



# FY27 FARM GLEANING AND SEAFOOD RECOVERY SUPPORT GRANT

## *Application Template*

**Instructions:** Complete the application template below, including Attachments A and B. For your application to be considered for funding, completed applications, as well as supporting documentation outlined in the Application Checklist (*page 9*), must be submitted via email to [NJDA.Grants@ag.nj.gov](mailto:NJDA.Grants@ag.nj.gov) by **July 31<sup>st</sup>, 2026, at 12:00 p.m.** Incomplete and/or late submission will be determined ineligible.

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### **Section 1. Applicant Information**

Organization Name:

EIN/Tax ID Number:

Authorized Organization Representative (AOR):

Title:

Phone Number:

Email Address:

Physical Address

Street:

City:

State, Zip:

Mailing Address (If different from above)

Street:

City:

State, Zip:

## **Section 2. Organization Category**

Please select one of the following categories that best describes your organization.

- Gleaning Organization
- Seafood Recovery Organization

## **Section 3. Applicant Profile**

Complete the following section regarding your organization's past performance.

1. # of years operating as a gleaning/seafood recovery program in New Jersey:
2. Does the applicant charge any fees for its services?  Yes  No

If the answer is yes, provide an explanation of the fees:

3. Total pounds of food items gleaned/recovered from New Jersey during state
  - a. FY25:
  - b. FY26:
4. Total pounds of food items rescued from non-farm sources from New Jersey
  - a. FY25:
  - b. FY26:

*Note: This grant cannot be applied to rescued food. This information is requested to get a better understanding of the applicant's organization.*

5. Sources of fruits and vegetables, and other nutrient-dense food items, rescued from non-farm sources in New Jersey outside the New Jersey growing season.

6. Does the applicant have an educational component that educates recipients in New Jersey on including fresh fruits and vegetables or seafood in their diets?     Yes             No
  
7. If the answer is yes, provide a brief explanation of how this component is incorporated into the applicant's gleaning program on a regular basis:

**Section 4. Executive Summary:**

*Provide a summary of the applicant's funding request. Responses should be no longer than 250 words.*

**Section 5. Statement of Need:**

*Provide a narrative summarizing the assessment of the need for this funding to support a gleaning/recovery program with New Jersey farms.*

**Section 6. Project Implementation Plan:**

*Provide a description of how this grant would support the applicant's gleaning/ recovery program activities in New Jersey.*

**Section 7. Expected Measurable Outcomes**

*For each outcome, estimate the value that will be achieved by the conclusion of the grant period.*

<b>Description of Measurable Outcomes</b>	<b>Estimated Number</b>
Pounds of produce gleaned	
Pounds of produce distributed	
Number of gleaning trips	
Number of volunteers trained or participated in gleaning	
Number of educational, instructional, or community outreach activities conducted	
Number of farms gleaned	
Number of distribution sites served (food pantries, food banks, etc.)	
Estimated number of individuals served	

***Outcome Remarks and Methodology***

*Please describe your organization's plan to measure the outcomes above. Examples of acceptable methodology include grower surveys, logs, internal recordkeeping measures etc.*



**Section 9. Budget Narrative:**

*The funding requests in Section 8 must be accompanied by a detailed cost estimate for the expenses identified in each category. The NJDA reserves the right to modify the amount of funds requested or eliminate line items in their entirety if they do not meet the requirements set forth in the Public Notice. For each line item of the proposed budget, provide a brief description of how the costs were determined. ex: 1 truck driver @ \$15 per hour for 30 hours a week for 10 weeks = \$4,500.*

**Section 10. Certification:**

The signature below must be that of an individual with the authority to enter into legally binding agreements on behalf of the applicant.

*The undersigned certifies that all information contained in this application is true and accurate; understands that falsification of information may be cause for non-review of the application or award revocation; and agrees to comply with the terms and provisions provided in this application if a grant award is received.*

Typed Name:

Signature:

Title:

Date:

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**Application Checklist:**

- Completed Application Template
- ATTACHMENT A - SOURCE OF GLEANED – RECOVERED FOODS FROM NJ
- ATTACHMENT B - NEW JERSEY ORGANIZATIONS RECEIVING GLEANED AND RECOVERED FOODS
- Sample of Prior Year Farm Receipts (for ATTACHMENT A)
- Sample of Prior Year Food Distribution/Donation Logs (for ATTACHMENT B)
- Current Organization Membership List
- Copy of Prior Year Tax Return (such as IRS Form 990)
- Copy of Federal IRS Letter of Determination Granting Non-Profit 501(c)(3) Status
- Other Supporting Documentation, such as testimonials, articles, photos, etc. (*optional*)



