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7066 Interstate Island Road Syracuse, New York 13209

p. (315) 437-1899 f. (315) 434-9629 foodbankcny.org

# Food Bank of Central New York

# 2017-2018 Food and Operations Support (OS) Grant Applications

*Funded by: New York State Department of Health*

*Hunger Prevention and Nutrition Assistance Program (HPNAP)*

(Please type or clearly print all responses)

**Applications must be received by the Food Bank before 4:30 p.m. on April 7, 2017.**

You must use a separate application for all programs even if they are located at one address.

## PART A: Program Background

1a. Name of Emergency Food Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a. Five-digit Food Bank account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your program is not a Food Bank member and you do not have a Food Bank account number, please attach proof that your program has 501(c)(3) federal tax-exempt status (or its equivalent) or has a 501(c)(3) sponsoring organization. **Please note that the sponsoring organization is legally and financially responsible for this program’s operation.**

3a. Has your emergency food assistance program been in continuous operation for the past 6 months?

Yes  No

4a. Please check what type of food program you are applying as **(check only one)**.

You must use a separate application for all programs even if they are located at one address.

**Food Pantry** (distributes food for recipients to prepare and eat at home)

**Soup Kitchen** (serves prepared meals to be eaten on-site, also called meal programs)

**Bag Meal Program** (serves prepared meals to be eaten off-site)

**Kids Cafe** (serves a complete meal to children aged 5 to 18 and has been rejected from CACFP)

**Shelter** (temporary/emergency shelters)

**PART B: Evaluation Criteria**

**Service Numbers**

**1b.** Food Bank Partner Agency (Numbers from monthly reports from 1/1/2016 to 10/31/2016 will be used.)

\*If you have been a member less than one year or are not a member, please contact Alissa Tubbs ext. 261.

**Financial Need (15 total points)**

(REMINDER: HPNAP Food Grants are designed to supplement and/or match your existing program funds. For questions on financial need, please contact Alissa Tubbs ext. 261.

**2b**.**Of the total amount of money your program spent on food last year, what percentage came from your original Food Grant? (This does not include produce, dairy or additional lines of credit you may have received**). (12 points)  
 FoodBank of CNY Grant accounts for 50% or less

FoodBank of CNY Grant accounts for 51% - 74%

FoodBank of CNY Grant accounts for 75% or more

**3b. Attach an annual budget for your program for the 2016 calendar year. The budget should include overall income and expenses (highlighting the total cost of food and total food grants received**). (3 points)

**Best Practices (60 total points)**

**4b.** **Please list the days and hours your program serves food.** (8 points)

Day of the Week Hours open

Sunday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

Monday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

Tuesday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

Wednesday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

Thursday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

Friday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

Saturday Weekly Bi-weekly Monthly \_\_\_\_\_\_\_\_\_\_

If On-Call what is the average number of days a month people are served? \_\_\_\_\_\_\_\_\_\_

We provide food outside of normal hours during emergencies

Other explanation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5b. What is your referral process? Check all that apply.** (10 points)

We review relevant government services that guests might be eligible for

We provide information on additional services in our community that we are aware of

We post referral information for guests in waiting area/distribution area for guests to see

We provide verbal referrals

We provide phone numbers with the referrals

We provide a handout with all the referral information included  
 We follow up on how the guest did with the referral at the next visit verbally

We follow up on how the guest did with the referral at the next visit and document it

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6b.Which government, non-government and complementing services does your program provide referrals to? Check all that apply.** (15 points)

WIC

SNAP

HEAP

Medical insurance

Child nutrition programs (Summer Food Sites, afterschool meals and snack programs; free and reduced price breakfast and lunch)

Community social service organizations such as caseworkers, soup kitchens, counseling, etc.

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7b. Has someone from your program attended a Food Bank sponsored meeting or workshop between July 1, 2016 to present? If yes, please check type and add meeting date if applicable in the available space.** (4 points)

Orientation or Food Bank 101, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food safety training, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall 2016 county meeting

Spring 2017 grant training

Advocacy Education Series, Date(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Just Say Yes to Fruits and Vegetables, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8b. Have you attended local networking meetings to coordinate with surrounding emergency food programs between July 1, 2016 to present? If yes, please list the type of meetings attended, how often you attended the meetings. (Ex. County coalition meeting with food pantries three times per year; other than the Food Bank sponsored meetings)** (4 points)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9b. How do you promote your program to donors to raise additional funds and food to supplement support you receive from Food Bank? Check all that apply.** (5 points)

We do not raise food or funds for this program, other than what sponsoring agency might provide in budget

We write grants to large corporate funders, community foundations or small civic groups such as Rotary, Elks, Lions, etc.

Partner with organizations and groups for food drives

Have a newsletter with information about the work we do

We use social media (website, Facebook, etc.)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10b. How do you promote your program to guests? Check all that apply.** (5 points)

Guests learn about our program by word of mouth

We have a sign in the door or window with days and hours of operation

We put our information in a local church bulletin

We put information in the newspaper or other location where potential guests may see it

We use social media (website, Facebook, etc.)

We hand out or post fliers in our neighborhood

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11b. Has your program performed any of the following advocacy activities in the last 12 months? Check all that apply.** (5 points)

Took no action

Called an elected official

Emailed or wrote to an elected official

Gave a presentation in the community about your program’s services

Met with an elected official or his/her staff

Provided a tour of your agency to an elected official or his/her staff  
 Took action in response to Food Bank of CNY advocacy alert

**12b. Has your program done any of the following in the last year to promote healthy eating among your guests? Check all that apply.** (4 points)

Food Bank nutrition workshop at your site

Just Say Yes to Fruits and Vegetables event at your site

Purchased/received food from or partnered with local farmers, farmers’ markets or CSAs

Purchased/received low fat dairy, aseptic milk, fresh fruits and vegetables for distribution

Operate or coordinate with a community garden

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions 13b-16b for SOUP KITCHENS & BAG MEAL PROGRAMS ONLY: (25 total points)**

*\*All other programs please skip this section.*

**13b. What is your intake process for guests? Check all that apply.** (5 points)

We welcome the guest to our program

We offer refreshments or activities in waiting area

We post income guidelines visibly for soup kitchen guest to see

We post referral information for guests to see while waiting

Provide verbal direction on frequency of service

Provide a handout with information on frequency of service

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14b. What meal(s) does your site provide?** (4 points)

Breakfast

Lunch

Dinner

Bag lunch

Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **15b. Describe an average meal served. Check all that apply.** (4 points)

2 servings of fruits and/or vegetables

1 serving of fruits or vegetables

Whole grains

Protein

Dairy

Attach a sample menu (2 bonus points)

**16b. How does your program ensure new and current volunteers are up to date on food safety training? Check all that apply.** (12 points)

Individual(s) serving food are ServSafe certified. Expiration date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Require that at least one person serving food attends the two hour food safety training by Food Bank annually

Send all new volunteers to Food Bank food safety training

Track which volunteers have been trained and when they are due again

Only coordinator attends training and then trains other volunteers on an annual basis

Only coordinator attended training more than one year ago and continues to train new volunteer

**Questions 17b-22b for FOOD PANTRIES ONLY: (25 total points)**

*\*All other programs please skip this section.*

**17b. What is your intake process for first time guests? Check all that apply.** (10 points)

We welcome the guest to our program

We offer refreshments or activities in waiting area

We determine if they fall into our geographic area (proof of ID, people in the household, etc.)

Provide verbal direction on frequency of service   
 Provide guest the Food Bank intake form for guest to complete

Provide a handout with information on frequency of service

Review the Food Bank intake form with guest and volunteer or staff fill it out

Review income eligibility form verbally with guest, clarifying that they are self-certifying they fall within that income guideline for their family size

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18b. Does your program have a defined geographic service area? Check what best describes your boundaries.** (3 points)

We serve ALL guests who visit the pantry and do not enforce any type of boundary

County only

Township

School district

Zip code

Street boundaries

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19b. What method do you use to distribute food? Please check all that apply.** (5 points)

Our pantry is using a current and approved Food Bank points/packing guideline

Our pantry just gives a little bit from each food group

Client choice: Grocery Store Style (guest selects items they want from shelves)

Client choice: List System (guest selects items they want from a list, list is then filled per request by food pantry volunteer or staff)

Client choice: Table Style (guest selects items they want from table)

Substitute system (guest can substitute food from same food group, example green beans for carrots).

Prepackaged bags (guest does not select what foods are in the bag).

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20b. How does your program ensure new and current volunteers are up to date on required food safety training?** (5 points)

Individual(s) serving food are ServSafe certified. Expiration date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Require at least one person serving food attends the one hour food safety training by Food Bank biannually

Send all new volunteers to Food Bank food safety training

Track which volunteers have been trained and when they are due again

Only coordinator attends training and then trains other volunteers on an annual basis

Only coordinator attended training more than one year ago and continues to train new volunteer

**21b. In a typical food package how many meals do you normally offer per household?** (1 point)

3 meals a day for 3 days

3 meals a day for 5 days

3 meals a day for 7 days

**22b. How often can a household receive food from your pantry? (i.e. one time a month)** (1 point)

Once a month

Every 30 days

Once a week

Bi-Weekly

As often as needed

Also serve guests more if emergency

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions 23b-34b for SHELTERS ONLY: (25 total points)**

*\*All other programs please skip this section.*

**23b. Do you receive a stipend rate (amount) from DSS (Department of Social Services) or DHS (Department of Homeless Services)** (2 points) Yes No

If yes, what is your stipend rate? (Specify if per person/per day, etc.) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**24b. If a stipend is received, please explain the need for additional funding:** (4 points**)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25b. Do you serve predominantly low-income guests?** (1 point) Yes No

**26b.** **Does the shelter serve other populations that are not housed at this facility?** (1 point) Yes No

If yes, what is the average number of meals served daily to those guests not housed at this facility?

Breakfast **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Lunch **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Snack **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Dinner **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**27b**. **Number of days each month that the shelter is open for guests to spend the night: (**1 point**) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**28b. Number of months per year the shelter is in operation:** (1 point) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**29b. Average number of guests sheltered each month: (**1 point**)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**30b. Average number of meals served daily to shelter guests: (**1 point**)**

Breakfast **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Lunch **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Snack **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Dinner **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**31b. Describe the manner that clients/guests access meals (check all that apply): (**1 point**)**

Cook/chef prepares meals on-site for clients/guests to consume.

Residents plan and prepare meals together.

Residents and cook/chef plan and prepare meals for clients/guests.

Residents prepare their own meals on-site.

Meals are consumed off-site.

Residents have access to food at all times.

Residents access meals at scheduled meal times.

Residents receive food from local food pantry.

Other, describe:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**32b. Which meals (breakfast, lunch, and/or dinner) are you requesting funding for and why?** (2 points)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**33b. How does your program ensure new and current volunteers are up to date on food safety training? Check all that apply.** (9 points)

Individual(s) serving food are ServSafe certified. Expiration date(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Require that at least one person serving food attends the two hour food safety training by Food Bank annually

Send all new volunteers to Food Bank food safety training

Track which volunteers have been trained and when they are due again

Only coordinator attends training and then trains other volunteers on an annual basis

Only coordinator attended training more than one year ago and continues to train new volunteer

**34b.** **Is your agency required to have an annual independent audit or review?** (1 point)

Yes

No

Not Applicable

**\*\*\*If yes please attach a copy of your most recent audit or review.**

**SIGNATURE PAGE:**

PLEASE NOTE: All answers subject to verification at a later date. Falsifying your answers on any of the application may result in reduction or termination of funding. An incomplete application form will result in a lower score and may disqualify your agency’s request. Food Bank of Central New York reserves the right to reject applications or lower funding allocations based on requests submitted in response to this application. Awardees of this grant will be subject to monthly reporting, food safety, and minimum nutrition meal requirements. **Faxes and photo copies of completed applications will not be accepted**. **Original signature is required. Please sign in blue ink. Do not return instructions with your application.**

***Applications must be received by the Food Bank before 4:30 p.m. on April 7, 2017.***

***No late applications will be accepted! No exceptions!***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Coordinator Date

\*If only applying for the food grant please remove pages 9-17 titled “Food Bank of Central New York Operations Support (OS) Application Addendum”, before returning your application.

**Food Bank of Central New York**

**Operations Support (OS) Application Addendum**

**COVER SHEET**

**PART C: TELL US ABOUT YOUR PROGRAM**

**1c. Person to be contacted regarding the administration and documentation of this grant:**

\*\***All communication regarding this grant will be sent to the below mailing address:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2c.** Grants are awarded on a competitive basis.OS funding is to supplement an organization’s current operating funds; funds may not be used as start-up costs for new activities or new staff positions. OS grants are awarded for one or a combination of the following six expenditure categories. Please review each category and apply for your program needs. Applying for more than one category is encouraged. **Submission of an application does not guarantee your total funding request(s) will be granted.**

Prioritize your funding requests 1-6, with #1 as the greatest need through #6 as the least.

**Summary of Requested Funds**

|  |  |  |
| --- | --- | --- |
|  | **Priority of Request** | **Amount Requested** |
| **Staff Costs** |  | **$** |
| **Utilities** |  | **$** |
| **Space Costs** |  | **$** |
| **Food Service Disposables** |  | **$** |
| **Transportation** |  | **$** |
| **Food Service (Capital) Equipment** |  | **$** |

PLEASE NOTE: All answers are subject to verification at a later date. Falsifying your answers on any of the application may result in reduction of funding. \*\*If any of the information in the application changes within the grant period, Food Bank must be notified or funds may be withheld from the program. An incomplete application will result in a lower score and may disqualify your agency’s request. Food Bank of Central New York reserves the right to reject applications or lower funding allocations based on requests submitted in response to this application. Awardees of this grant will be subject to monthly reporting, food safety, and minimum nutrition meal requirements.

**Faxes and photo copies of completed applications will not be accepted**.

**Original signature is required. Please sign in blue ink. Do not return instructions with your application.**

***Applications must be received by the Food Bank before 4:30 p.m. on April 7, 2017.***

***No late applications will be accepted! No exceptions!***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Coordinator Date

**3c. Impact and/or Uniqueness of Program and Best Practices**: **(10 points maximum; 5 points per question)**

In the space below, please answer the following questions on your program’s emergency food assistance efforts and how they make a difference in your community.

**I. List three things your program does that positively impact your community.**

**II. Provide at least one narrative about a guest and how their story impacted you, a volunteer or other staff member positively in the last year.**

**Please indicate priority of this request here and on cover sheet: #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATIONS SUPPORT BUDGET PAGE: **STAFF** Amount Requested **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Staff Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_

*\*OS funding is to supplement your current operating funds; funds may* ***not*** *be used for new staff positions.*

1. List the specific duties this staff person(s) performs. Only the salary of direct service worker(s)may be funded. If operation of the food assistance program is only part of the position, **list only those tasks related to food assistance or attach the job description, highlighting the relevant duties**. Administrative personnel such as bookkeepers and directors, non-food workers such as maintenance workers **not fundable**.

*\*Not documenting how this position relates to emergency food service will disqualify your request.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Approximately how many *hours per week* does the staff person work on food assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a. What is the wage rate (i.e. $ per hour)? **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If staff position or rate changes after application is submitted, you must notify the Food Bank or funds may be withheld.*

3. Of the total amount of money received last year to support this staff request, what amount came from the following sources?

|  |  |
| --- | --- |
| **Source** | **Amount** |
| Food Bank HPNAP OS Grant | **$** |
| Corporate/Foundations Grants | **$** |
| Local Donations (individuals) | **$** |
| Church/Organization Funds (part of annual budget) | **$** |
| Other (please specify) | **$** |

4. How would the requested grant funds support or improve your program’s ability to provide food assistance to people in need? Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

\_\_\_\_ Copies of the payroll register

\_\_\_\_ Copies of the time cards/time sheets showing days and hours worked, and copies of canceled pay checks.

\_\_\_\_ Copies of 1099 or W-2 forms

Who will be responsible for submitting the documentation to the Food Bank?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate priority of this request here and on cover sheet: #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATIONS SUPPORT BUDGET PAGE: **UTILITIES**  Amount Requested **$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Food service work or storage area utility costs such as heat, water, and electricity may be funded. List all food service work or storage areas that need heat, water, and/or electricity to support your program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is the typical annual cost for utilities for your program? **$** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is the emergency food program responsible for *all* of the utility bill or only a *portion*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3a. If only a portion, what percentage of the bill is your program responsible for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain why this percentage was selected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If percentage changes after application is submitted, you must notify the Food Bank or funds may be withheld.*

4. Of the total amount of money received last year to cover utility expenses, what amount came from the following sources?

|  |  |
| --- | --- |
| **Source** | **Amount** |
| Food Bank HPNAP OS Grant | **$** |
| Corporate/Foundations Grants | **$** |
| Local Donations (individuals) | **$** |
| Church/Organization Funds (part of annual budget) | **$** |
| Other (please specify) | **$** |

5. How would the requested grant funds support or improve your program’s ability to provide food assistance to people in need? Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

\_\_\_\_ Copies of all pages of the utility bills

\_\_\_\_ Copies of canceled checks, bank statements, or credit card statements verifying payment of the bills

\_\_\_\_ Explanation of the percentage of the utility bills charged to the OS grant

Who will be responsible for submitting the documentation to the Food Bank?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please indicate priority of this request here and on cover sheet: #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATIONS SUPPORT BUDGET PAGE: **SPACE**  Amount Requested **$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Your **application will not be considered** until a copy of the current rental agreement or a letter stating the rent/user fee from the organization that provides the space is received.

*\*If rental agreement changes after application is submitted, you must notify the Food Bank or funds may be withheld.*

1. List all food service work or storage areas that your program currently pays to occupy.

Only costs for space for direct emergency food service or storage areas may be funded with this grant.Costs for administrative offices are **not fundable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If only a portion of your rent will be charged to the Operations Support grant, please give a clear explanation of what percentage of rent will be paid by the grant and why that percentage was selected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a. What is the overall square footage of the building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2b. What is the specific square footage of the space you are requesting funds for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Of the total amount of money received last year to cover your program’s rent/lease, what amount came from the following sources?

|  |  |
| --- | --- |
| **Source** | **Amount** |
| Food Bank HPNAP OS Grant | **$** |
| Corporate/Foundations Grants | **$** |
| Local Donations (individuals) | **$** |
| Church/Organization Funds (part of annual budget) | **$** |
| Other (please specify) | **$** |

4. How would the requested grant funds support or improve your program’s ability to provide food assistance to people in need?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

\_\_\_\_ Copies of current rental/lease agreement

\_\_\_\_ Copies of canceled checks, bank statements, or credit card statements verifying payment of rent/lease

\_\_\_\_ Explanation of the percentage of space costs/use by your program

Who will be responsible for submitting the documentation to the Food Bank?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate priority of this request here and on cover sheet: #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATIONS SUPPORT BUDGET PAGE: **DISPOSABLES** Amount Requested **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Disposable supplies necessary to the provision of emergency food may be funded. This includes, but is not limited to:

* paper/plastic bags
* disposable plates, cups, and dinnerware
* plastic wrap and aluminum foil
* cardboard boxes and food containers

Supplies not necessary to the provision of food, such as office supplies, toilet paper, and cleaning materials are **not fundable.**

*\*Disposable food safety and sanitation supplies such as aprons, gloves, and hand soap are* ***not fundable****. These supplies are available for free from the Food Bank. Please contact Michelle Mengel ext. 239 to have these supplies added to your Food Bank order for free.*

1. List the specific disposable items you plan to buy with the grant, the amount of each, and the estimated total cost. (Attach an additional sheet if necessary - cost documented must equal or exceed amount requested)

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Amount** | **Total Cost per Item** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  | Total Amount Requested: | **$** |

2. Of the total amount of money received last year to cover your program’s disposable expenses, what amount came from the following sources?

|  |  |
| --- | --- |
| **Source** | **Amount** |
| Food Bank HPNAP OS Grant | **$** |
| Church/Organization Funds (part of annual budget) | **$** |
| Other (please specify) | **$** |

3. How would the requested grant funds support or improve your program’s ability to provide food assistance to people in need? Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

\_\_\_\_ Copies of vendor invoices (or itemized cash register receipts)

\_\_\_\_ Copies of canceled checks, bank statements, or credit card statements to document use of these funds

Who will be responsible for submitting the documentation to the Food Bank?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate priority of this request here and on cover sheet:**  #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATIONS SUPPORT BUDGET PAGE: **TRANSPORTATION** Amount Requested **$**\_\_\_\_\_\_\_\_\_\_\_\_­­\_

NOTE: Costs for the transportation of food from source to your program may be funded. This may include payments to rent/lease vans or mileage reimbursement at up to the federal reimbursement rate per mile. Costs for delivering food to pantry recipients are not fundable.

1. Please describe how you plan to use the requested funds for transportation of food to your program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1a. How often will your program be transporting food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. Who will be transporting the food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1c. What is the expected total number of miles to be traveled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Of the total amount of money received last year to cover transportation expenses, what amount came from the following sources?

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| Food Bank HPNAP OS Grant |  | **$** |
| Corporate/Foundations Grants |  | **$** |
| Local Donations (individuals) |  | **$** |
| Church/Organization Funds (part of annual budget) |  | **$** |
| Other (please specify) |  | **$** |

3. How would the requested grant funds support or improve your program’s ability to provide food assistance to people in need? How much food (estimate pounds or cases) will you transport?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applying to rent or lease a truck, please attach the following:**

* Two (2) quotes from separate truck rental companies.
* A copy of your current contract and payment receipts.

This grant DOES NOT cover the cost of mileage or gas when renting a truck. Rental Truck receipts must show payment to be accepted.

4. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

\_\_\_\_ Copies of receipts from rental agency (for rental/lease reimbursement)

\_\_\_\_ Copies of canceled checks, bank statements, or credit card statements to document payment of rental/lease

\_\_\_\_ Mileage log showing dates, destination, odometer readings and mileage traveled (for mileage reimbursement)

Who will be responsible for submitting the documentation to the Food Bank?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate priority of this request here and on cover sheet:** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATIONS SUPPORT BUDGET PAGE: **CAPITAL EQUIPMENT** Amount Requested **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Your program may request funding for new food service equipment items essential to your emergency food operations. Food service equipment should have a useful life of two (2) years or more and a unit cost of $300.00 or more. The OS grant will not fund building alterations, wiring or plumbing work, or any other installation costs. Your program is responsible to pay for any alteration and installation costs. Equipment items purchased with this grant are property of the New York State Department of Health.

Funds for equipment grants are limited. If applying for funding for more than one (1) equipment item, prioritize your funding requests 1-6, with #1 as the greatest need through #6 as the least. If requesting duplicate items, i.e. two (2) freezers, list each unit singly and prioritize each one.

1. List the name and type of equipment item(s) you are requesting, the price per item and priority of request.

|  |  |  |
| --- | --- | --- |
| **Name & Type of Equipment Item(s)** | **Price per item** | **Priority Number (1,2,3, etc.)** |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
| **Food Service Capital Equipment Total:**  *\*must equal total equipment funds on page 9: Summary of Requested Funds* | \***$** |  |

1a. Attach at least **two (2) vendor price quotes for each equipment item requested**. The price for the item(s) requested need to be based on an actual quote, not on a temporary sale price. If possible have the vendor guarantee the equipment price. If 2 quotes are not provided, your request will not be considered.

2. How would the requested grant funds support or improve your program’s ability to provide food assistance to people in need? Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How will your program pay to cover any costs for installing, operating, maintaining and securing the requested equipment item(s)? Please be specific. \*The OS grant will not cover these costs.

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4. Check which form(s) of documentation your program can provide to verify the use of the OS grant funds:

\_\_\_\_ Copies of vendor invoices and payment receipts

\_\_\_\_ Copies of canceled checks, bank statements, or credit card statements to document use of these funds

Who will be responsible for submitting the documentation to the Food Bank?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*All awarded purchases must be made after July 1, 2017. Receipts dated before July 1, 2017 will not be accepted and awarded funds must be returned to the Food Bank.***