

2018-2019 HPNAP Seed Grant

Grant Documentation Submission Form

Page _____ of _____

For the Period: _____ to: _____

Agency Name: _____

Agency Number: _____

Total Award: \$ _____

For Purchases of Produce:

	Date of Purchase	Grower/Vendor Name & City	Amount of Produce (lbs)	Document Type	Document Amount	Form of Payment	Proof of Payment	Grant Expenditure Claim (\$)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
<u>Total Produce Expenditure Claim This Period:</u>								

For Purchases of Supplies (only approved items in the notification letter):

	Date of Purchase	Vendor Name	Document Type	Document Amount	Form of Payment	Proof of Payment	Grant Expenditure Claim (\$)
1							
2							
3							
4							
<u>Total Supplies Expenditure Claim This Period:</u>							\$

Submitted by: _____ Date: _____

Signature: _____

Email: _____ Phone: _____

See page 2 for form instructions. For additional information see grant application, award forms, and documentation guidelines.

Food Bank Use Only:

Instructions for HPNAP Grant 2018-2019 Documentation Submission Form

1. Complete top portion of the form indicating the time period covered by the documentation being submitted, your 5-digit agency number, your agency name, and the total amount of your grant award.

2. Complete one line for each expenditure item submitted as follows:

Date of Purchase: The date of purchase should match the date indicated on the invoice or receipt.

Grower/Vendor Name & City: Record name of the Grower/Vendor where items were purchased. For produce purchases, include location of grower.

Amount of Produce: Record amount of NYS produce purchased for each respective invoice/receipt in **pounds**. Conversion charts for common fruits and vegetables are available on the Food Bank website.

Document Type: Identify which type of document you are submitting - VENDOR INVOICE or RECEIPT. Include Invoice number if available.

Document Amount: Record the total dollar amount of the invoice. This is not the amount you may actually be paying but the actual expense incurred per the invoice.

Form of Payment: Indicate whether the purchase was paid for with CASH (for produce purchased from a grower ONLY), CHECK or CREDIT CARD.

Proof of Payment: Identify what you are submitting as proof of payment - copy of CANCELED CHECK, BANK STATEMENT, or CREDIT CARD STATEMENT (personal credit cards are not acceptable form of payment).

Grant Expenditure Claim: Identify the dollar amount (what expenses) being claimed related to the documents shown on that line. This amount will not necessarily be the same as the invoice amount. Factors that may impact the claim will be purchase dates, non-qualifying items on invoices, etc. Attach additional forms as needed.

3. Total the Grant Expenditure Claim Column to determine the total amount being claimed on the form.

4. Please clearly print or type out your full name under *Submitted by*.

5. Sign and date the form.

6. Attach copies of all related documentation to the Grant Documentation Submission Form in the same order in which they are listed. If any numbers on the Grant Documentation Submission Form do not tie directly to the attached documents, please attach notations to show how the claim amounts were calculated.

7. To submit the form and legible copies of all related documents, please mail to:

Food Bank of Central New York
Attn: HPNAP Capital Equipment Grant Claim
7066 Interstate Island Road
Syracuse, NY 13209

OR fax to: (315) 434-9629

OR e-mail to: jcarta@foodbankcny.org

For questions, please contact the Finance Department at (315) 437-1899 ext. 269.