2024– 2025 PERIOD 2 HPNAP RESOURCES FOOD GRANT & OPERATIONS SUPPORT APPLICATION GUIDANCE

Food Bank of Central New York

The New York State Department of Health
Hunger Prevention & Nutrition Assistance Program (HPNAP)
July 1, 2024 – June 30, 2025
Period 2

MAY 6, 2024
FOOD BANK OF CENTRAL NEW YORK

HPNAP Food Grant and Operations Support Application Timeline		
May	5/6/24	Application Available
May	5/31/23	Completed Applications Due
June	TBD	Award Announcements

Introduction

The Hunger Prevention and Nutrition Assistance Program (HPNAP) was established as the Supplemental Nutrition Assistance Program (SNAP) Homeless and Destitute Program in 1984 to assist in the provision of nutrition services for homeless or destitute populations who are at risk for nutrition-related illnesses. The Program name was changed to Hunger Prevention and Nutrition Assistance Program in 1997 to highlight the Program's focus on food and nutrition.

HPNAP provides supplemental funding and nutrition technical assistance to a network of emergency food programs (EFPs), consisting of food banks, soup kitchens, food pantries, and other non-profit organizations. HPNAP and other government support provide funds for operating costs and for nutritious foods that may not be donated by other sources. The Program's resources are used to increase the availability of nutritious food, improve the operation of food relief efforts, and target additional services to high-need areas.

Program Mission

The Hunger Prevention and Nutrition Assistance Program, in partnership with Emergency Food Programs, is dedicated to improving the health and nutrition status of people in need of food assistance in New York State. The program accomplishes this by:
- Enhancing the accessibility and availability of safe, nutritious food and food-related resources
- Developing and providing comprehensive nutrition and health education programs
- Monitoring needs and issues related to food security to strengthen program effectiveness
- Empowering people to increase their independence from Emergency Food Programs.

Eligibility

To apply for HPNAP resources through a Resource/Grant Distribution or Food Bank Contractor an Emergency Food Program (EFP) must meet the following eligibility requirements:
- Must have been in operation providing emergency food service to the population of a specific geographic area for at least six (6) continuous months; and
- Must be a 501 (c) (3) entity or be sponsored by a 501 (c) (3) entity.

It is not necessary for an EFP to be a food bank member to receive HPNAP Operations Support, Purchased Food, or Food Safety resources. However, a food bank membership is required to receive HPNAP-supported donated foods. Eligibility for HPNAP is not the same as eligibility for food bank membership.

The awarded EFP must provide emergency food services to all persons regardless of race, creed, color, sex, sexual orientation, national origin, age, disability, or marital status. HPNAP encourages programs to be open to all community residents by targeting funding to organizations providing food assistance that is "open to the public".

1

"Open to the public" definition: Food assistance provided through a food pantry, soup kitchen, or shelter/residence program that is inclusive of all populations without regard to gender, race, color, ethnicity, age, nationality, citizenship, marital status, sexual orientation, religious affiliation, income, disability, and health status. Open to the public operations do not exclude any population group described above from receiving assistance upon first or repeat requests for food.

- o Operating as open to the public does not affect the organization's ability to limit services to a particular geographic area, establish frequency of requests for assistance, or limit the number of individuals the organization can feed (based on funding).
- o EFP must provide food free of charge or obligation to all people at all times who present themselves as in need whether this be the first request or a repeat request for food.

EFPs preparing and/or serving meals on site must have a permit or have submitted an application for a permit to operate a food service establishment from the NYS Department of Health Bureau of Community Sanitation and Food Protection, or from their applicable local Department of Environmental Health office.

Scope of HPNAP Funding

Food Line of Credit (LOC), awards provide funding on account with Food Bank of Central New York to awardee agencies for the purpose of ordering nutritious food items identified on Food Bank's menu. Food Bank policy and procedures apply.

Operations Support (OS) awards provide funding to agencies currently providing emergency food to low-income and/or food-insecure New Yorkers. Submission of an OS application does not guarantee that funding request(s) will be granted. OS awards may supplement funds in the following operational areas: staff costs, utilities, space costs, food service paper products / other disposables, and transportation costs.

Staff Costs

Only direct service workers may be funded. This includes persons actually engaged in the serving or storing of food such as cooks, kitchen help, pantry workers, and food service or storage area cleanup persons. Administrative personnel such as bookkeepers and directors, or non-food workers such as maintenance workers are not fundable.

Utilities

Food service work or storage area utility costs such as heat, water, and electricity may be funded. Trash and recycling removal, pest control services, sewer charges as well as telephone costs and costs associated with other non-food service or storage areas are not fundable.

Space Costs

Costs for currently occupied space for direct emergency food service or storage areas may be funded. Space shared with other programs is to be prorated to compute the portion used for emergency food service. Costs for administrative offices are not fundable. OS may fund rent or user fees, but may not be used to pay mortgage payments or any payment in excess of actual charges to the EFP. Pantries may not pay "rent" to their not-for-profit or religious institution sponsor.

Food Service Paper Products and Other Disposables
Non-durable / disposable supplies necessary for the provision of emergency food may be funded. This includes, but is not limited to, paper/plastic bags, disposable plates, disposable cups and dinnerware, plastic wrap, aluminum foil, cardboard boxes, and food containers. Supplies that are not required for the provision of food, such as office supplies, toilet paper, and cleaning materials are not fundable.

- ***Please note:*** *Disposable food safety and sanitation supplies such as aprons, gloves, hairnets, and hand soap are not fundable. However, the Food Bank of Central New York often provides these supplies at no cost to HPNAP-eligible agencies.*

Transportation
Costs for the transportation of food from the source to the EFP site may be funded. This may include payments to rent or lease vans (rent/lease options) or mileage reimbursement up to the federal reimbursement rate for the mileage option. Costs for delivering food from the EFP site to pantry clients are not fundable.

Food Service (Capital) Equipment
An EFP may request funding for new food service equipment items essential to their emergency food operations. Priority will be given to the following items: refrigerators, freezers, stoves, ovens, metal shelves, metal storage cabinets, 3-compartment sinks, hand washing sinks, hand trucks, exhaust hoods, & fire suppression systems (if required by code in the specific facility) which are necessary to maintain the ***current operations*** of an emergency food program. The funds may ***NOT*** be used to purchase disposable items, used or reconditioned equipment, office equipment, computer hardware, air conditioners, heating units, fans, dehumidifiers, vehicles, wooden or plastic shelving, or cabinets, custom-made appliances/equipment, small electrical appliances or kitchen utensils. The equipment grant can cover reasonable delivery fees. OS grant will ***NOT*** fund building alterations, wiring or plumbing work, other installation costs, or removal/disposal fees for old equipment.

Timeline
The grant application period is May 6th, 2024 – May 31st, 2024. To be considered for funding, all applications must be received by the Food Bank by 4:00 p.m. on May 31st, 2023. Applications submitted electronically are time-stamped and must be submitted before 4:00 PM on May 31st, 2023. Applications received after 4:00 PM on May 31st, 2023, will not be considered.

Acceptable Submission Methods
Applications will be accepted in any one of the following ways.
- Electronically
  - Online form located at foodbankcny.org
- In Person
  - Paper applications will be accepted at Food Bank's reception desk
    Food Bank of Central New York
    7066 Interstate Island Road
    Syracuse, NY 13209
- USPS (note – a postmark is NOT proof of timely delivery)
  - Paper applications will be accepted via US Mail at
    Food Bank of Central New York
    7066 Interstate Island Road
    Syracuse, NY 13209

Application Scoring
Points are accumulated based on the application's compatibility with NYSDOH HPNAP goals. The maximum score for this application is 50 points.

Funding Formula
To fairly and equitably allocate funds to awardees, the following factors will be included in the formula used to determine funding levels:
- application score;
- community poverty rate; and,
- reported service numbers

Award Limitations
The contract with the New York State Department of Health, Hunger Prevention and Nutrition Assistance Program, has imposed limitations on this award. Approval of applications and funding requests is not guaranteed. Agencies should not consider HPNAP funding as part of their annual budget. HPNAP awards are supplemental to the food programs' regular food and operations budget and should not be considered 100% of funding for any category.

Award Determinations & Allocations
Award amounts and availability dates are dependent on funding being both approved and released by New York State. _Not all applications will be awarded._ Funding decisions will not be announced before June 20, 2023. Awardees will be notified of a decision and award amount offered when they receive an HPNAP Grant Packet. Award funds will not be available until the funds are released by the NYSDOH _**AND**_ a signed _"Award Notification & Grant Agreement"_ has been accepted and signed by the awarded food program. **In any situation, funds will _not_ be available before July 1, 2024– regardless of score, need, or returned agreement status.**

Notice of Right to Appeal
All decisions made regarding this application request may be appealed within 20 days of the postmark on the award notification. A written appeal must be submitted to the Food Bank of Central New York's Executive Director at the address below. Appeals will be issued a response within 60 days of receiving the appeal.

Food Bank of Central New York
7066 Interstate Island Road
Syracuse, NY 13209
Attention: HPNAP Processing - Appeals

Information your agency will need to complete this grant submission is listed below.

For Food LOC:
- annual food budget;
- knowledge of EFP operations; and,
- knowledge of meal packages.

Operation Support:

For all Operation Support categories, please know the annual budget expense of a category and be able to answer questions related to the upcoming year's anticipated budget amount and an amount your agency is requesting to be granted by the HPNAP program. Information for specific expense categories is listed below.

- *Staffing:*
  - *Hourly rate of covered employment position (food worker);*
  - *total annual budget; and,*
  - *job description.*

- *Utilities:*
  - *amount of total building square footage;*
  - *percent of square footage being used by the food program for food storage and distribution; and,*
  - *a face sheet from a recent utility bill (within 3 months).*

- *Rent / Lease Costs:*
  - *annual rent/lease cost;*
  - *monthly rent/lease cost breakdown;*
  - *and, a copy of the lease / rental agreement.*

- *Transportation:*
  - *mileage rate;*
  - *estimated annual miles;*
  - *and, total annual budget;*

- *Disposables:*
  - *items requested; and,*
  - *budgeted amount.*

- *Capital Equipment:*
  - *two quotes for **each unique piece** of equipment applied for within this application.*

General HPNAP Terms & Conditions

By accepting the grant award(s) funded by the New York State Department of Health, Hunger Prevention and Nutrition Assistance Program (HPNAP), your agency agrees to:

- Provide service without discrimination against any person because of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation, including gender identity or expression, unfavorable discharge from the military, or status as a protected veteran.
- Provide services without requiring work, classes, proof of ID, proof of income, or need; allow recipients to self-certify need.
- Post the Food Bank Program and Guest Bill of Rights visibly and ensure rights are afforded to all guests or clients.
- Adhere to food safety standards and offer a minimum nutrition standard for all meals and food packages.
- Record and submit monthly service numbers to the Food Bank by the tenth of the following month of service.
- Demonstrate how the awards were used by providing the requested documentation.
- Provide services to anyone who presents themselves as in need of service.
- Maintain client confidentiality. HPNAP-funded programs are not allowed to share individual client data with anyone except authorized personnel of the New York State Department of Health and Food Bank of Central New York.
- Routine or unannounced visits from a Food Bank and New York State Department of Health representative.
- Follow all required documentation dates and provide identified information upon request.
- Notify the Food Bank of any changes to service or hours.

Additionally, programs designated and funded as food pantries agree to:
- Provide a food package that is scaled to the size of the household
- Implement a level of client choice into the food distribution model.

Food Bank of Central New York reserves the right to revoke or suspend HPNAP funds not used for their intended purpose or in a way that diminishes safe food storage or distribution. Food Bank also reserves the right to suspend or revoke HPNAP funding for agencies found in non-compliance with the Award Notification & Grant Agreement or for agencies found to have misrepresented themselves in their applications for HPNAP funding.

All decisions regarding funding awarded under this agreement may be appealed within 20 days of the postmark on notification by submitting a written appeal to the Food Bank of Central New York's Executive Director at the address below. Appeals will be issued a response within 60 days of receipt. Appeals must be made in writing, clearly stating the reason for the appeal, justification, and suggested remedy. Appeals must be mailed to Karen Belcher, Executive Director - Food Bank of Central New York, *7066 Interstate Island Rd. Syracuse, New York 13209 Attention: HPNAP Appeals*

Food Grant Line of Credit Grant Award

By accepting the grant award(s) funded by New York State Department of Health, Hunger Prevention and Nutrition Assistance Program (HPNAP), your agency understands:

- The Food Bank will use the Food Grant Awards to establish a line of credit for partner agencies to acquire nutritious foods, which will be available through the Food Bank.
- The line of credit may be used to access nutritious donated or wholesale foods. Foods covered by this grant are noted with an asterisk (*) on the Food Bank menu. HPNAP Food Lines of Credit funds will not be applied to paper products or cleaning supplies.
- When this agreement is returned to the Food Bank of Central New York, and funds are released by the New York State Department of Health (DOH) a food line of credit will be available to the account.
- All food must be ordered and received (delivered) at your agency by **May 31, 2025**
- Food Bank reserves the right to revoke funds not used by your agency in a timely manner or for reasons related to abuse of the funds or inability to meet the requirements of this agreement. Your food grant award balance can be found at the bottom of your monthly statement from the Food Bank labeled, "24-25 HPNAP Food Grant 5/31." If you receive additional food grant awards through the Food Bank, funds that must be spent sooner will be applied toward your bill first.

Operations Support Grant Award
The following conditions and terms apply to awards for staffing, utilities, space, transportation, and disposables.
By accepting the grant award(s) funded by the New York State Department of Health, Hunger Prevention and
Nutrition Assistance Program (HPNAP), your agency understands:

- OS grant awards will be entirely issued when the Grant Agreement is returned
- OS grant award funds may only be used for approved (awarded) expenditures between July 1, 2023, and May 31, 2024.
- OS grant award funds may *NOT* be used for unapproved expenses or expenditures.
- Recipient agency must provide complete documentation for all OS grant awards by May 31. 2024.
- Food Bank reserves the right to suspend, decrease the award amount, or terminate the award(s) due to non-compliance with this grant agreement or the Agreement/Release Criteria for Food Bank Partner Agencies and request reimbursement for funds spent inappropriately at any time during the grant period.
- Operations Support & Equipment award(s) are based on the application submitted for your agency.
- Although the fiscal year runs through June 30, 2024, to ensure all funds are spent in a timely manner, funds must be paid and documented by **May 31, 2024.**
- **Failure to provide completed documentation on time may delay an agency from receiving future awards.**
- **Failure to provide completed documentation on time may require the HPNAP award recipient to reimburse the Food Bank of Central New York for the grant award.**

Capital Equipment Terms & Conditions
By accepting the grant award(s) funded by the New York State Department of Health, Hunger Prevention and
Nutrition Assistance Program (HPNAP), your agency agrees to:

- Purchase and pay for the approved equipment immediately. Equipment must be operational by September 15, 2023.
- Pay the costs to install and for any reasonable repairs to maintain the equipment in good condition for its useful life span (usually ten years). OS grant funds will not cover any equipment installation, repair, transfer, or disposal costs.
- Equipment must be used only to provide food to people in need and must be located at the site of the emergency food program.
- Be responsible for damage or loss of the equipment. Your agency should insure the equipment against fire, theft, and damage. Inform the Food Bank immediately if equipment is damaged, stolen, or out of service.
- The equipment is the property of New York State. Awards for equipment must cover 100% of the item(s) cost. Should your agency's partnership with the food bank be terminated, all equipment purchased with OS funds will be recovered from your agency.
- Request authorization through the Food Bank before transferring, relocating, or disposing of the funded equipment;
- Hold the State of New York and Food Bank of Central New York harmless from any and all claims, costs, expenses (including attorney's fees), losses, and liabilities of whatsoever nature arising out of, or in connection with, the purchase, delivery, installation, acceptance, rejection, ownership, possession, use, operation and condition of any of the funded equipment.

2023-2024 HPNAP Award Important Dates

July 1, 2024	**New Fiscal Year for HPNAP 24-25 Period 2 Begins.**
September 2024*	Operation Support, Equipment, and awards disbursed.
September 30, 2024	Final date to return HPNAP 24-25 Period 2 Agreements. Unclaimed awards will be forfeit.
May 31, 2025	All documentation due for 2024 – 2025 HPNAP Operation Support and Equipment awards.
May 31, 2025	All food using HPNAP funding must be delivered by this date.

∗Funding will be available when the New York State Department of Health has released the funds.
PLEASE CONFIRM THE AVAILABILITY OF FUNDS BEFORE PLACING FOOD ORDERS.

Tips for Managing Your Award:
- Submit only complete documentation (please review pg. 6 & 7).
- Please submit documentation when completed; do not wait until the due date; your submission will be accepted once it is finished.
- Email submissions will be accepted in a .pdf format only at agencyinfo@foodbankcny.org
- Hard copy (paper) submissions should be mailed to Food Bank of Central New York, 7066 Interstate Island Road, Syracuse, New York 13209. Attention: HPNAP Processing
- Please mark any documents/receipts you mail or upload with your five-digit account number.
- Late submissions or missing documentation may delay future awards.
- The Food Bank of Central New York must approve cost overruns for capital equipment. HPNAP equipment is 100% owned by the New York State Department of Health; matching funds or non-HPNAP funds may not be used to cover cost overruns.

2023-2024 Eligible Expense Chart

AWARD CATEGORY	ELIGIBLE EXPENSES
Staff	Only direct service worker wages may be funded. This includes persons serving or storing food, such as cooks, kitchen helpers, pantry volunteers, and food service or storage area cleanup persons. **NOTE:** Fringe benefits (health insurance, vacation/sick time, family leave, etc.) are not fundable.
Utilities	Heat, water, or electricity utility costs for food service and storage. **NOTE:** Trash, recycling, and sewer services are not fundable.
Space	Costs for currently occupied space for direct emergency food service or storage areas where a formal agreement in place may be funded. Space shared with other programs will be prorated to compute the portion used for emergency food service. Food programs may not "rent" space from their parent agency.
Disposables	Non-durable/disposable supplies, such as paper/plastic bags, disposable plates, cups and dinnerware, plastic wrap and aluminum foil, cardboard boxes, and food containers, are necessary for providing emergency food. **NOTE:** Disposable food safety and sanitation supplies, such as aprons, gloves, and hand soap, are not fundable but available through the Food Bank.
Transportation	Costs for transporting food from the source to the emergency food program may be funded. This may include mileage reimbursement up to the federal reimbursement rate (mileage option) or payments to rent or lease vans (rent/lease option). For the 24-25 FY, mileage reimbursement for home deliveries is eligible for the Transportation category. **NOTE:** Gas charges are not reimbursable.
Capital Equipment	New food service equipment is essential to emergency food operations. The OS grant can cover reasonable delivery fees. **NOTE:** Your agency may only purchase the equipment approved in your OS grant award.
Fresh Produce	Produce provided by Food Bank and described as "Fresh" on the menu

Updated 4/2024

2024-2025 Documentation Standards

AWARD CATEGORY	DOCUMENTATION REQUIRED	
Staff	1. Copies of timesheets or timecards showing hours worked **AND** 2. Copies of payroll registers or canceled payroll checks. **NOTE:** Staff cannot keep their time records and pay themselves.	
Utilities	1. Copies of utility bills showing full invoice amount and service period, **AND** 2. Copies of canceled checks or bank statements verifying payment. **NOTE:** Programs that share space with other programs/organizations will only be reimbursed for their percentage of total building utility usage as reported in grant applications. Budget billing is not fundable.	
Space	1. Copies of the current rental/lease agreement showing coverage of the grant period, which must include the monthly payment amount due **AND** 2. Copies of canceled checks or bank statements verifying payment. **NOTE:** Programs will not be reimbursed for rent paid to their parent agency.	
Disposables	1. Copies of itemized invoices/receipts of items purchased **AND** 2. Copies of canceled checks, bank statements, or credit card statements verifying payment	
Transportation	Personal Vehicle	1. Copy of travel log showing dates, destination, odometer readings, and miles traveled **NOTE:** Log must be signed by both staff member and agency supervisor
	Rental Vehicle	1. Copy of the rental contract with an invoice **AND** 2. Copy of canceled check, bank statement, or credit card statement verifying payment
Capital Equipment	1. Copy of vendor invoice, **AND** 2. Copy of canceled check, bank statement, or credit card statement verifying payment	

Updated 4/2024

2023 – 2024 HPNAP Period 2 Award Application

Full Title:

2024 – 2024 Period 2 Hunger Prevention and Nutrition Assistance Program (HPNAP) Application for Funding

Application Available: May 6th, 2024
Completed Application Due by: May 31, 2024 4:00 PM

The Hunger Prevention and Nutrition Assistance Program (HPNAP) was established in 1984 as a result of public health concerns about nutrition-related illnesses among persons in need of food assistance. HPNAP, in partnership with organizations that serve the hungry, is dedicated to reducing long-term chronic disease risk and improving the health and nutritional status of people in need of food assistance by:

- Providing funding and other support to enhance the accessibility and availability of safe, nutritious food and food-related resources.
- Developing and providing comprehensive nutrition education programs.
- Monitoring and assessing customer needs and hunger-related issues to strengthen the Program's effectiveness.
- Empowering people to decrease their dependence on emergency food assistance programs.

Submission Instructions

Applications may be submitted electronically via this form. If submitted electronically, you will receive a confirmation email at the email you provided on this application.

Paper applications will also be accepted at the Food Bank's main office, 7066 Interstate Island Road, Syracuse, NY 13209.

All applications are due in the office by May 31, 2024, at 4:00 PM. Late submissions will not be accepted.

Note: Please do not mail a copy of your printed submission to the Food Bank if you have submitted it online. Electronic submissions will receive an automatically generated confirmation.

General Instructions

Please answer each question about the activities and practices in which your food program participates. Failure to completely answer a question or section will affect the overall score and available funding opportunities.

- If you are not currently a Food Bank of Central New York partner agency, please be prepared to provide additional not-for-profit documentation.
- If you are applying for Operation Support or Equipment, you will need supporting information such as:
    - A recent copy of a utility bill if applying for utility assistance.
    - Your lease or space rental agreement if applying for Rent / Lease assistance.
    - Payroll information if applying for Staffing assistance.
    - For the Equipment award, provide two different quotes from separate vendors for each piece of equipment.

2023 – 2024 HPNAP Period 2 Award Application

Scoring

Each application will be scored based on the answers provided, with a maximum application score of 90. The maximum number of possible points for each question is posted next to the question. Additionally, up to 10 points will be added to the application's final score based on the percentage of individuals served by your program compared to other programs in your county (your Service Impact Score).

Example: Application Score 73 + Service Impact Score 8 = Total Score 81

Please answer all questions that apply to your food program type. Blank, partial, or incomplete responses will not receive points.

General Section

Q1. Are you a current Food Bank partner?
☐ Yes ☐ No

Q2. Food Bank Account [   ] Number

Q3. Eligible Food Program Type
☐ Food Pantry   ☐ Kids Cafe
☐ Soup Kitchen   ☐ Shelter

2023 – 2024 HPNAP Period 2 Award Application

Non Partner Questionnaire

Please complete the following information if you are not a Food Bank partner. Incomplete applications or failure to document nonprofit status under section 501(C)(3) will result in a denied application.

The following organizations are eligible to apply:
- Emergency Food Programs (EFPs) that have been operating for a minimum of 6 continuous months.
- Emergency Food Programs (EFPs) that have a Nonprofit status under section 501(C)3 of the Internal Revenue Code.

Organization (501 (C)(3)) Name

EIN

e.g., 23

Has the Applicant Food Program Been Operational for Six Consecutive Months?

◯ Yes   ◯ No

501 (C) (3) or Church Mailing Address

Street Address

Please Select ▾

City   State

Zip Code

Organizational Website www.sample.org

501 (C)(3) or Church Contact Information

First Name   Last Name

Email   Phone Number

(000) 000-0000

example@example.com   Please enter a valid phone number.

Additional information may be required to demonstrate the applicant organization's eligibility to receive an award. If the application is awarded, a Food Bank representative will contact you to ensure that any additional information is collected.

2023 – 2024 HPNAP Period 2 Award Application

General Information

Food Program's Name:

County Location

Mailing Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Is the mailing address the same as the site address?

⚪ Yes   ⚪ No

Site Address

Street Address

City

State / Province

Postal / Zip Code

Name of Person Completing Application

First Name

Last Name

Email of Person Completing Application

example@example.com

Phone Number of Person Completing Application

Funding Worksheet for Emergency Food Programs

The following budget worksheets are optional and will not be scored as part of the grant application. Please use them to help calculate a request for a dollar amount for this grant.

Instructions for Worksheet Use

The following budget worksheet is **<u>optional</u> and will not be scored as part of the grant application.** Please use this sheet to help calculate a request for a proportionate dollar amount for this grant.
You should use the previous six months' expenses as a base for the food program and consider the average number of people accessing the program. When you have a number for the last six months, please double that number and determine what percentage of your support you would like to apply for.

IMPORTANT NOTE: HPNAP funding supplements your local emergency program's efforts and should not be considered a sole means of support. HPNAP funds are limited to the amount allocated in the New York State Budget for fiscal 24-25.
Local Food Purchases
Items you purchase periodically from a local store, club, or vendor. This may include specialty items such as gluten-free, Halal, or other foods you are unable to source at the Food Bank.
Food Bank Purchases (non-grant covered)
Purchases made at the Food Bank that were not covered by a grant.
Estimated Value of Donated Foods
How much have donated items received from the community offset your food budget? It is recommended to use a value (Feeding America currently uses $1.67 per pound)
Disposables (donated or purchased)
Items such as bags, boxes, meal containers, or other supplies necessary to distribute food or meals.

How do I know how much funding I should request?
Considering your calculated expenses, please subtract your local support or fundraising efforts to reach an amount to request from the HPNAP application. An example would be:

Sample Food Budget: $30,000
Sample Local (non-Food Bank) Food Support: $22,000.00
Sample HPNAP Request for 24-25: $8,000.00

Note: A request for funding does not guarantee an award in that amount. Available funding is based on the NYS budget and other factors, such as the number of applicants. Applications are scored on responses to this application.

2023 – 2024 HPNAP Period 2 Award Application

Item	Amount	Percent of Budget
Local Food Purchases		
Food Bank Purchases (not covered by a grant)		
Estimated Value of Donated Foods		
Total Food Value		
Disposables (donated or purchased)		
Utilities Expenses		
Building Maintenance / Lease or Rent Expense		
Equipment Expenses		
Transportation Expense		
Administration Expense		
Staffing Expense		
Other Related Expenses		
Total Emergency Food Program Operating Budget		

2023 – 2024 HPNAP Period 2 Award Application

GA 1. Is the food program accessible under ADA guidelines? (1 pt. max.)
- ☐ Yes
- ☐ No - but we make accommodations
- ☐ No - we don't take access into consideration

GA 2. Are the food program's days and hours posted somewhere visible when it is not open? (1 pt. max.)
☐ Yes   ☐ No

GA 3. Did you survey neighbors (clients) about their dietary / food needs between July 1, 2023, and today? (2 pt. max.)
- ☐ Yes, we verbally asked clients about their needs and preferences   ☐ No
- ☐ Yes, using paper or electronic surveys

GA 4. Did you survey neighbors (clients) about your services between July 1, 2023, and today? (2 pt. max.)
- ☐ Yes, we verbally asked clients about their experiences.
- ☐ Yes, using paper or electronic surveys.
- ☐ No

Engagement & Collaborations

GA 5. Have you attended any local or regional meetings on hunger issues to collaborate with other food programs? (Max 4 pts.)
☐ Yes   ☐ No

GA 6. Please list the meeting name & dates attended. *

Meeting	Date

GA 7. Did someone from your food program attend the Food Bank's 2023 Annual Agency Conference? This response is not scored.
☐ Yes   ☐ No

GA 8. If not, please share any barriers to attending with us. This response is not scored.

2023 – 2024 HPNAP Period 2 Award Application

Instructions
Food pantry program applicants must complete this section by fully answering questions FP1 – FP 10. Incomplete or missing answers will reduce the application score.

FP 1. Please indicate the open hours on the chart below. A client(s) may enter your agency to receive emergency food assistance during open hours. If your food program is by appointment, please indicate which days and hours staff and volunteers are willing to accept appointment times. (Max points:30)

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sunday
8 AM - 9 AM	☐	☐	☐	☐	☐	☐	☐
9 AM - 10 AM	☐	☐	☐	☐	☐	☐	☐
10 AM - 11 AM	☐	☐	☐	☐	☐	☐	☐
11 AM - 12 N	☐	☐	☐	☐	☐	☐	☐
12N - 1 PM	☐	☐	☐	☐	☐	☐	☐
1 PM - 2 PM	☐	☐	☐	☐	☐	☐	☐
2 PM - 3 PM	☐	☐	☐	☐	☐	☐	☐
3 PM - 4 PM	☐	☐	☐	☐	☐	☐	☐
4 PM - 5 PM	☐	☐	☐	☐	☐	☐	☐
5 PM - 6 PM	☐	☐	☐	☐	☐	☐	☐
6 PM - 7 PM	☐	☐	☐	☐	☐	☐	☐
7 PM - Later	☐	☐	☐	☐	☐	☐	☐

FP 2. Frequency of open hours. (Max 10 pts).

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun
Each Week	☐	☐	☐	☐	☐	☐	☐
2 Time / Mo.	☐	☐	☐	☐	☐	☐	☐
1 Time / Mo.	☐	☐	☐	☐	☐	☐	☐

2023 – 2024 HPNAP Period 2 Award Application

Meal Package Description

Please tell us about the meal package your food pantry program provides. Please select the answer that is the closest description.

FP 3. Meal Package (Max 5 pts.)
☐ 3 Day or 9 Meals Per Person   ☐ 7 Day or 21 Meals Per Person   ☐ 5 Day or 15 Meals Per Person

FP 4. How often during the 23-24 HPNAP award year (July 1, 2023—today) have you been able to provide fresh produce? (Max 5 pts.)

☒ Most days, 3 - 4 items of fresh produce are available.
☐ Most days, there are some fresh produce items available.
☐ There is sometimes fresh produce available.
☐ We are never able to have fresh produce.

FP 5. How often have you been able to provide fresh dairy items during the 23-24 HPNAP award year (July 1, 2023—today)? This includes Fluid milk, yogurt, cream, cheese, etc. (Max 5 pts).

☐ Most days, 3 - 4 items of fresh dairy are available.
☐ Most days, there are some fresh dairy items available.
☐ There is sometimes fresh dairy available.
☐ We are never able to have fresh dairy.

FP 6. Are you sourcing and providing easy-to-open or easy-to-prepare items in consideration of those without housing (homeless populations)? (Max 5 pts).

◯ Yes   ◯ No

Food Bank of Central New York

FULL CLIENT CHOICE

Food pantry set up like a mini supermarket. Guest touch and select their own foods, making selections such as brands, container types (canned/boxed or frozen vs. canned)

☐ Clients can shop like a grocery store

☐ Clients select items from tables, like at a farmers' market

MODIFIED CLIENT CHOICE

Clients can choose from a menu OR clients tell volunteers what they want and the volunteers select and bag/box the foods for the clients.

☐ Pantry has a prepared list; clients indicate their preferences.

☐ Pantry has a prepared list; clients select from the exact items that are available from that list.

☐ Pantry prepares some basic boxes, but clients select the remaining items from either a list OR from tables.

LIMITED CLIENT CHOICE

Choices offered between different types of pre-packaged bags and boxes OR limited choice (five or less) selection items.

☐ Pantry prepares a variety of boxes; clients make a selection from multiple box types.

☐ Pantry prepares packages with an additional five or less options for clients to choose from.

FP 7. Which description best describes the Client Choice level at the applicant program? (Max12 pts.)

○ Full Client Choice

○ Modified Client Choice

○ Limited Client Choice   ○ No Client Choice

NOTICE

To remain eligible for HPNAP funding, food pantries must participate in a level of Client Choice and must provide a food package that meets the minimum of 9 total meals per person in the household.

Service Areas

Food bank-partnered food pantries can designate their own (geographical) service areas based on the resources of the partner agency's food program. Each partnered food pantry must notify the Food Bank of their service area. That information is kept on file and used to make referrals to neighbors in the community. Food pantries should not adjust their service areas.
Please select the geographical or physical boundaries determining your food pantry's service area. Additional questions will help us obtain the information for each chosen description.
Knowing the food pantry's exact service area will assist the Food Bank with the allocation of available resources.

Service Areas
Food bank-partnered food pantries can designate their own (geographical) service areas based on the resources of the partner agency's food program. Each partnered food pantry must notify the Food Bank of their service area. That information is kept on file and used to make referrals to neighbors in the community. Food pantries should not adjust their service areas. Please select the geographical or physical boundaries determining your food pantry's service area. Additional questions will help us obtain the information for each chosen description.

FP 8. Food Pantry Service Area (pick the closest description. (Max 10 pts.).
☐County ☐City ☐ Town ☐Zip Code(s)
☐Village / Hamlet ☐School District ☐Street Boundaries
☐A configuration that includes multiple ☐None - there is no service area

FP 9. If you have street boundaries for a service area, please describe your street boundaries.

FP 10. Please share any additional information about your service area that Food Bank should know.

Soup Kitchen or Meal Site Questionnaire

Soup kitchens or meal sites must answer this section completely. Blank responses will not receive points and will reduce the score of this application. A copy of the current meal service permit and a recent one must also be attached.

Days & Meal Types Provided
Please indicate the days and meal types that are provided.

SK 1. Please indicate the meals provided. (Max 21 pts)

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Breakfast	☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐	☐	☐

SK 2. Please indicate the frequency of the meals provided. (Max 21 pts)

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Each Week	☐	☐	☐	☐	☐	☐	☐
2 Time / Mo.	☐	☐	☐	☐	☐	☐	☐
1 Time / Mo.	☐	☐	☐	☐	☐	☐	☐

SK 3. How many entrees are available at each meal? (Max 4 pts.)

☐ One (1) ☐ Two (2) ☐ Three (3)

SK 4. How many items of fresh produce are typically available at a meal service? (Max 5 pts.)

☐ One (1) ☐ Two (2) ☐ Three (3) ☐ None (0)

SK 5. When preparing your menu, do you consider any of the following? (Max 14 pts.)

☐ Dairy Free Options ☐ Gluten Free Options ☐ Vegetarian Options ☐ Soy-Free

☐ Low Sodium ☐ Sugar-Free ☐ Whole Wheat

SK 6. Do you provide extra (complete) meals for clients to consume later? (Max 3 pts.)

☐ Yes ☐ No

SK 7. Do you provide to-go (complete) meals for those unable to consume at a congregate site? (Max 3 pts.)

☐ Yes   ☐ No

SK. 8 Are volunteers or staff providing home delivery of (complete) to-go meals? (Max 4 pts.)

☐ Yes (4 points)   ☐ No

A copy of a recent menu and food service permit must be attached.

Questionnaire for Emergency Shelters

Applications for funding from emergency shelters must be completed in this section. Please answer each question thoroughly. Blank responses will not be scored, which will reduce this application's score.

SH 1. Please select the type of Shelter Program

☐Homeless (General) ☐Veteran's Shelter ☐Domestic Violence (DV) ☐Youth

SH 2. What is the length of shelter stay? (Max. 9 pts.)

☐Temporary - (1 night)

☐Short-term - (Up to six months)

☐Longer term - (More than 6 months).

SH 3. Please select the days you provide meals. Please only make the selection if you consistently provide that meal every week. (Max 39 pts)

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Breakfast	☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐	☐	☐

2 points for each weekday meals, 3 points for each weekend meals.

SH 4. Please select the type of meal services provided: (Max 5 pts)

☐Meals are prepared by external volunteers or shelter staff.

☐ Residents prepare meals for themselves.

SH 5. Who determines what foods to prepare? (Max 5 pts.)
☐ Clients via direct input (selection form)
☐ Staff
☐ Clients are surveyed frequently about food preferences and meal types

SH 6. Do you consider any of the following when preparing your menu? (Max 7 pts)

☐ Dairy Free Options   ☐ Gluten Free Options   ☐ Vegetarian Options   ☐ Soy Free

☐ Low Sodium   ☐ Sugar-Free   ☐ Whole Wheat

SH 7. How many fresh produce items are typically available at a meal service (max 6 pts.)?

☐One (1)   ☐Two (2)   ☐Three (3)

SH 8. Does OTDA license you. OCFS or OASIS? (Max 6 pts.)

☐ Yes   ☐ No

SH 9. Does the shelter receive a per diem reimbursement from NYS? (Max 3 pts).

☐ Yes   ☐ No

SH 10. If yes, per diem amount.

$

Scope of This Application

Operations Support (OS) awards fund agencies providing emergency food to low-income or food-insecure New Yorkers. Funds may not be used as start-up costs for new activities or new staff positions. Submitting an Operations Support application does not guarantee your total funding request(s) will be granted. OS funding supplements an organization's current operating funds.   OS grants are awarded for one or a combination of the six (6) expenditure categories: staffing costs, utility costs, space costs, food service disposables, transportation, and food service equipment.

Award Limitations

Approval of Operations Support applications and funding requests is not guaranteed. Agencies should **not** consider Operations Support funding as part of their annual budget.

- OS awards may not be used to support any activity where the primary purpose is to distribute foods not obtained with their HPNAP line of credit (e.g., USDA commodity, TEFAP, or EFAP foods).
- Do not request payment for items for which the EFP is not responsible. For example, an organization must pay rent to another entity to receive OS funding for rent.
- Equipment purchased with an OS grant is the property of the New York State Department of Health, not the purchasing or recipient agency.

Documentation

Each grantee organization must maintain complete documentation of how OS funds were spent. The grantee must establish through written records that expenditures took place during the award period in accordance with the OS Budget. Written documentation of expenditures, such as canceled checks, receipts, paid invoices, lease agreements, utility bills, timesheets, payroll or stipend records, floor plans, and staff lists, is necessary to establish that expenditures are reasonable, traceable, and appropriate. Electronic records are also acceptable. Expenditure verification may be requested if supportive documentation submitted is inadequate or lacks clarity. The grantee must maintain these records for seven (7) years after the end of the grant period, and these records are to be accessible to authorized Food Bank or Department of Health staff upon request.

2023 – 2024 HPNAP Period 2 Award Application

Grant Cycle

All operations support **expenditures must take place during the funding period from July 1, 2024, to May 31, 2025.** The grantee is responsible for paying any amount greater than the awarded amount for any line item of an OS award. If actual expenditures exceed the awarded amount, the grantee organization will have until 06/01/25 to return all unexpended funds to the Food Bank of Central New York.

The information for operation support is not scored. OSE Funds will be prioritized to the EFPs that score the highest on the general HPNAP application.

Please select the category of operation support you are applying for. Please check all that apply.

- [ ] Staffing
- [ ] Disposables
- [ ] Lease or Rent
- [ ] Utilities
- [ ] Transportation
- [ ] Equipment

Instructions

Funds for OSE grants are limited. Applicants should prioritize their needs and only request essential support. Please indicate the priority of your OSE request by moving each line in order, 1-6, with (1) one being the most important. Please use each number (1-6) only once. Applications with blank priorities will not be considered.

Please rank by number (1-6) the priority of each award category request.

Request	Priority (1-6)
Staffing	
Lease / Rent Support	
Equipment	
Transportation	
Disposables	
Utilities	

Food Bank
of Central New York

Operation Support Application for Staffing Costs

Staff Costs: Only direct service workers may be funded. This includes persons engaged in serving or storing food, such as cooks, kitchen help, pantry volunteers, and food service or storage area cleanup persons. Administrative personnel such as bookkeepers and directors or non-food workers such as maintenance workers are not fundable. Funds may not be used for new staff positions or stipends.

Documentation Required: timecards, supported by copies of canceled payroll checks, copies of the payroll register, or copies of 1099 or W-2 forms.

	Pay Rate	Hours Per Month in Food Program	Monthly Total
Staff Person			
Staff Person 2			

Staffing amount being requested as part of this application.

$

Operation Support Application for Utility Expenses

Utility Expenses: Food service work or storage area utility costs such as heat, water, and electricity may be funded. Trash and recycling removal and sewer charges, as well as telephone costs and costs associated with other than food service or storage areas, are not fundable. (Note: Water may only be funded for meal sites/soup kitchens.) *Utility expense funds may not be applied to budget billing.*

Utility Documentation: copies of utility bills supported by copies of canceled checks verifying payment of the bills and explaining the percentage of utility bills charged to the OS grant. Prorated (e.g., "prepay" or "balanced") billing payment options are not acceptable. Utility funds must be used for actual expenses incurred.

Utility Type (Please select all you would like to apply for funding).

☐ Electricity   ☐ Gas / Heating Fuel

☐ Water (Meal Sites Only)

	Total Monthly Cost	Square Footage of Total Building	Square Footage of Food Service & Storage Area
Electricity			
Gas / Fuel			
Water (Meal Sites Only)			

Amount Being Requested on This Application

$

Please attach a recent copy of each requested utility's face sheet. Failure to submit a copy will result in the application not being considered.

Operation Support Application for Food Service Disposables

Food Service Disposables and Other Supplies: non-durable/disposable supplies necessary for emergency food provision may be funded. This includes but is not limited to, paper/plastic bags, disposable plates, cups and dinnerware, plastic wrap, aluminum foil, cardboard boxes, and food containers. Some durable, non-disposable items may also be funded. Items must be necessary to provide, safely handle, and safely transport emergency food. Requests for non-durable items must include a written specific justification for the need for such items. Supplies that are not necessary for the provision of food, such as office supplies, toilet paper, and cleaning materials, are not fundable.

Supplies needed to distribute take-out meals will be an eligible expense in the 2024-2024 HPNAP Grant Period 2.

Documentation for Food Service Disposables and Other Supplies: Vendor invoices or register receipts identifying the items purchased are required. Canceled checks supporting these purchases is also be required.

Please select the eligible items being requested for in this application.

☐ Paper Bags   ☐ Plastic Dinnerware

☐ Plastic Foil or Wrap   ☐ To-Go Containers

☐ Other

If you select "Other" please describe.

[   ]

Annual Budget for These Items   Requested Amount for Disposables.

[   ]   [   ]

Operation Support Application for Transportation Expense

Transportation: Costs for transporting food from the source to the EFP site may be funded. Transportation costs may include payments to rent or lease vans (rent/lease option) or mileage reimbursement at up to $0.67 per mile for the mileage option. Due to COVID-19 impacts, costs for delivering food from the EFP site to the pantry or meal recipients may be permitted.

- If the vehicle rent/lease option is used, all records documenting the payment of funds to the renting agency are to be retained. Vehicles must be cargo-type vans or trucks; payments to EFP staff or volunteers for using personally owned vehicles are not allowable.
- If the mileage option is used, EFP staff or volunteers may be reimbursed for actual mileage incurred on personally owned vehicles. A log showing dates, destination, and odometer readings will be submitted to the Food Bank.
- Regardless of the method used, the EFP must retain records (receipts, invoices, bills of lading, etc.) sufficient to prove that the transportation charged to the state was required to move food from the source to the EFP site. Incomplete documentation will result in the loss of state funds.

Please describe the reason for the transportation cost. Be specific.

Operation Support Application for Rent or Space Costs

Space Costs: costs for currently occupied space for direct emergency food service or storage areas may be funded. Space shared with other programs will be prorated to compute the portion used for emergency food service. Costs for administrative offices are not fundable. OS may fund rent or user fees but may not be used to pay mortgage payments or any payment in excess of actual charges to the EFP. Please refer to this document's "Administration and Documentation" section for further guidelines.

Space Costs Documentation: Copies of current rental/lease agreements supported by copies of canceled checks are required. Additional documentation may also be requested, such as floor plans, percentages of space costs/use, and an explanation of the use of OS funds.

Important Note: Sponsor organizations or churches are not eligible for space awards if they are the not-for-profit sponsor of the emergency food program.

Annual Space Cost (monthly rent X 12).

Amount of Space Used for Food Storage & Distribution

Total Space in the Building

Amount Requested as Part of This Application.

A copy of the current year's lease or rental agreement must be attached. Failure to submit a copy will result in the application not being considered.

Operation Support Application for Food Service (Capital) Equipment

Food Service (Capital) Equipment: An EFP may request funding for new food service equipment items essential to their emergency food operations. The requested equipment must be new, preferably commercial grade, and meet state and local sanitation and fire safety code requirements. Priority will be given to the following items: refrigerators, freezers, stoves and ovens, metal shelves, metal storage cabinets, 3-compartment sinks, hand washing sinks, hand trucks, and exhaust hoods & fire suppression systems (if required by codes in the specific facility) which are necessary to maintain the current operation of an emergency feeding site. The funds may NOT be used to purchase disposable items, used or reconditioned equipment, office equipment, computer hardware, air conditioners, heating units, fans, dehumidifiers, vehicles, wooden or plastic shelving or cabinets, custom-made appliances/equipment, small electrical appliances, or small kitchen utensils. The OS grant can cover reasonable delivery fees. Food Service Equipment awardees should ensure that delivery charges will cover the cost of delivering the equipment to the exact location of the equipment, e.g., the freezer is delivered to the inside placement of the EFP, where it will be used to store food. OS grants will NOT fund building alterations, wiring, plumbing work, or other installation charges. The agency is responsible for paying alteration and installation costs.

Food Service (Capital) Equipment Documentation: a copy of the vendor invoice, payment receipt, or other proof of payments must be maintained.

Will the requested equipment replace old equipment, or will it increase your program's ability to provide additional food choices?

☐ Increase food choices   ☐ Replace Existing

	Item Type	Quote 1 Estimate	Quote 2 Estimate
Item 1			
Item 2			
Item 3			

Total Equipment Amount Being Requested

$

2023 – 2024 HPNAP Period 2 Award Application

Signatory Page

☐ **I have reviewed the 2024 – 2025 HPNAP Period 2 Grant Agreement**

☐ **I declare that the statements and answers in this application are true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the revocation of funds and my program's ineligibility for future awards.**

☐ **I understand that this is an application. Actual funding amounts are not guaranteed. I understand that any awards resulting from this application may be funded fully, in part, or not at all. Actual award amounts may vary based on the funding made available by the New York State Department of Health.**

_____

Name (First & Last)

_____

Title

_____

Email

_____

Phone

_____   _____

Signature   **Date**