

2026 – 2027 HPNAP PERIOD 4 APPLICATION FOR FOOD & OPERATIONSUPPORT FUNDING



Application Available: April 6, 2026

Completed Application Due by May 15th, 2026, 4:00 PM – Late submissions will not be accepted.

The Hunger Prevention and Nutrition Assistance Program (HPNAP) was established in 1984 due to public health concerns about nutrition-related illnesses among persons needing food assistance. HPNAP, in partnership with organizations that serve people facing hunger, 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 neighbor's 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 15, 2026, 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 & copy of the application as submitted. If multiple copies are submitted, the most recent submission will be scored when the grant application closes.

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 application 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. The questions in this application are based on best practices and aligned with the goals of the New York State Department of Health, HPNAP.

If your location, site, or organization has more than one operational food program, you will need to submit one application for each program type that is applying. Applications are evaluated based on program function and cannot be combined.

Scoring

Each application's score will be based on the answers provided, with a maximum application score of 100 points for the application. The maximum number of possible points for each question is posted next to the question.

A minimum of 50 out of 100 points total score is required to receive a Food LOC Award application.

A minimum of 75 out of 100 points total score is required to fund an Operation Support Award application.

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

Available Awards

Awards will be made by scoring the responses in this application and applying a formula to determine a food line of credit, which can be used for eligible orders placed with the Food Bank.

Although this is a combined application, the Food Lines of Credit (LOC) and the Operation Support & Equipment award amounts are determined separately and do not impact the availability of funds for the other. Applicant organizations must specify whether they are applying for Food LOC, Operational Support, or both.

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Disclaimer

Misrepresentation of activities or any false claims made in this application may result in the revocation of any award or LOC of OSE proportionate to the misrepresentation and compel an exclusion from future award opportunities. Claims made in this award will be verified at the next annual site visit.

Scope of This Application

Food Lines of Credit Award

The Food Lines of Credit Award provide grantees with a line of credit at the Food Bank that can be used to supplement the agencies other food funding to obtain nutritious food items from the Food Bank.

Operation Support

The Operation Support Application provides applicants an opportunity to apply for funds to supplement specific categories of expenses: utilities, staffing, transportation, disposables, capital equipment, and rent. can indicate within the application if they want to apply for one or more categories.

Award Limitations

Food Line of Credit funding requests are not guaranteed to be approved. Agencies should not consider HPNAP Support funding as part of their annual budget.

Grant Cycle

All food and operations support expenditures (activities and payments) must take place during the funding period from July 1, 2026, to May 31, 2027.

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Not for Profit Information

Please complete the following information if you are ***not*** a Food Bank partner. Incomplete applications or failure to document nonprofit eligibility status under section 501(C)(3) will result in a denied application. Organizations are eligible to apply if they meet both of the following conditions:

- They are an emergency Food Programs (EFPs) that has been operating for a minimum of 6 continuous months; and,
- They maintain a designated nonprofit status under section 501(C)3 of the Internal Revenue Code.

Organization / Church's Legal Name:
EIN:

Check here if your organization is classified as a religious congregation and does not have an IRS issued EIN

Has the applicant's food program been operational for six consecutive months? Yes No

Organization / Church Mailing Address & Contact Information		
City	ST	ZIP
Website		
Contact Name		
Phone		
Email		

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

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Religious Organization Information

Certain characteristics are generally attributed to churches. These attributes of a church in this section have been developed by the IRS and by court decisions. These attributes are used to demonstrate eligibility to receive tax-deductible donations.

Religious Organization Name			
Title of Religious Leader			
Date of Founding	Day	Month	Year

Please describe your religious organization.	Yes	No
Do you have regular religious services?	<input type="checkbox"/>	<input type="checkbox"/>
Does your congregation have a defined and distinct ecclesiastical government?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an established place of worship?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a recognized creed and form of worship?	<input type="checkbox"/>	<input type="checkbox"/>
Does your congregation meet regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Has your congregation published literature of its own?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have religious instructions for youth?	<input type="checkbox"/>	<input type="checkbox"/>
Does your congregation have a distinct religious history?	<input type="checkbox"/>	<input type="checkbox"/>
Does your congregation have a membership that is not associated with any other congregation?	<input type="checkbox"/>	<input type="checkbox"/>
Are ordained ministers elected after completing prescribed courses of study?	<input type="checkbox"/>	<input type="checkbox"/>
Does your congregation have a distinct legal existence?	<input type="checkbox"/>	<input type="checkbox"/>
Does your church have a school for the preparation of ministers or religious leaders?	<input type="checkbox"/>	<input type="checkbox"/>

What Organization Ordained Your Religious Leader	
Date of Ordination	

Please describe your religious organization's governance.

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Food Program Information		
Food Program Name		
Food Program Mailing Address		
City	State	ZIP
Website		

Contact Name	
Phone	Email

Is the mailing address the same as the site (food distribution) address?

Yes No

Food Program Site Address		
City	State	ZIP
County		

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General Accessibility & Impact Questionnaire

GA 1. Is the food program accessible under ADA guidelines? (2 pts. max.)

- Yes
- No - but we make accommodations
- No

GA 2. Are the food program's days and hours posted in a place visible when the program is not open? (2 pt.)

- Yes
- No

GA 3. Did you survey neighbors (clients) about their dietary / food needs between July 1, 2025, and today?
(3 pt. max.)

- Yes, we verbally asked clients about their needs and preferences.
- Yes, using paper or electronic surveys.
- No

GA 4. Did you survey neighbors (clients) about your services between July 1, 2025, and today? (3 pt. max.)

- Yes, we verbally asked clients about their experiences.
- Yes, using paper or electronic surveys (please attach a sample of the survey).
- No

GA 5. How often have you been able to provide fresh produce during the 25-26 HPNAP award year (July 1, 2025 - Today)? (5 pt. max)

- Most days, 3 - 4 items of fresh produce are available.
- Most days, less than three fresh produce items are available.
- There is only sometimes fresh produce available.
- We are never able to have fresh

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GA 6. Do you provide referral information to neighbors seeking food assistance for other types of programming? Please indicate which types of information you provide. (6 pt. max)

Yes No

• GA 6.1 If yes, please indicate which information is currently available to your neighbors.

Health Care / Medica Services

Housing Assistance

Child Care Services

Continuing Education / Adult Education

SNAP

WIC

GA 7. Do you provide specialty food items such as gluten-free, sugar free, or other types of foods for people with dietary restrictions? (2 pts.)

Yes No

GA 8. Have you attended any local or regional meetings on hunger issues to collaborate with other food programs? (2 pts.)

Yes No

GA 9. How often have you been able to provide fresh dairy items during the 25-26 HPNAP award year (July 1, 2025 - Today)? This includes Fluid milk, yogurt, cream, cheese, etc. (Max 5 pts).

On service days, 3 - 4 fresh dairy items are always available.

On service days, less than three fresh dairy items are available.

There are usually 1 or 2 fresh dairy items available.

We are never able to have fresh dairy.

GA 10. Are your volunteer/staff food safety trainings current? *

Yes No

Note: HPNAP requires funded agencies to maintain up-to-date food safety training. Not being current with Food Safety Training may delay awards.

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Please fill out this section only if your food program operates as a **food pantry** program.

Food Pantry Questionnaire

For programs applying as a “food pantry,” please complete this section. Missing or incomplete information will reduce the score of this application.

FP 1. Please indicate the open hours on the chart below by placing a checkmark in the appropriate columns. A client(s) may enter your agency to receive emergency food assistance during open hours. If your food program is by appointment only, please indicate which days and hours staff and volunteers are willing to accept appointment times. Please do not include "Emergency Hours." (Max points:21)

FP 1.A Does your food pantry operate on an appointment only basis? Yes No

Time	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
8 – 9 AM							
9 -10 AM							
10 – 11 AM							
11 – 12 Noon							
12 – 1 PM							
1 – 2 PM							
2 – 3 PM							
3 - 4 PM							
4 – 5 PM							
5 – 6 PM							
6 – 7 PM							

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

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

FP 3. Meal Package (10 pts. max)

- 3 Day or 9 Meals Per Person 7 Day or 21 Meals Per Person 5 Day or 15 Meals Per Person

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FP. 4 How often can a household or individual receive services (full grocery package) from your program? (3 pts. max) Once Per month Bi-weekly (2xs per month) Weekly

FP 5. Do you provide additional visits for neighbors / households / individuals to get an additional emergency grocery package? (3 pts. max)

- Yes, up to 1 additional visit each month.
- Yes, when needed
- No – not able to provide that service.

FP 6. Do you have an on-call volunteer for food emergencies? (2pts. max) Yes No

- FP 6.1 Is your emergency number posted in a conspicuous place where it can be viewed by people seeking assistance? Yes No

FP 7. Which description best describes the Client Choice level at the applicant program? (Max 10 pts.)

- Full Client Choice – The Food Pantry is set up like a mini-supermarket. Guest selects their own foods, making selections such as brands and container types (canned / boxed or frozen vs. canned.)
- Modified Client Choice – Neighbors can choose from a menu OR clients tell volunteers what they want, and the volunteer selects and bag/box the foods for the neighbor. If choosing menu selection, it must be available to neighbors to modify at least 4 times per year.
- Limited Client Choice – Choices are offered between different types of pre-packaged bags and boxes OR limited choice (five or less) selection items.
- No Client Choice – none of these descriptions match how we distribute food.

FP 8. Are you sourcing and providing easy-to-open or easy-to-prepare items in consideration of those without housing (homeless populations)? (2 pts). Yes No

-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.

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Service Areas

Food bank-partnered food pantries in partnership before January 2025 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 without consulting the Food Bank.

Please select the geographical or physical boundaries that determine your food pantry's service area. Additional questions will help us obtain the information for each chosen description. Knowing the food pantry's service area will assist the Food Bank with allocating available resources.

FP 9. Food Pantry Service Area (10 pts. max)

Please pick the closest description that describes the areas from which you will accept neighbors. This information will be verified at your annual site visit.

- County City Town Zip Codes
- Village School District Street Boundaries A configuration that includes multiple categories
- None – there are no service area boundaries

From the selection above, please describe your service area.

Please share any additional information about your service area that Food Bank should be aware of.

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Please fill out this section only if your food program operates as a **soup kitchen, meal site or bag lunch** program.

Soup Kitchen & Meal Site Questionnaire

Instructions

Soup kitchens or meal sites must answer this section entirely. Blank responses will not receive any points and will reduce the score of this application. A copy of the current meal service permit and a recent menu must also be attached. Programs designated as Shelters or Food Pantries should NOT complete this section.

Days & Meal Types Provided

Please indicate the days and meal types that are provided.

SK 1. Please indicate the frequency at which meals are provided by meal type (21 pts. max)

Breakfast	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Every Week							
1 time/mo.							
2 times/mo.							
3 times/mo.							

Lunch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Every Week							
1 time/mo.							
2 times/mo.							
3 times/mo.							

Dinner	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Every Week							
1 time/mo.							
2 times/mo.							
3 times/mo.							

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SK 2. How many entrees are available at each meal? (Max 10 pts. max)

- One (1) Two (2) Three (3)

SK 3. Do you consider any of the following when preparing your menu? (9 pts. max)

- Dairy Free Gluten Free Low Sodium Low Sugar Whole Wheat Vegetarian
 Soy Free

SK 4. Do you provide extra (complete) meals for clients to consume at a later time? (10 pts. max)

- Yes No

SK 5. Do you provide to-go (complete) meals for those unable to consume at a congregate site? (10 pts. max)

- Yes No

SK 6. Are volunteers or staff providing home delivery of (complete) to-go meals? (10 pts. max)

- Yes No

Please remember to attach a copy of a recent menu and your health department permit to avoid delays in processing.

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Please fill out this section only if your food program operates as a shelter program

Questionnaire for Emergency Shelters

Instructions

Applications for funding from emergency shelters must be completed in this section. Please answer each question thoroughly. Blank responses will not be scored, reducing this application's score. To be eligible for funding, shelter sites must do one of the following:

- Have a space for neighbors to prepare food provided by the shelter; or,
- provide meals prepared by volunteers or staff for those neighbors in the shelter.

Note: shelter programs that provide grocery packages for neighbors to prepare off-site do not fit the HPNAP definition of a shelter and will not be funded as a shelter through this application.

SH 1. Please select the type of Shelter Program

- Homeless Veteran's Shelter Domestic Violence Youth

SH 2. What is the shelter's bed capacity? _____

SH 3. What is the length of shelter stay? (Not scored)

- Temporary (1 night) Short-term (up to six months) Long-term (more than 6 months)

SH 4. Please select the days you provide meals. Please only make the selection if you consistently offer that meal every week. (Max 21 pts)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							

SH 5. Please select the type of meal services provided: (Max 10 pts)

- Meals are prepared by external volunteers or shelter staff.
 Residents prepare meals for themselves.

- SH 5.1 Please attach a copy of a recent menu.

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SH 6. Who determines what foods to prepare? (8 pts. max)

- Clients via direct input (selection form) Staff
- Clients are surveyed weekly about food preferences and meal types.

SH 7. Do you consider any of the following when preparing your menu? (14 pts max)

- Dairy Free Gluten Free Low Sodium Low Sugar Whole Wheat Vegetarian
- Soy Free

SH 8. How many fresh produce items are typically available at a meal service? (Max 7 points)

- One (1)** **Two (2)** **Three (3)** **None (0)**

SH 9. Does OTDA, OCFS, or OASIS license the shelter? (Not scored)

- Yes No

SH 10. Does the shelter receive a per diem reimbursement from NYS? (10 pts. max)

- Yes No

- SH 10.1 If yes, per diem amount.

- SH 10.2 Name of agency paying per diem.

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2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



Introduction

The Hunger Prevention and Nutrition Assistance Program (HPNAP), a program of the NYS Department of Health (DOH), was established in 1984 because 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 improve 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 and 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.

Operations Support (OS) grants are a part of HPNAP funding which provide non-food support to eligible emergency food programs (EFPs), for such things as staff, utilities, space, disposables and food service (Capital) equipment. Grants are awarded on a competitive basis. The amount of an OS grant award is limited and is variable, based on annual State budget appropriations.

Eligibility

To be eligible to apply for HPNAP OS funds, an Emergency Food Program (EFP) must have been providing emergency food service for at least six (6) months at the time of application. An EFP must comply with the following eligibility criteria and be able to provide documentation of:

- nonprofit status under Section 501(c)3 of the Internal Revenue Code.
- possession of a Federal Tax Identification Number documented through a copy of US Department of Treasury, Internal Revenue Service correspondence indicating the organization's Federal Tax Identification Number.
- current tax exemption status; and
- proper food service permit, if offering ready-to-eat meals.

The Operations Support application contained in these documents identifies Food Pantries, Soup Kitchens, Bag Meal Programs, Shelters, and Youth Service programs as examples of potentially eligible service operations.

- Incorporation is not required to receive HPNAP OS funds.
- EFPs with existing direct New York State Department of Health HPNAP contracts are ineligible.
- Membership with the Food Bank of Central New York is not required to submit an OS application.

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Scope of This Application

OS funding is to supplement an organization's current operating funds. Funds may not be used as start-up costs for new activities or new staff positions. OS grants are awarded for one or a combination of the following six (6) expenditure categories:

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 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**.

Utilities: 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**.

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, with the portion used for emergency food service prorated. 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 more than actual charges to the EFP.

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

Supplies needed for the distribution of take-out meals will continue to be eligible for funding during the 26-27 HPNAP Period 4 Award year.

PLEASE NOTE: Disposable food safety and sanitation supplies such as aprons, gloves, and hand soap are periodically available for free from Food Bank at no cost and will not be eligible to claim under the Disposables Award.

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 option) or mileage reimbursement up to 72.5 cents per mile for the mileage option. Costs for delivering food from EFP site to pantry recipients may be permitted due to COVID impacts. Costs for picking up food at the Food Bank are **not fundable**.

A. 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 the use of personally owned vehicles are **not** allowable.

B. If the mileage option is used, EFP staff or volunteer may be reimbursed for actual mileage, incurred on personally owned vehicles. A log showing dates, destination, and odometer readings is to be turned into the Food Bank/United Way.

Regardless of the method used, the EFP must retain records (receipts, invoices, bills of lading, etc.) sufficient to prove that the transportation charged to HPNAP was required to move food from source to the EFP site. Incomplete documentation will result in the loss of state funds.

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Food Service (Capital) Equipment: An EFP may request funding for new food service equipment items essential to their emergency food operations. 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, or other items which are necessary to maintain the current operation of an emergency feeding site. The OS grant can cover reasonable delivery fees. Food Service equipment awardees should ensure that delivery charges will cover the cost to deliver the equipment to exact location where the equipment will be utilized, e.g., 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, or plumbing work, or other installation charges. The agency is responsible for paying alteration, installation costs, and in some cases delivery costs.

If you need assistance in selecting the appropriate equipment, please contact the Agency Relations Coordinator at the Food Bank. Agencies considering an appliance request should be sure the building where the equipment will be located has sufficient electrical capacity, plumbing capability, space, ventilation, and entry way clearance for the desired equipment.

Funds for equipment grants are limited, so applicants are required prioritize their needs and only request essential equipment. Applicants must obtain at least two vendors price quotes for each piece of equipment requested. The request is to be based on an actual quote, not on a temporary sale price. If possible, have the vendor guarantee the equipment price.

Award Limitations

Approval of Operations Support applications and funding requests are 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 which the EFP is not actually responsible for. For example, an organization must pay rent to another entity to receive OS funding for rent.

Equipment purchased with an OS grant are property of the New York State Department of Health, and not of the purchasing or recipient agency.

Administration and Documentation

Award Notification

Successful applicants will be issued an "Award Notification & Grant Agreement." The award notification will contain the terms and conditions of the grant and specify an award amount. During the grant period, before 6/01/27, per the Food Bank's instruction, the EFP must submit documentation supporting the expenditure(s) of the award(s). Upon review and approval of the documentation, the award will be issued. Expenditures are not allowed for any item which is not specified on the OS Budget.

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Food Service Equipment Grants

If the grant includes **Food Service (Capital) Equipment**, the award notification will specify the type and grant amount for the specific equipment item to be purchased. Upon accepting the Grant Agreement, the grantee must verify the purchase price of the equipment. The grantee organization should purchase the equipment as soon as possible. Within three (3) months after the receipt of the award, the grantee should submit a copy of the invoice and payment receipt (or other proof of payment) for the equipment to (insert name of food bank/contractor). Within one year after the purchase of the equipment, a representative from Food Bank of Central New York will make a site visit to the agency to verify the purchase and location of each piece of equipment. Grantees must adhere to all stipulations Grant Agreement. Grantees will be responsible for covering the costs of installing, operating, maintaining, and securing the requested equipment. If the grantee stops providing emergency food assistance during the useful life of the equipment (usually up to 10 years), the grantee must notify Food Bank of Central New York, and the equipment may be transferred to another EFP.

Grant Cycle

All operations support expenditures must take place during the July 1, 2026, to May 31, 2027, funding period. The grantee is responsible for paying any amount greater than the awarded amount for any line item of an OS award.

Site Visits

The Food Bank is required by the New York State Department of Health (DOH) to conduct site visits at all Food Bank partnered sites. Claims made in this application will be verified at the annual site visit.

Documentation

Each grantee organization must submit 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 must establish that expenditures are reasonable, traceable, and appropriate. Electronic records are also acceptable. Additional documentation 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.

The documentation required for each of the expenditure categories is specified below. Canceled checks showing payment are required for all categories and expenditures. Bank or credit card statements are required for all transactions made on credit card or through ACH payment where a cancelled check may not be available.

Staff Costs

Timecards, supported by copies of canceled payroll check, or copies of the payroll register, or copies of 1099 or W-2 forms.

Utilities

Copies of utilities bills supported by copies of canceled checks verifying payment of the bills and an explanation of the percentage of utilities bills charged to the OS grant. Prorated (e.g. "prepay" or "balanced") billing payment options are not acceptable. Utilities funds must be used for actual expenses incurred.

Space Costs

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

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Food Service Disposables and Other Supplies

Vendor invoices or register receipts identifying the items purchased are required. Items may be handwritten on register tapes. Requests for durable items must be accompanied by written justification for items requested. Canceled checks supporting these purchases may also be required.

Transportation

A log showing dates, destinations, odometer readings and mileage traveled must be maintained. This log must be signed by the individual submitting the cost (i.e., the driver) and endorsed by the agency supervisor or coordinator authorizing the expenditures.

Food Service (Capital) Equipment

A copy of vendor invoice and payment receipt or other proof of payments must be maintained.

Additional 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 of Central New York or Department of Health staff upon request. The grantee is to submit records before the required deadlines, using the Food Bank's online submission portal.

An important note about "Proof of Payment."

Proof of Payment is documentation showing that the grantee organization is the entity that paid the expense. This is done by bank statement showing the transaction from the grantee's bank account, cancelled check (front and back), or credit card statement. In each case, the documentation must clearly show the grantee organization as the issuer of the payment.

Food Bank of Central New York and the NYS Department of Health reserve the right to reject incomplete or illegible records or request additional documentation as necessary to satisfy documentation requirements.

Deadline for Submission of the Application

The application must be submitted on-line OR delivered to the Food Bank by the close of business (4:30 PM) **on May 15th, 2026**. Applicants should submit on-line, but applications can be mailed to: Food Bank of Central New York, 7066 Interstate Island Rd. Syracuse, NY 13209 will be accepted. **Please do not email.**

NOTE: An incomplete application form will result in a lower score and may disqualify the agency's request. For additional information and technical assistance in completing the Operations Support application the Food Bank's Agency Relations team at agencyinfo@foodbankcny.org

The New York State Department of Health and **Food Bank of Central New York** reserve the right to reject applications or lower funding allocations based on requests submitted in response to this application.

To be considered for an OS award, all questions and fields in the corresponding OS application section must be complete. Incomplete applications will not be considered.

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



Priority of Need for Expenditure Categories

THIS SECTION IS REQUIRED FOR ALL OPERATION SUPPORT APPLICANTS

Grants are awarded on a competitive basis. **Submission of an application does not guarantee receipt of an award. Each applicant may apply for multiple categories. Failure to complete this portion of the application will disqualify the application for funding.**

Please prioritize your funding category requests as instructed below, and (if applicable) your Food Service Equipment requests on the following page.

Funds for the six (6) expenditure categories are limited. Therefore, if you are applying for funding in more than one (1) funding category, please prioritize your funding needs. Prioritize your requests from 1-6, with #1 as the greatest need through #6 as the least. Prioritize only for the categories in which funding is requested. If the priorities are not clear, funding will not be awarded.

Summary of Requested Funds

Funding Category	Amount of Request	Priority Number (1-6)
Staff	\$	
Utilities	\$	
Space	\$	
Food Service Disposables and Other Supplies	\$	
Transportation	\$	
Food Service (Capital) Equipment Total	\$	
Total Amount Requested	\$	

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



Operation Support Application for Staffing Costs

Staff Costs: Only direct service workers 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. 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

- Staff Costs
Timecards that are supported by copies of canceled payroll check, or copies of the payroll register, or copies of 1099 or W-2 forms.

Additional expenditure verification may be requested if supportive documentation submitted is inadequate or lacks clarity.

Staff Person	Hourly Rate	Hours Per Month in Food Program	Monthly Hours (Average is OK)	Total Monthly Payroll Amount (per person)
1	\$			\$
2	\$			\$

Staffing amount being requested as part of this application. \$ _____

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

Source	Amount
Food Bank HPNAP Grant	
Other Food Bank Grants	
Other Government Grants	
Corporate/Foundational Grants	
Local Donations (Individuals)	
Church Funds (Church Budget)	
Other	

(continued)

**2026-2027 HUNGER PREVENTION AND NUTRITION
ASSISTANCE PROGRAM APPLICATION FOR OPERATION
SUPPORT FUNDING**



Narrative – Operation Support Application for Staffing Costs

Please complete a narrative about the requested Staffing Support funding. Please indicate answers to the following: How will this funding support or improve your program’s ability to provide food assistance to neighbors? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2026-2027 grant year. Also include any additional, program or community specific information that sets your food program apart from the rest.

Narrative

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



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.

To document the utility award, 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.

Additional expenditure verification may be requested if supportive documentation submitted is inadequate or lacks clarity.

Utility Calculation: Actual utility eligibility will be calculated using a formula that considers the complete size of the building (or metered space) and the amount of space within the building that is being used to store and/or distribute food. Spaces used for administrative offices or other programs are not fundable.

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

Electricity Gas/Oil Water (meal sites only)

Total Building Square Footage	
Square Footage used for Food Storage & Distribution	
Allowable Percentage of Utility Costs (must be total square footage divided by the square footage used for food storage and distribution.	

Average Monthly Utility Expense

Electricity	
Gas	
Water	

Amount Being Requested of This Application \$ _____

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

Source	Amount
Food Bank HPNAP Grant	
Other Food Bank Grants	
Other Government Grants	
Corporate/Foundational Grants	
Local Donations (Individuals)	
Church Funds (Church Budget)	
Other	

(continued)

**2026-2027 HUNGER PREVENTION AND NUTRITION
ASSISTANCE PROGRAM APPLICATION FOR OPERATION
SUPPORT FUNDING**



Narrative – Operation Support Application for Utilities Costs

Please complete a narrative about the requested Utilities funding. Please indicate answers to the following: How will this funding support or improve your program’s ability to provide food assistance to neighbors? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2026-2027 grant year. Also include any additional, program specific information that sets your food program apart from the rest.

Narrative

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



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. If applying for a durable (non-disposable items) justification is required.

Documentation Required for Food Service Disposables

Vendor invoices or register receipts identifying the items purchased are required. Requests for durable items must be accompanied by written justification for items requested. Canceled checks supporting these purchases are required.

Additional expenditure verification may be requested if supportive documentation submitted is inadequate or lacks clarity.

Please select the eligible items being requested in this application.

Paper Bags Plastic Dinnerware Plastic Foil or Wrap To-Go Containers Other

If you select "Other," please list and describe.

Annual Disposables Budget	\$
Amount Request on This Application	\$

If you are applying for durable goods as described above, please justify the expense.

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

Source	Amount
Food Bank HPNAP Grant	
Other Food Bank Grants	
Other Government Grants	
Corporate/Foundational Grants	
Local Donations (Individuals)	
Church Funds (Church Budget)	
Other	

(continued)

**2026-2027 HUNGER PREVENTION AND NUTRITION
ASSISTANCE PROGRAM APPLICATION FOR OPERATION
SUPPORT FUNDING**



Narrative – Operation Support Application for Disposal Costs

Please complete a narrative about the requested for Food Service Disposables. Please indicate answers to the following: How will this funding support or improve your program’s ability to provide food assistance to neighbors? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2026-2027 grant year. Also include any additional, program specific information that sets your food program apart from the rest.

Narrative

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2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



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 \$0.725 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 must be submitted to the Food Bank to receive reimbursement.

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.

Additional expenditure verification may be requested if supportive documentation submitted is inadequate or lacks clarity.

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

Amount of Transportation Support Being Requested \$ _____

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

Source	Amount
Food Bank HPNAP Grant	
Other Food Bank Grants	
Other Government Grants	
Corporate/Foundational Grants	
Local Donations (Individuals)	
Church Funds (Church Budget)	
Other	

(continued)

**2026-2027 HUNGER PREVENTION AND NUTRITION
ASSISTANCE PROGRAM APPLICATION FOR OPERATION
SUPPORT FUNDING**



Narrative – Operation Support Application for Transportation Expense

Please complete a narrative about the requested for Transportation Expense. Please indicate answers to the following: How will this funding support or improve your program’s ability to provide food assistance to neighbors? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2026-2027 grant year. Also include any additional, program specific information that sets your food program apart from the rest.

Narrative

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



Operation Support Application for 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 above actual charges to the EFP

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

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.

Monthly Rent Cost	
Annual Rent Cost (Monthly X 12)	
Amount Being Requested on this Application	

Total Building Square Footage	
Square Footage used for Food Storage & Distribution	
Allowable Percentage of Rent Costs	

Of the total amount of money received last year to support this Space/Rent/Lease request, what amount came from the following sources.

Source	Amount
Food Bank HPNAP Grant	
Other Food Bank Grants	
Other Government Grants	
Corporate/Foundational Grants	
Local Donations (Individuals)	
Church Funds (Church Budget)	
Other	

(continued)

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



Narrative – Operation Support Application for Space/Rent/Lease Costs

Please complete a narrative about the requested Space/Rent/Lease funding. Please indicate answers to the following: How will this funding support or improve your program’s ability to provide food assistance to neighbors? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2026-2027 grant year. Also include any additional, program specific information that sets your food program apart from the rest.

Narrative

COPIES OF YOUR CURRENT LEASE MUST BE SUBMITTED WITH THIS APPLICATION

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



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, or other equipment items 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, as well as a cancelled check

Additional expenditure verification may be requested if supportive documentation submitted is inadequate or lacks clarity.

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

Increase food choices + Storage Area Replace Existing Equipment Type and Estimated Cost

Total Equipment Amount Being Requested \$ _____

Equipment Type	Quote 1 Amount	Quote 2 Amount	Priority Number of Item

YOU MUST SUBMIT TWO (2) PRICE QUOTES WITH YOUR APPLICATION.

2026-2027 HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM APPLICATION FOR OPERATION SUPPORT FUNDING



Narrative – Operation Support Application for Capital Equipment

Please complete a narrative about the requested Capital Equipment funding. Please indicate answers to the following: How will this funding support or improve your program’s ability to provide food assistance to neighbors? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2026-2027 grant year. Also include any additional, program specific information that sets your food program apart from the rest.

Narrative

COPIES OF YOUR ESTIMATE COST QUOTES MUST BE SUBMITTED WITH THIS APPLICATION

**2026 – 2027 HPNAP PERIOD 4 APPLICATION FOR FOOD
& OPERATIONSUPPORT FUNDING**



Food LOC Amount Requested \$ _____ .00 Operation Support Amount Requested \$ _____ .00

Summary Page

Please complete the following information. You must acknowledge the statements below.

I have downloaded (or printed) and read the 2026-2027 Period 4 HPNAP Grant Agreement.

Yes

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.

Yes

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. Exact award amounts may vary based on the funding made available by the New York State Department of Health.

Yes

I understand that before funds are made available (if awarded), a grant agreement must be signed by two individuals involved with the management of the awarded program and returned to the Food Bank of Central New York.

Yes

I have attached any supporting information required for the HPNAP OSE portion of this application.

Yes

To expedite awards, Food Bank of Central New York will be utilizing an electronic signature capture for the 2026-2027 Period 4 HPNAP Award Notification & Grant Agreement.

Do you want to sign the Period 4 HPNAP Award Notification & Grant Agreement electronically (if an award is offered)?

Yes No

The New York State Department of Health requires two unique signatures on all HPNAP Grant Agreements. Please provide the emails of the two individuals you anticipate will be signing the agreement.

Email 1`	Email 2
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Signature of person completing this application.

Signature:	
Name:	
Phone:	Email: