operations, or equivalent highest-ranking executive for the applicant company? *

☐ Yes ☐ No

Is the primary point of contact authorized to speak to the media on behalf of the company? *

☐ Yes ☐ No

Primary Point of Contact Address *

Address Line 1

Address Line 2

City State Zip Code

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Application Tip

Part of our application is a Common Application that NJEDA uses across all programs and funding opportunities. Applicant/Company/Organization are used interchangeably throughout the application.

Authorized Representative (1/1)

Authorized Representative

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

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone *

Authorized Representative Address *

Address Line 1

Address Line 2

City

State

Zip Code

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This page will only appear if you selected **No** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

Chief Executive Officer/Owner/Equivalent (1/1)

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 *

Chief Executive Officer/Owner/Equivalent Address *

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

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This page will only appear if you selected **No** to "Is the primary point of contact the Chief Executive Officer/ equivalent officer for North America operations, or equivalent highest-ranking executive for the applicant company?"

Media Contact (1/2)

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

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Media Contact (2/2)

Salutation

First Name *

Middle Initial

Last Name *

Suffix

Title *

Email Address *

Confirm Email Address *

Phone *

Media Contact Address *

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

These questions will only appear if you selected **Yes** to "Would you like to designate a media contact?"

Applicant Organization (1/3)

Applicant Organization

In this section, we are collecting information about the primary applicant for this program. We are focused on the primary applicant only. We will 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)

Does your business operate under a different name?

Certificate of Alternate Name

Upload

 or drag files here.

Please provide a [Certificate of Alternate Name](#) issued by Division of Revenue and Enterprise Services if you have one. Copies can usually be found on the state business records website [Division of Revenue & Enterprise Services: Business Records Service \(njportal.com\)](#).

Entity Type *

What is the ownership structure of the applicant?

Date Established *

Please make sure this date matches the date on your entity's formation documents. MM/DD/YYYY

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

NJEDA

ECONOMIC DEVELOPMENT AUTHORITY

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Applicant Organization (2/3)

Applicant Country of Incorporation/Formation *

Country

▼

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:** Provide a [Certificate of Formation](#) if applicable and/or [Operating Agreement](#) if applicable
- **Corporation:** Provide a [Certificate of Incorporation and Bylaws](#)
- **NonProfit:** Provide a [Certificate of Incorporation and Bylaws](#)
- **Out of State:** If your entity was formed out of state but operates within the State of New Jersey, you must file a Certificate of Authority when registering the business in New Jersey and provide that certificate.

Upload

 or drag files here.

Applicant Federal Employer Identification Number (FEIN) *

#####

The 9 digit Federal Tax ID number of your organization.

Applicant New Jersey Tax ID Number *

Numerical

Applicant Organization's Phone Number *

Applicant Organization's Website

Please provide a high-level, 2-3 short paragraph description of the applicant company. This may include the type of business you are involved in, your company's mission statement, the markets or customer base the company serves, and any other information about your business that the NJEDA should understand to review your application. *

Applicant Organization (3/3)

Please upload your organization's Tax Clearance Certificate from the NJ Division of Taxation. *

or drag files here.

Certificates may be requested through the State of New Jersey's online [Premier Business Services \(PBS\) portal](#). Under the Tax & Revenue Center, select Tax Services, then select Business Incentive Tax Clearance. If the applicant's account is in compliance with its tax obligations and no liabilities exist, the Business Incentive Tax Clearance can be printed directly through PBS. [CLICK HERE](#) for instructions on how to secure your tax clearance certificate.

Is the applicant involved in religious activities or is religiously affiliated? *

☐ Yes ☐ No

Please note that this requires additional questions to determine eligibility of the requested financial assistance.

Has the applicant, or any related entities, previously received NJEDA assistance? *

☐ Yes ☐ No

I certify that the applicant organization is not in default with any other program administered by the State of New Jersey. *

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Religious Affiliation Form *

or drag files here.

The NJEDA will need to collect additional information from you if your entity is involved in religious activities or is religiously affiliated. Please download the religious activity questionnaire form [DOWNLOAD HERE](#), and upload the completed form above.

Please identify the entities who have received NJEDA assistance. *

Please describe the NJEDA assistance the applicant previously received. Please be as specific as possible in detailing the programs through which you received NJEDA assistance, the facilities or projects associated with that assistance, the timeframes in which the assistance was provided, and the status of any awards or agreements. *

This question will appear only if you selected **Yes** to "Is the applicant involved in religious activities or religiously affiliated?"

These questions will appear only if you selected **Yes** to "Has the applicant, or any related entities, previously received NJEDA assistance?"

Cannabis Questionnaire (1/1)

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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Diversity, Equity, and Inclusion (1/2)

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

Answers in this section 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, and Inclusion (2/2)

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). *

☐ Question is not applicable

☐ Prefer not to answer

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

☐ Question is not applicable

☐ Prefer not to answer

Please describe any diversity initiatives, programs or plans the applicant organization has established. *

☐ Question is not applicable

☐ Prefer not to answer

Please upload any documentation detailing diversity initiatives, if available.

Upload

 or drag files here.

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

Within each of these questions, you may select “Question is not applicable” or “Prefer not to answer” if that is the case.

Organizational Capacity (1/3)

Organizational Capacity (20 Points)
For any required question(s) that do not apply, please write "Not Applicable".

Are you submitting this application on behalf of a for-profit or nonprofit entity? *

Has your organization been in existence for at least two years? *

Please describe your organization's experience providing services related to food access and/or food security. This can include, but is not limited to, food distribution, nutrition education, local agriculture, and/or food retail. *

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


Please describe your organization's experience working with populations similar to those you plan on serving with your proposed project. This need not be limited to the FDCs you have selected for FEED NJ. *


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

Please provide any examples of previous projects (food security-related or otherwise) your organization has implemented similar in scale and/or budget to what you are proposing for FEED NJ. *

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

If **No** is selected for either of the first two yes/no questions, the following warnings will appear:

 Applicants must be for-profit or nonprofit entities to apply for FEED NJ. Private individuals, government entities, and joint ventures are not eligible applicants.

 Applicants must be in existence for at least 2 years to apply for FEED NJ.

Organizational Capacity (2/3)

Does your project involve selling food? *

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

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These are yes/no questions.

Please select which of the below nutrition benefits your organization currently accepts. *

- ☐ SNAP
- ☐ WIC
- ☐ None

Please select at least one option.

This question will only appear if you selected **Yes** to "Does your project involve selling food?"

Please describe your experience collaborating with these or other organizations on previous projects. *

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

This question will only appear if you selected **Yes** to "Will your organization collaborate with any additional organizations to execute your proposed project?"

Organizational Capacity (3/3)

Please identify each collaborator and describe their planned role in your proposed project.
In order for a collaborator to be considered when scoring the proposed project, evidence of collaboration must be included.

⊗ Add Collaborator 1

Name of Organization *

Type of Organization *

Role in proposed project *

Evidence of collaboration (e.g. letter, contract, MOU) *

Upload or drag files here.

Contact Name *

First Last

Contact Title *

Contact Title

Contact Email *

Confirm Contact Email *

+ Add Collaborator

This section will only appear if you selected **Yes** to "Will your organization collaborate with any additional organizations to execute your proposed project?"

If your organization plans to collaborate with more than one partner, please click the **+Add Collaborator** button as needed to provide the appropriate details for each collaborator.

Project Impact (1/2)

Project Impact (20 Points)

For any required question(s) that do not apply to your project, please write "Not Applicable."

Please describe the services and activities that comprise your proposed project. *

Please limit your response to 1600 characters or less (approximately 400 words).

Please list the specific location(s) of your proposed project and how often services will be provided. *

Example: Food pantry will be open 2x/week from 9 AM to 5 PM at 36 W. State Street, Trenton, NJ. Please limit your response to 1000 characters or less (approximately 200 words).

Please describe the existing food access and food security challenges that your project will address in your selected FDC(s). *

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

How will your project address the challenges identified above for residents of your selected FDC(s)? *

Please limit your response to 1600 characters or less (approximately 400 words).

How many people do you estimate your project will serve in each of your selected FDCs? *

Example: Newark East + Newark West, 400–500 people; Jersey City South, 150–200 people

Please describe your project's target population(s), if applicable (e.g. seniors, immigrant families, families with children, unemployed). *

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

Project Impact (2/2)

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

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

What metrics and/or measurable outcomes will your organization use to track the progress and impact of your proposed project? *

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

Based on the tracked metrics and/or measurable outcomes that you outlined above, please list/describe any overarching project goals. What does success look like? Please use numbers when possible. *

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

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If project is a continuation of/addition to current services, please use the metrics and/or measurable outcomes you outlined above to report your current levels of service. For example, if one outcome to be tracked is "boxes of food delivered weekly," share how many boxes of food you currently deliver each week. *

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

This question will appear only if you indicated your project is **A continuation of current services** or **An addition to current services** on the Introduction page.

Work Plan Quality (1/1)

Work Plan Quality (15 points)

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

Please upload your Work Plan. *

or drag files here.

When drafting your Work Plan, keep in mind that the timeline for signing grant agreements and making disbursements is not yet known and depends in part on the volume of applications received. Costs incurred prior to grant execution are not eligible for reimbursement.

Note that each quarter in the Work Plan corresponds to a three-month period, with the first quarter starting from the date of grant agreement execution. If the timing of specific project activities is contingent on outside factors (e.g. seasonality), please indicate in your Work Plan. Please plan accordingly.

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You must use the Work Plan template that is linked in the application and available on www.njeda.gov/feednj.

Work Plan Template (1/1)

This is a screenshot of the Work Plan template that is linked in the application and available on www.njeda.gov/feednj.



FEED NJ Work Plan

INSTRUCTIONS

This Work Plan will enable NJEDA to understand and track the progression of your project. Please include the elements of your project paid for by NJEDA with funding from the FEED NJ grant. If there are elements of your project that are not supported by FEED NJ grant funding but directly impact your ability to achieve what you have proposed to NJEDA (e.g. outside funding is required to have sufficient resources to make a purchase that will be partly covered by NJEDA FEED NJ grant funding), please also include those elements.

For each quarter, provide a description of key project activities, milestones, and/or objectives to be achieved. Your milestones should be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). If applicable, please list any specific deliverables or measures of impact associated with each quarter.

Note that each quarter in the Work Plan corresponds to a three-month period, with the first quarter starting from the date of grant agreement execution. If the timing of specific project activities is contingent on outside factors (e.g. seasonality), please indicate below.

When drafting your Work Plan, keep in mind that the timeline for signing grant agreements and making disbursements is not yet known and depends in part on the volume of applications received. Costs incurred prior to grant execution are not eligible for reimbursement. Please plan accordingly.

Please use bullet points or separate lines to organize your writing.

APPLICANT INFORMATION

Applicant Name	
Grant Term (select one)	<input type="checkbox"/> 12 months <input type="checkbox"/> 24 months

If you are electing to complete your project in 12 months, please leave the Year 2 section of the table blank.

WORK PLAN

Timeline	Activities, Milestones, Objectives
----------	------------------------------------

Year 1, Quarter 1	
Y1, Q2	
Y1, Q3	
Y1, Q4	
Year 2, Quarter 1	
Y2, Q2	

Y2, Q3	
Y2, Q4	

Project Viability and Sustainability (1/2)

Project Viability and Sustainability (15 points)
For any required question(s) that do not apply, please write "Not Applicable."

Please describe your organization's financial and staff capacity, skills, and experience that will enable you to successfully execute your proposed project. *

Please limit your response to 1600 characters or less (approximately 400 words).

Has any ongoing or previous planning been done for this project? Please explain. *

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

Please provide the planning document(s), if applicable (e.g. feasibility studies).

Upload

 or drag files here.

Ongoing or previous planning for this project.

If applicable and available, please share evidence of engagement with key stakeholders needed to execute specific components of your project (e.g. suppliers, local permitting authorities, USDA).

Upload

 or drag files here.

Please describe any potential obstacles or risks to the success of your project. What steps will your organization take to mitigate these risks? *

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

Project Viability and Sustainability (2/2)

Do you anticipate continuing your project beyond the conclusion of the NJEDA grant term? *

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This is a yes/no question.

Please describe any long-term plans, including how your proposed project will be sustained moving forward. *

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

This question will only appear if you selected **Yes** to "Do you anticipate continuing your project beyond the conclusion of the NJEDA grant term?"

Please explain why you do not anticipate continuing your project beyond the grant term. *

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

This question will only appear if you selected **No** to "Do you anticipate continuing your project beyond the conclusion of the NJEDA grant term?"

Community Engagement (1/2)

Community Engagement (15 Points)

For any required question(s) that do not apply, please write "Not Applicable."

Does your organization have a history of serving residents of your selected Primary Focus FDC(s)?

This is a yes/no question.

Please briefly describe your organization's history of serving residents of your selected Primary Focus FDC(s). *

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

This question will only appear if you selected **Yes** to "Does your organization have a history of serving residents of your selected Primary Focus FDC(s)?"

Community Engagement (2/2)

Please briefly describe your organization's history of serving residents of your selected Primary Focus FDC(s). *

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

Please provide examples of how your organization has sought and responded to feedback from community members/customers. For example, through surveys, listening sessions, community meetings, social media, etc. *

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

Please list and describe any outreach and/or engagement activities your organization will do to connect FDC residents with your proposed project. *

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

Please upload at least one letter of support for your proposed project from an entity that serves at least one of your selected Primary Focus FDCs. *

or drag files here.

You may submit multiple letters to demonstrate engagement with entities serving either the same FDC or other FDCs you propose to serve. If you are uploading multiple letters, please ensure it is clear which letter(s) corresponds to which FDC(s). If you indicated in the Organizational Capacity section that you will collaborate with an organization that serves one or more of your selected Primary Focus FDCs, you may provide that same letter here.

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Strength of Budget (1/1)

Strength of Budget (15 points, 8-point minimum required to be eligible for a grant)
Please [click here](#) to download and complete the Budget template before uploading it below.

Please upload your Budget. *

or drag files here.

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You must use the Budget template that is linked in the application and available on www.njeda.gov/feednj.

An Example Budget is also available on www.njeda.gov/feednj.

Budget Template (1/5)

This is a screenshot of the Budget template that is linked in the application and available on www.njeda.gov/feednj.

	A	B	C	D
1	Please use this template to provide an estimated budget for your proposed project, keeping in mind that the timing of grant agreement execution is not yet known. NJEDA will not pay for expenses incurred before a grant agreement is executed. For an example of how to complete this template, please see the Example Budget available on www.njeda.gov/feednj.			
2	Instructions: Fill out Applicant Name on Budget Summary tab. Next, fill out Personnel Services, Construction, Other Categories, and Outside Funding tabs as applicable, following instructions on each tab. DO NOT edit gray cells, which contain calculation formulas. Before finalizing, return to the Budget Summary tab to ensure that no cells have turned red , indicating a FEED NJ requirement is not met. The notes below the table explain why various cells may turn red .			
3				
4	APPLICANT NAME:			
5				
6	PROJECT COSTS	Amount To Be Funded by FEED NJ Grant	Amount To Be Funded By Outside Sources (if applicable)	Total Project Cost
7	Total Personnel Expenses	\$ -		\$ -
8	Total Construction Expenses (Hard Costs)	\$ -	\$ -	\$ -
9	Total Construction Expenses (Soft Costs)	\$ -	\$ -	\$ -
10	Total OTPS Expenses	\$ -	\$ -	\$ -
11	Total Indirect/Admin Expenses	\$ -	\$ -	\$ -
12		\$ -	\$ -	\$ -
13				
14	Indirect/Admin expenses to be funded by the FEED NJ grant may not exceed 10% of total requested FEED NJ grant funds. Cell B11 will turn red if this amount exceeds the 10% limit.			
15				
16	Grant request must be between \$50,000 and \$500,000, and must not exceed Total Project Cost. Cell B12 will turn red if these requirements are not met.			
17				
18	Other sources of funds must be identified to cover any gap between the FEED NJ grant funds and the Total Project Cost. These must be described on the Outside Funding tab. Cell C12 will turn red if the amount to be funded by outside sources exceeds the total amount of outside funding identified on the Outside Funding tab.			
19				
20				
21				

< > ≡ 🔒 Budget Summary 🔒 Budget_Personnel Services 🔒 Budget_Construction 🔒 Budget_Other Categories 🔒 Budget_Outside Funding +

Budget Template (2/5)

This is a screenshot of the Budget template that is linked in the application and available on www.njeda.gov/feednj.

Budget Template (3/5)

This is a screenshot of the Budget template that is linked in the application and available on www.njeda.gov/feednj.

[illegible]

Budget Template (4/5)

This is a screenshot of the Budget template that is linked in the application and available on www.njeda.gov/feednj.

	A	B	C	D	E	F	G
	Instructions: Enter information on Other Than Personnel Services (OTPS) Costs and Indirect/Administrative Costs in the yellow cells as applicable. In the Expense column, list the expense. In the Description column, provide a brief description of the expense and how you arrived at the cost estimate. In the Justification column, briefly explain why this cost is required to successfully execute your proposed project.						
1	List the total estimated cost for each line item in the Total Estimated Cost column, and how much of that cost will be funded by the FEED NJ grant in the Amount to be Funded by FEED NJ Grant column. If you will not use FEED NJ Grant funds to cover the total estimated cost for a line item, please use the Outside Funding Source(s) column to identify the source or sources of funds to cover the remaining cost. Each of these sources must be included on the Outside Funding tab.						
	DO NOT edit gray cells. You may add additional lines if necessary.						
2							
3	OTPS Expense	Description	Justification <i>(How does this expense advance the goals of your proposed project? Why is it necessary?)</i>	Total Estimated Cost	Amount (\$) to be Funded by FEED NJ Grant	Amount (\$) to be Funded by Outside Sources (if applicable)	Outside Funding Source(s) (if applicable)
4					\$ -		
5					\$ -		
6					\$ -		
7					\$ -		
8					\$ -		
9					\$ -		
10					\$ -		
11					\$ -		
12					\$ -		
13					\$ -		
14					\$ -		
15					\$ -		
16					\$ -		
17					\$ -		
18	Total OTPS Cost			\$ -	\$ -	\$ -	
19							
20	You can allocate a certain percentage of expenses associated with but not limited to: monthly utilities, salaries of centralized employees not directly related to the project, insurance, legal fees etc. If your organization has a federally recognized Negotiated Indirect Cost Rate Agreement (NICRA), that can be used to serve as documentation for an indirect rate of up to 10%. If you are awarded funding and do not have a NICRA, NJEDA will require documentation to substantiate the expenses contained within the indirect costs included in your budget. Indirect/admin costs to be funded by the FEED NJ grant may not exceed 10% of total requested FEED NJ grant funds.						
21	Indirect/Administrative Expense	Description of Costs	Justification <i>(How does this expense advance the goals of your proposed project? Why is it necessary?)</i>	Total Estimated Cost	Amount (\$) to be Funded by FEED NJ Grant	Amount (\$) to be Funded by Outside Sources (if applicable)	Outside Funding Source(s) (if applicable)
22	Indirect/Administrative Costs				\$ -		
23	Total Indirect/Administrative Costs			\$ -	\$ -	\$ -	

Budget Template (5/5)

This is a screenshot of the Budget template that is linked in the application and available on www.njeda.gov/feednj.

	A	B	C	D	E
1	Instructions: Please list any outside funding sources that will be used for project costs not funded by the FEED NJ grant. All outside funding sources identified on the Construction and Other Categories tabs must be included here. Indicate the name and type of each outside funding source in the Outside Funding Source column. Provide the amount of each outside funding source in the Outside Funding Amount column. In the Status column, describe the current status of the funding, including whether and when it is anticipated or was already secured. Please provide dates when possible.				
2	If a source of outside funding is not yet secured, please complete Columns D and E. In Column D, select Yes or No to indicate whether the potential loss of this funding would impact activities funded by FEED NJ. If you select Yes in Column D, please provide an explanation of that impact in Column E.				
3	DO NOT edit gray cells. You may add additional rows if necessary.				
4	Outside Funding Source	Outside Funding Amount	Status	Would activities funded by FEED NJ be affected if this outside funding is not secured? (Yes/No)	If activities funded by FEED NJ <i>would</i> be affected if this outside funding is not secured, please describe the potential impact.
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	Total Outside Funding Identified	\$ -			
19					
20					

< > ≡ Budget Summary Budget_Personnel Services Budget_Construction Budget_Other Categories Budget_Outside Funding +

Construction Details (1/4)

Construction Details

Please indicate the current status of site control for the site where installation or minor renovation will occur. *

- ☐ My organization owns the site
- ☐ My organization has a lease, sublease, or license for the site
- ☐ Other

This page will only appear if you selected **Installation of equipment** or **Minor renovations** (and answered **Yes** to at least one of the follow-up questions) in the Scope of Work section.

Please upload a deed. *

or drag files here.

This question will only appear if you selected **My organization owns the site**.

Please upload a lease, sublease, or license with the site owner. *

or drag files here.

Please upload a completed Landlord Certification Form to verify that your landlord has reviewed/approved any proposed construction or renovation work. *

or drag files here.

Please [click here](#) to download and complete a Landlord Certification Form.

These questions will only appear if you selected **My organization has a lease, sublease, or license for the site**.

You must complete the Landlord Certification Form that is linked in the application and available on www.njeda.gov/feednj.

Please upload evidence of a path to site control, such as a purchase and sale agreement, term sheet, or a letter of intent from the current property owner. *

or drag files here.

This question will only appear if you selected **Other**.

Construction Details (2/4)

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

☐ Contractor

☐ Professional Service

☐ Sub-contractor

☐ No

Examples of a Professional Service include, but are not limited to, architectural, engineering, or construction management services.

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Construction Details (3/4)

Contractor/Subcontractor

✕ Item 1

Name of Contractor/Subcontractor *

Contractor Quote *

or drag files here.

Public Works Certificate *

or drag files here.

NJ Business Registration Certificate *

or drag files here.

Contractor Eligibility Verification Form *

or drag files here.

Please download a copy of the [Contractor Eligibility Verification Form](#), fill it out and upload a copy.

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

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. *

This section will only appear if you selected **Contractor** or **Subcontractor** in the "Are you working with a Contractor/Subcontractor or Professional Service?" question.

You must complete the Contractor Eligibility Verification Form that is linked in the application and available on www.njeda.gov/feednj.

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

Construction Details (4/4)

Professional Service

⊗ Item 1

Name of Professional Service Company *

NJ Business Registration Certificate *

or drag files here.

Professional Service Eligibility Verification Form *

or drag files here.

Please download a copy of the [Professional Service Eligibility Verification Form](#), fill it out and upload a copy

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

or drag files here.

This section will only appear if you selected **Professional Service** in the "Are you working with a Contractor/Subcontractor or Professional Service?" question.

You must complete the Professional Service Eligibility Verification Form that is linked in the application and available on www.njeda.gov/feednj.

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

Prevailing Wage and Affirmative Action Requirements (1/1)

Prevailing Wage and Affirmative Action Requirements

Please be aware that construction activities under the FEED NJ 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 FEED NJ 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.

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This page will only appear if you selected **Installation of equipment** or **Minor renovations** in the Scope of Work section.

Applicant Representation (1/1)

Applicant Representation

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

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This is a yes/no question.

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.

This question will only appear if you selected **Yes** to being employed by the entity applying for the program. This is a yes/no question.

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

Each role in the list above is an option available to select.

Please describe *

This question will only appear if you selected **None of the above** from the list of roles in the drop-down above.

Upload Certifications (1/1)

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.

[Legal Questionnaire](#)

[Certification of Non-Involvement in Activities in Russia or Belarus Pursuant to P.L. 2022, C. 3](#)

[Application Certifications](#)

Legal Questionnaire *

or drag files here.

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

or drag files here.

Application Certifications *

or drag files here.

22

This page will only appear if you selected **No** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

Legal Questionnaire (1/3)

This page will only appear if you selected **Yes** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

Legal Questionnaire

Applicant Name: Sample Organization

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.

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

RELEVANT AFFILIATES

In accordance with the above, please identify any individuals or entities that hold a 30% or more ownership in the applicant:

Are there any individuals or entities that hold a 30% or more ownership interest in the applicant? *

Applicant-Owned Affiliates

In accordance with the above, please identify any entities in which the applicant holds a 30% or more interest, 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.

+ Add Applicant-Owned Affiliate

Other Affiliates

In accordance with the above, please identify any other entities not already identified that are either named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with NJEDA:

+ Add Other Affiliates

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.

Note that in cases where Applicant has previously submitted and certified a legal questionnaire to the Authority, the Applicant may refer to its prior legal questionnaire and report only those matters that are new or have changed in status since the date of last reporting.

Part A. Past Proceedings

Has Applicant, or any identified Affiliates of Applicant, been found or conceded or admitted to being guilty, liable or responsible in any Legal Proceeding, or conceded or admitted to facts in any Legal Proceedings that demonstrate responsibility for any of the following violations or conduct? (Any civil or criminal decisions or verdicts that have been vacated or expunged need not be reported.)

1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract. *

2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty. *

3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C.874). *

4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision. *

Legal Questionnaire (2/3)

This page will only appear if you selected **Yes** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.). *

6. To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor. *

7. To the best of your knowledge, after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries. *

8. Debarment by any department, agency, or instrumentality of the State or Federal government. *

9. Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below:

(i) No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).

(ii) The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.

(iii) No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actual or appearance of a conflict of interest.

(iv) No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.

(v) No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million.

(i) Laws banning or prohibiting discrimination or harassment in the workplace.

(ii) Laws prohibiting or banning any form of forced, slave, or compulsory labor.

(iii) The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other "Whistleblower Laws" that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.

(iv) Securities or tax laws resulting in a finding of fraud or fraudulent conduct.

(v) Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.

(vi) Laws banning anti-competitive dumping of goods.

(vii) Anti-terrorist laws.

(ix) Criminal laws involving commission of any felony or indictable offense under State or Federal law.

(x) Laws banning human rights abuses.

(xi) Laws banning the trade of goods or services to enemies of the United States.

Part B. Pending Proceedings

11. To the best of your knowledge, after reasonable inquiry, are Applicant, or any identified Affiliates, a party to pending Legal Proceedings wherein any of the offenses or violations described in questions 1-10 above are alleged or asserted against such entity or person? With respect to laws banning or prohibiting discrimination or harassment in the workplace, please provide only information pertaining to any class action lawsuits or individual lawsuits alleging violations under the New Jersey Law Against Discrimination. *

If the answer to any of the foregoing questions is affirmative, you must provide the following information as an attachment to the application: (i) the case name and court/administrative agency (including jurisdiction and venue) in which such matters were tried or are pending; (ii) the charges or claims adjudicated or alleged; and (iii) status of the matter (e.g. Pending Dismissed following Settlement, Dismissed following Motion, etc.).

Please Note: An Applicant may refer to or attach specific provisions of a 10-K/Q or other filings with the U.S. Securities and Exchange Commission (SEC); however, the Applicant should be aware that different laws apply to disclosures to the Authority. This means that the Authority does not have the same types of materiality thresholds as the SEC. The Applicant is expected to supplement its SEC filings to ensure that all relevant matters are disclosed to the Authority, including any matters that were below the SEC's materiality threshold and any matters that may have occurred after its most recent filing.

Please Note: Eligibility is determined based on the information presented in the completed Application. If, at any time while engaged with the Authority the Applicant should become aware of any facts that materially alter or change its answers, or that render any of them incomplete or inaccurate, the Applicant has a duty to promptly report such facts to the Authority in writing. The Authority reserves the right to require additional clarifying or explanatory information from the Applicant regarding the answers given, to ask additional questions not contained in this Legal Questionnaire, and to perform its own due diligence investigations and searches.

Legal Questionnaire (3/3)

This page will only appear if you selected **Yes** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

Certification of Legal Questionnaire and Authorization to Release Information

This certification shall be signed as follows:

- 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.

I hereby represent and certify that I have reviewed the information contained in this Legal Questionnaire, and that the foregoing information is true and complete under penalty of perjury. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I further agree to inform the New Jersey Economic Development Authority of any changes in the foregoing information which may occur prior to execution of any agreement with the Authority, and so long as any such agreement is in effect. Failure to disclose relevant matters may render the Applicant ineligible for the financial benefits sought and may subject the Applicant to disqualification, debarment, suspension, or referral to the office of the state's Attorney General.

The undersigned, on behalf of the Applicant, understands and acknowledges that information and documents provided to the New Jersey Economic Development Authority: (1) are subject to public disclosure during deliberations of the Authority at public meetings regarding the application and as set forth in the minutes of the Authority's public meetings; and (2) are subject to public disclosure under certain laws, including, but not limited to, the Open Public Records Act, N.J.S.A. 47A:1-1 et seq., and the common law right-to-know.

Electronic Signatures

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.

Full Name *

Title *

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Certification of Non-Involvement in Activities in Russia or Belarus (1/1)

This page will only appear if you selected **Yes** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

Certification of Non-Involvement in Activities in Russia or Belarus

Program Name: FEED NJ

Applicant Name: Sample Organization

Applicant Doing Business As: Sample DBA

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.

Definitions

"Economic development subsidy" means the provision of an amount of funds to a recipient with a value of greater than \$25,000 for the purpose of stimulating economic development in New Jersey, including, but not limited to, any investment, bond, grant, loan, loan guarantee, matching fund, tax credit, or other tax expenditure.

Authorized Signature

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

Name of Applicant Authorized Representative

John Smith

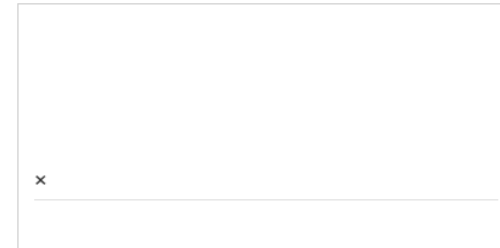
Title of Applicant Authorized Representative

President and CEO

Applicant FEIN or Taxpayer ID

11-1111111

Signature *



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Certification of Application (1/1)

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, John Smith, 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. *

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This page will only appear if you selected **Yes** to "Is the primary point of contact legally authorized to submit this application on behalf of the applicant company?"

Electronic Signature (1/1)

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 *

×

draw

type

Date *

1/23/2025

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Application Submission (1/1)

Application Submission

ATTENTION: This is the final page before your application is submitted. Please carefully check your responses throughout your application to ensure you have answered all questions and attached all required documents. Once your application has been submitted to NJEDA for review, you cannot change your responses.

Any missing information will delay the processing and review of your application. If you would like to make any changes to the application, please click the Back button. If you are satisfied with your responses, please click Submit.

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

Upload

or drag files here.

Full Name *

Title *

Date *

1/23/2025

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Submit

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