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Food Bank of Central New York
2018-2019 Extension Capital Equipment (CE) Grant Application
*Funded by: New York State Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)*

(Please type or clearly print all responses)

Applications will be accepted on a rolling basis, while funding is available.

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

PART A: Program Information

1a. Name of Emergency Food Program: _____

Name of Program Coordinator: _____

Site Address: _____ Zip Code: _____

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

3a. Mailing Address: _____ Zip Code: _____

Phone Number: _____ Email: _____

**** Please share information with appropriate individuals within your agency.**

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)

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Capital Equipment (CE) Application

PART B: Equipment Request

Grants are awarded on a competitive basis. Capital Equipment funding is to supplement an organization's current operating funds. Submission of an application does not guarantee your agency's funding request(s) will be granted.

Capital Equipment: _____ Amount Requested \$ _____

NOTE: Your agency 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 or more. The CE grant will not fund sales tax, building alterations, wiring or plumbing work, or any other installation costs. Your agency 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 agency's funding requests 1-3, with #1 as the greatest need through #3 as the least. If requesting duplicate items, i.e. two (2) freezers, list each unit singly and prioritize each one.

B 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 CE Total: <i>*must equal total equipment funds on page 9: Summary of Requested Funds</i>	*\$	

B 2. 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 agency's request will not be considered.**

PART C: Grant Impact & Administration

C 1. How would the requested grant funds support or improve your agency's ability to provide food assistance to people in need? Please be specific.

C 2. How will your agency pay to cover any costs for installing, operating, maintaining and securing the requested equipment item(s)? Please be specific. *The CE grant will not cover these costs.

C 3. Check which form(s) of documentation your agency can provide to verify the use of the CE 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

C 4. Number of Individuals Served between July 1, 2018 - June 30, 2019 _____

****All awarded purchases must be made between November 1, 2019-May 30, 2020.***

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 agency's application.

Signature of Program Coordinator

Date