

ATLANTIC CITY FOOD SECURITY GRANT PILOT PROGRAM

FINAL PROGRESS REPORT TEMPLATE

REPORTING REQUIREMENTS

As indicated in your grant agreement, NJ Economic Development Authority (NJEDA) requires documentation to ensure that grantees are meeting grant terms.

- **Reporting Frequency:** Grantees are required to provide the information and documentation listed below no later 15 business days following the end of the Grant Term.
- **Contract Requirements:** Failure to submit the required information by the timeline specified above may impact any pending disbursements and any disbursed funds may be subject to recapture as detailed in your grant agreement.
- Submission Instruction: Please return this completed document to
 FoodSecurityGrants@njeda.gov and save the title as: [applicant name]_[product number]_[date of submission].

GRANTEE INFORMATION:

Organization Name	
Respondent Name	
Respondent Email	
Product Number	
(Listed on approval letter)	
Submission Date	

FINAL PROGRESS UPDATE:

1.	Has your project been successfully completed? ☐ Yes
	□ No
	If no, please explain.
2.	Please describe in detail any challenges faced and lessons learned during the entire project implementation process.

3.	How has your project improved food access and food security for Atlantic City residents? Please provide in detail any measurable results/outcomes for the <i>entire duration of the grant term</i> , as specified in the original application (e.g., total number of meals distributed).
4.	How many individuals/households have been served by your project over the grant term?
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5.	Please describe any particular sub-populations (e.g. seniors, families with children) supported by your project.

6.	Has your project supported recipients — Yes	s of federal and sta	te nutrition benefits (e.g. SNAP, WIC)?
	□ No		
	If yes, please explain how and est benefits.	timate the percent	of total individuals served who receive
7.	Please describe any ongoing, planned residents with your project.	d, or completed enန	gagement to connect Atlantic City
	Description of Outreach Activity	Number of	Outcomes
		People Engaged	(Expected and/or Actual)

orate with any additional partners to execute your project?
rtner and describe the nature of the collaboration throughout the m.

9.	Please describe any next steps for your project. If it is a long-term or ongoing project, please describe how it will be sustained moving forward.

BUDGET AND EXPENSE TRACKING:

Please fill out and attach the quarterly expenditure spreadsheet, as well as supporting documentation for all project expenditures since the previous report.

Please refer to the budget and budget narrative submitted and approved with the original application. The Authority will only pay for expenses listed in the original budget and may recapture grant funds spent on unapproved expenses.

Additionally, your organization must provide documentation that funds were spent in accordance with the project budget submitted at time of application and information provided below. All requested documents must be accurate, compliant, allowable, previously approved, and correctly accounted for. Listed below are some examples (but not limited to) of the acceptable supporting documents for various project costs.

Cost Type	Supporting Documentation
Personnel Services	 Payroll reports W2 Timesheets
Fringe	 Employer's share or employer's contribution for additional fringes such as but not limited to FICA, FUTA, health insurance or other medical benefits, paid that are not included in employee's gross wages
OTPS	 Itemized receipts, invoices, or proof of payment for any purchases related to the grant program and approved by the Authority. If a portion of the expense is allocated to the grant, cost allocation methodology must be provided. For travel, please include the purpose of travel, the travel date, distance (a navigation app can provide a summary of point-to-point mileage) and reimbursement rate For equipment purchase, please provide vendor invoices or receipts, photographs of items, inventory record (make/model, serial #, purchase date/location), insurance policy (if applicable) For meeting expenses/event, please provide proof of event, agenda, marketing materials, cost associated with any food and beverages provided (if applicable), vendor receipts, invoices For office supplies, please provide vendor invoices or receipts along with proof of payment For utilities, please provide monthly invoices/statements, proof of payment (canceled check, electronic reference etc.)
Construction and Construction Related	Any contractor hired for any construction costs more than \$1,999 must be registered as a New Jersey Department of Labor and Workforce Development (DOL) Public Works Contractor Registered Contractor and must abide by NJ prevailing wage and affirmative action requirements. Any construction work of more than \$1,999 that is done by contractors/subcontractors that are not NJDOL Public Works Registered Contractors is not an eligible use of grant funds. Please provide the following documents: Contractor's AIA or 100% complete billing, including release of any retainage held. Signatures required by both parties (contractor and grantee). Copies of change orders, signed by both parties (if applicable)

Copies of cancelled checks • Contractor's final release of lien Punchlist (if applicable) As-Builts (if applicable) Photos showing the completed project Permit close-outs If applicable: Renewed insurance, if previous insurance policy has expired New Jersey Public Works Certificate, if previous certificate has expired Debarment clearances are processed annually, but no additional documentation is required for this to be processed Indirect/Administrati Please note that indirect/administrative costs cannot exceed 10% of the total project ve budget. If your organization has a federally recognized Negotiated Indirect Cost Rate Agreement (NICRA), that can serve as documentation for indirect costs. If your organization's NICRA is below 10%, indirect costs above the amount covered by your NICRA rate must be documented. Grantees will be required to document and justify all expenses listed under indirect/administrative cost, unless covered by a federally recognized NICRA rate: 1) Personnel expenses related to staff not directly supporting the project 2) Fringe 3) Insurance

ADDITIONAL INFORMATION:

4) Supplies

1.	experienced while applying for and/or participating in this pilot grant program. What suggestions do you have for how NJEDA might help to mitigate these obstacles in future programs?

2.	Please share any additional details, explanations, or comments that are important for NJEDA to be aware of regarding the status of your grant. Additionally, if you have any success stories and or pictures you would like to share, please include them below or attach additional files.
GR	ANTEE CERTIFICATION:
	, certify that the statements and supporting documentation re accurate. I understand that if these statements are willfully false, the grant may become subject repayment and disqualify all participating entities from receiving future NJEDA assistance.
	Name:
	Title:
	Name of Organization:
	Authorized Signature: