



2023 – 2024 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, 2023 – June 30, 2024
Period 1

APRIL 1, 2023
FOOD BANK OF CENTRAL NEW YORK

HPNAP Food Grant and Operations Support Application Timeline		
April	4/10/23	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, 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”.

“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.

- 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).
- 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 / disposables supplies necessary for the provision of emergency food may be funded. This includes, but is not limited to, paper/plastic bags, disposables plates, disposables 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. These supplies are often available for HPNAP eligible agencies, at no cost, through Food Bank of Central New York.

Transportation

Costs for the transportation of food from source to 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 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, meal 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 April 10th – May 31st, 2023. All applications must be received by the Food Bank by 4:00 pm on May 31st, 2023 to be considered for funding. Applications submitted electronically are electronically 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 deliver)
 - 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 applications 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

Limitations of this award have been imposed by the contract with the New York State Department of Health, Hunger Prevention and Nutrition Assistance Program. Approval of applications and funding requests are 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 10, 2023. Awardee's will be notified of a decision and award amount offered when they receive a 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, 2023 – 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 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 package.

Local Produce:

- Annual produce budget, separate from total food budget.

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 the most recent utility bill.*
- **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.*

2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

1. Instructions

Please review the HPNAP Resource Food Grant & Operations Support Guidance found on Food Bank's website.

Application Time Line:

Grant Open Period: April 10th - May 31st, 2023. All applications must be received by 4:00 pm to be considered for funding. Applications submitted electronically are electronically time-stamped and must be submitted before 4:00 PM on May 31st, 2023. Applications received after 4:00 PM on May 31st will not be considered.

Supplemental Nature of the HPNAP Award:

HPNAP awards are supplemental to the food programs regular food and operations budget, and should not be considered 100% of funding for any category.

Decisions:

Decisions on funding will be determined by the New York State budget process. Award amounts and dates available will be dependent on funding being both approved, and released, by New York State. No funding decisions will be announced before June 10, 2023.

Scoring:

This application is worth up to 50 points. A score of at least 25 points is required to be considered for funding.

**2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application**

2. Partnership Status

* 1. Are you a current Food Bank Partner?

☐ Yes

☐ No

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2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

3. Non-Partner Application Page

Please complete this section to establish that your organization is a not-for-profit organization eligible for HPNAP funding.

2. IRS Info

Not for Profit Name
(501 (C) (3) name)

Not for Profit EIN

3. Please upload a copy of your organizations IRS Letter of Determination

Please note: only a PDF or JPG will be accepted online.

Choose File

Choose File

No file chosen

4. 501 (C) (3) Contact Info

Name:

Email Address:

Phone Number:

5. 501 (C) (3) Mailing Address

Organization:

Address:

Address 2:

City/Town:

State/Province:

ZIP Code:

6. Food Program Site Address (if different than organizational mailing address)

Site Name:

Address:

Address 2:

City/Town:

State/Province:

ZIP Code:

7. Please Indicate the Type of Food Program

- ☐ Food Pantry
- ☐ Soup Kitchen / Meal Site
- ☐ Kids Cafe
- ☐ Bag Lunch Program
- ☐ Shelter

Other (please specify)

8. Has your food program been distributing food for more than 6 months?

- ☐ Yes
- ☐ No

9. Please indicate your food program's service numbers (individuals served) for the previous six months (by month)

October 2022	<div></div>
November 2022	<div></div>
December 2022	<div></div>
January 2023	<div></div>
February 2023	<div></div>
March 2023	<div></div>

**2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application**

4. Name and Account Information

10. Food Program Information

Food Program Name:

Food Program Account
/ HPNAP ID Number:

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2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

5. Operational Sustainability

11. Please indicate the **type and amount** of funding obtained during the calendar year 2022 to support the applicant food program. Please exclude any Food Bank directed support (grants, donations, etc.)

Donations:

Fundraising:

Corporate Support:

12. Budget Info

What is the food program's annual **food** budget?

What amount of HPNAP **food** funding is being requested in this application?

Note: A request for a specific amount of funding does NOT guarantee that amount will be awarded.

2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

6. Community Outreach & Impact

13. Is the food program open to the public? Please see instructions for HPNAP "Open to the Public" definition.

- ☐ Yes
- ☐ No

14. Is the food program accessible under ADA guidelines?

- ☐ Yes - Fully
- ☐ No - But we make accommodations for people with disabilities
- ☐ No - We don't take access into consideration

15. Are the food program's days and hours posted in a place visible when the program is not open?

- ☐ Yes
- ☐ No

16. How do you survey (collect & record info) clients (at least annually) about their dietary (food) needs?

- ☐ Verbally: clients are informally asked about their food needs
- ☐ Paper Forms: clients are asked to formally indicate their food needs on paper
- ☐ Other (please specify)

17. How do you survey (collect & record info) clients (at least annually) about the food program's days and hours?

- ☐ Verbally: clients are informally surveyed about the days and hours of the program
- ☐ Paper Forms: clients are asked to formally indicate their preferences on paper survey
- ☐ Other (please specify)

18. Does your food program or agency distribute hand-out information for any of the following services or programs?

- ☐ SNAP
 ☐ Housing
- ☐ WIC
 ☐ Transportation
- ☐ Health Care / Medical Services

19. Please indicate the hours your food program is open by day (example: Saturday 10AM - 2 PM)

Sunday:	<input type="text"/>
Monday:	<input type="text"/>
Tuesday:	<input type="text"/>
Wednesday:	<input type="text"/>
Thursday:	<input type="text"/>
Friday:	<input type="text"/>
Saturday:	<input type="text"/>

20. Please indicate the frequency of days your food program is available.

	Each Week	Bi-Weekly (2x's per month)	Every Other Week (changes depending on the month)	Monthly (1 time each month)
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Please indicate the any additional services or items supplied by your food program.

- ☐ Hygiene Products
- ☐ Baby Supplies
- ☐ Clothing Items

22. Please indicate the type of food program being described in this application.

- ☐ Food Pantry
- ☐ Soup Kitchen
- ☐ Shelter

2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

7. Questions for Food Pantry Applicants

Please only complete this section if you are applying as a food pantry.

23. Do you have a copy of the "Declaration of Service," provided by Food Bank posted where clients can view?

- ☐ Yes
☐ No

Client Choice Levels:

Some level of client choice is required of all HPNAP food pantry awardees. See descriptions below.

Full Client Choice

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

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.

Limited Client Choice

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

24. Please indicate your model of Client Choice distribution model.

- ☐ Full Client Choice
☐ Modified Client Choice
☐ Limited Client Choice

25. How often can client households receive food?

- ☐ Once per week
☐ Bi-weekly
☐ Monthly

26. Please select the **best** description for your services area.

- ☐ County
- ☐ School District
- ☐ Town / City
- ☐ Village
- ☐ Neighborhood or Streets
- ☐ Unrestricted

27. Do you assign points for clients to select from?

- ☐ Yes
- ☐ No

To be eligible for HPNAP funds, awardees **must** scale the food package to the size of the household being served. For example, you cannot provide a household of one person with the same food package as a household of four persons.

28. Declared Meal Package

- ☐ 3 - day / 9 Meals per person in the household
- ☐ 5 - day / 15 Meals per person in the household
- ☐ 7 - day / 21 Meals per person in the household

The meal package refers to the type and quantity of meal(s) provided to clients seeking assistance. For HPNAP purposes, a meal is made up of 1 serving of protein, 2 servings of fruit and vegetables, and 1 serving of grain. This could include a dairy option. For food pantries, "meals" refer to the number of meals that must be made available for each person in the household who is requesting help.

2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application

8. Prepared Meal Sites / Soup Kitchens

Please only complete this page if you are applying as a meal site, soup kitchen, bag lunch program or Kids Café.

29. Does your meal site have a current county issued health permit for serving food?
(REQUIRED)

- ☐ Yes
☐ No

30. What meals does the meal program serve?

- ☐ Breakfast
☐ Lunch
☐ Dinner

31. How many entrees are available to select from at each meal?

- ☐ One
☐ Two

32. What is the service type?

- ☐ Sit down meal
☐ To-go meal
☐ Both

33. Is the USDA's My Plate guideline followed when offering meals?

- ☐ Yes
☐ No

34. Do you offer to- go snacks such as yogurt, fruits, or trail mix, or other nutritious items?

- ☐ Yes
☐ No
☐ When Available

35. Do you consistently offer clients extra "to-go" meals (complete meals)?

- ☐ Yes
☐ No

36. Do you deliver meals to client's homes?

- ☐ Yes
☐ No

37. If you provide delivery, about how many **deliveries** were made between July 1, 2022 and March 31, 2023.

- ☐ 0-100
☐ 101-250
☐ 251 +
☐ N/A

38. How do you post your menu for clients to see? Please select all that apply.

- ☐ Online through social media.
☐ On a board or other place where clients can view at the meal distribution site.
☐ We don't post a menu.

39. How do you alert clients about possible allergens in food ingredients?

- ☐ Ingredients are posted at every meal.
☐ Items with common allergen ingredients are marked.
☐ Volunteers know - clients just have to ask.

40. How do you alert clients about ingredients that may violate religious dietary practices?

- ☐ Ingredients are posted at each meal.
☐ We don't serve items that commonly violate religious practices.
☐ Volunteers know - clients can ask a volunteer.

2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application

9. Shelter

Please only complete this page if you are applying as a shelter program.

41. Is the site licensed to operate as a shelter by New York State?

- ☐ Yes
☐ No

42. What meals are offered each day?

- ☐ Breakfast
☐ Lunch
☐ Dinner

43. Meal Preparation ..

- ☐ Is done by shelter staff.
☐ Is done by shelter residents.

44. Do you receive a per diem for shelter residents?

- ☐ Yes
☐ No

45. If you receive a per diem, what is the amount?

46. Who selects food items to be stocked in the shelter?

- ☐ Residents
☐ Staff

47. Do you consider nutrition, dietary, or religious preference when selecting and preparing food items?

- ☐ Yes
☐ No

**2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application**

10. Operations Support

* 48. Would you like to apply for HPNAP Operations Support?

☐ Yes

☐ No

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2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

11. Capital Equipment Section

Please complete this section only if you are applying for equipment to use within your emergency food program. Due to funding limitations, some request may not be funded at all. Two separate quotes are required for each item requested.

49. What Equipment are you requesting?

Item 1

Item 2

Item 3

50. What is the Cost for Each Equipment Item

Item 1 Cost

Item 2 Cost

Item 3 Cost

51. Item 1 Quote 1

Please note: Only PDF and JPG files will be accepted.

Choose File

Choose File

No file chosen

52. Item 1 Quote 2

Please note: Only PDF and JPG files will be accepted.

Choose File

Choose File

No file chosen

53. Item 2 Quote 1

Please note: Only PDF and JPG files will be accepted.

Choose File

Choose File

No file chosen

54. Item 2 Quote 2

Please note: Only PDF and JPG files will be accepted.

Choose File

Choose File

No file chosen

55. Item 3 Quote 1

Please note: Only PDF and JPG files will be accepted.

Choose File

Choose File

No file chosen

56. Item 3 Quote 2

Please note: Only PDF and JPG files will be accepted.

Choose File

Choose File

No file chosen

57. Please tell us how this equipment (if awarded) will impact your ability to provide nutritious food items for people in need.

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2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

12. Staffing Support

Please only complete this page if you are applying for staffing support to supplement the cost of your food program's staffing needs. Staffing awards may only be used to pay hourly wages of regular employees. Due to funding limitations, some request may only be partially funded or not funded at all.

58. Staffing Support Information

Annual Staffing Budget:	<input type="text"/>
Hourly Staff Payment Rate:	<input type="text"/>
Hours worked supporting the Food Program Monthly:	<input type="text"/>
Total Amount Requested:	<input type="text"/>

2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

13. Utility Support

Please complete this page ONLY if you are applying for utility support to supplement your food program's annual budget. Due to funding limitations, some request may only be partially funded or not funded at all.

59. Please enter the amount of utility support being requested (by category). Please note, the category total cannot exceed \$6,000.00.

Annual Electricity

Cost:

Portion of Site Space
Being Supported by
this Utility:

Amount Requested:

60. Gas / Heating / Fuel Expenses

Annual Gas / Heating /

Fuel Expense Cost:

Portion of Site Space
Being Supported by
this Utility:

Amount Requested as
Part of This
Application:

61. Water Expenses (meal sites / soup kitchens only)

Annual Gas / Heating /

Fuel Expense Cost:

Portion of Site Space
Being Supported by
this Utility:

Amount Requested as
Part of This
Application:

62. Please upload a copy of your most recent utility bill's face sheet.

Choose File

Choose File

No file chosen

2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application

14. Transportation

Please complete this page ONLY if you are applying for transportation support to supplement your food program's annual budget. Due to funding limitations, some request may only be partially funded or not funded at all.

63. Transportation Funding Amount Requested

Mileage

Reimbursement Rate:

Annual Transportation
Budget:

Annual Mileage
(estimated):

Amount Requested as
Part of This
Application:

64. Please share the reason for the transportation cost. Be specific.

2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application

15. Rent / Lease Support

Please complete this page ONLY if you are applying for lease or rent support to supplement your food program's annual budget. Due to funding limitations, some request may only be partially funded or not funded at all.

65. Rent / Lease Costs Information

Annual Rent / Lease
Cost:

Percent of Rented /
Leased Space being
used for food
distribution / storage:

Amount of Rent /
Lease Costs Applying
For as Part of This
Application:

66. Please upload a copy of your lease or rental agreement.

Choose File

Choose File

No file chosen

2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

16. Food Service Disposables

Please use this section to apply for food service disposables. Please see the 2023-2024 HPNAP Resource Application Guidance for details about covered expenses.

67. Food Service Disposables

Annual Budgeted
Amount:

Amount of
Disposables Costs
Applying For as Part of
This Application:

68. Please select the eligible items being requested for by this application

- ☐ Paper bags
- ☐ Plastic dinnerware
- ☐ Plastic wrap or foil
- ☐ To-go food containers
- ☐ Other (please identify)

**2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application**

17. Operation Support Priority

If you are requesting any type of operation support, please prioritize each of your request. For example, if your most pressing need is a new refrigerator, please mark the Capital Equipment request #1 on the scale below. Write N/A if not requesting funding for that area.

69. HPNAP Operation Support and Capital Equipment Request Ranking

- ☐ Capital Equipment
- ☐ Utilities
- ☐ Transportation
- ☐ Lease / Rent Support
- ☐ Staffing Support
- ☐ Disposables

2023 - 2024 HPNAP Resources Food Grant & Operations Support
Application

18. Local Produce Award

Please use the following questions to apply for the Local Produce Award. Due to funding limitations, some request may only be partially funded or not funded at all. Please note: Local Produce Award is separate from both the Food LOC & Operation Support & does not impact either of those award categories.

70. Please tell us about your food program distributions and the inclusion of fresh produce.

Annual amount spent
on produce (out of
organization):

Amount being
requested as part of
this application:

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2023 - 2024 HPNAP Resources Food Grant & Operations Support Application

19. Declaration Page

Please certify the following statements before submitting your application.

* 71. I have read and understand the instructions on page 1 of this application.

☐ Yes

* 72. I have downloaded (or printed) and read the 2023-2024 Period 1 HPNAP Grant Agreement

☐ Yes

* 73. I declare that the statements made in this application are true and accurate to the best of my knowledge. I understand that any false or misleading statements may result in the revocation of funds and ineligibility for future opportunities.

☐ Yes

* 74. I understand that this is an application. Actual funding amounts are not guaranteed and may be funded fully, in-part, or not at all. Actual award amounts may vary based on the amount of funds made available for the 2023-2024 year by the NYS Department of Health, and the results of this application for funding.

☐ Yes

* 75. Person Completing Application

Name:

**Organization / Food
Program:**

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Email Address:

Phone Number:

All decisions made regarding this application may be appealed within 20 days of the postmark on notification by submitting a written appeal to 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

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