



ATLANTIC CITY FOOD SECURITY GRANT PILOT PROGRAM QUARTERLY 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 listed below on a quarterly basis, within 10 business days of the end of each three-month period starting from the Effective Date of the grant agreement, unless submitting a Mid-Program or Final Report.
- **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 <i>(Listed on approval letter)</i>	
Reporting Quarter (insert quarter, month ranges, and year)	
Submission Date	

QUARTERLY PROGRESS UPDATE:

1. Please provide information on activities and progress made this quarter towards your project Work Plan:

a. Intended Quarterly Milestone	<i>[copy and paste from original Work Plan]</i>
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b. Are you on track to meet this milestone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Describe in detail any specific activities completed and outcomes reached this quarter.	
d. If applicable, provide an update on any measurable results/outcomes for this quarter related to improving food access for Atlantic City residents (e.g. number of meals served).	
e. Describe in detail any incomplete activities or outcomes this quarter, if applicable.	

2. Please describe any ongoing, planned, or completed engagement to connect Atlantic City residents with your project.

Description of Outreach Activity	Number of People Engaged	Outcomes (Expected and/or Actual)

3. Is your project currently serving Atlantic City residents? If not, please describe when you anticipate opening your project to the public.

4. Is your organization facing or expecting to face obstacles that may impact your ability to complete the project? If so, please describe these obstacles and what steps have been, or will be taken, to resolve these challenges. If not applicable, write N/A below.

BUDGET AND EXPENSE TRACKING:

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

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	<ol style="list-style-type: none"> 1) Payroll reports 2) W2 3) Timesheets
Fringe	<ol style="list-style-type: none"> 1) 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	<p>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.</p> <ol style="list-style-type: none"> 1) For <u>travel</u>, 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 2) For <u>equipment purchase</u>, please provide vendor invoices or receipts, photographs of items, inventory record (make/model, serial #, purchase date/location), insurance policy (if applicable) 3) For <u>meeting expenses/event</u>, please provide proof of event, agenda, marketing materials, cost associated with any food and beverages provided (if applicable), vendor receipts, invoices 4) For <u>office supplies</u>, please provide vendor invoices or receipts along with proof of payment 5) For <u>utilities</u>, please provide monthly invoices/statements, proof of payment (canceled check, electronic reference etc.)
Construction and Construction Related	<p>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</p>

	<p>contractors/subcontractors that are not NJDOL Public Works Registered Contractors is not an eligible use of grant funds.</p> <p>Please provide the following documents:</p> <ul style="list-style-type: none"> • Copies of permits received • Contractor’s AIA or Progress Billing, signed by both parties (contractor and grantee) • Copies of change orders, signed by both parties (if applicable) • Copies of cancelled checks • Contractor’s release of liens • Photos representative of work completed <p>If applicable:</p> <ul style="list-style-type: none"> • Renewed insurance, if previous insurance policy has expired • New Jersey Public Works Certificate, if previous certificate has expired <p>Debarment clearances are processed annually, but no additional documentation beyond a current Public Works Certificate is required for this to be processed.</p> <p>If not submitted following the pre-construction meeting, please provide the following documents with your first quarterly report:</p> <ul style="list-style-type: none"> • List of sub-contractors & completed Verification of Eligibility form, NJ Business Registration Certificate & NJ Public Works Certificate (if applicable) for each • Schedule of Values • Notice To Proceed • List of anticipated permit requirements • Architectural drawings (if applicable)
<p>Indirect/Administrative</p>	<p>Please note that indirect/administrative costs cannot exceed 10% of the total project budget.</p> <p>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.</p> <p>Grantees will be required to document and justify all expenses listed under indirect/administrative cost, unless covered by a federally recognized NICRA rate:</p> <ol style="list-style-type: none"> 1) Personnel expenses related to staff not directly supporting the project 2) Fringe 3) Insurance 4) Supplies

1. Do you have any new or expected costs that will necessitate a budget modification?

No.

Yes. Please summarize your request below. Any modification to the budget with a value of more than 10% of the total budget or that involves costs not described in the application

budget must be approved in writing by the Authority prior to incurring any related expenses. Additionally, you will be required to provide an updated budget and budget narrative using the template provided by NJEDA.

ADDITIONAL INFORMATION:

- 1. 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.**

GRANTEE CERTIFICATION:

I, _____, certify that the statements and supporting documentation are accurate. I understand that if these statements are willfully false, the grant may become subject to repayment and disqualify all participating entities from receiving future NJEDA assistance.

Name: _____
Title: _____
Name of Organization: _____
Authorized Signature: _____