

NYS Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)
Operations Support/Capital Equipment Application 2014-2015
(Please type or clearly print all responses.)

Food Pantry Application

General Agency Information

1. Name of Emergency Food Program: _____
Site Address: _____

Zip Code: _____ County: _____
Food Bank ID Number: _____

2. Person to be contacted regarding the administration of and documentation for this grant:
Name: _____ Position: _____
Mailing Address: _____

Phone(s): _____ Email: _____

4. a. When did your emergency food program begin operating?
Month _____ Year _____

- b. Has it been in operation for at least 6 months? YES _____ NO _____
If "No," stop here. Your agency is not eligible for an OSP Grant this year.

SECTION A: Agency Service Level (35 points)

Did your agency receive a 2013-2014 HPNAP Food Grant? ___Yes ___No

If "No," please complete the following service statistics:

Partial bags, such as bags containing bread and produce only or service statistics from mass distributions should not be counted.

Average Number of Children (0-17) Served Per Month: _____

Average Number of Adults (18-64) Served Per Month: _____

Average Number of Elderly (65+) Served Per Month: _____

(NOTE: If your agency is currently a HPNAP Food Grant recipient, we will use the same numbers that were on the Local Agency Monthly Reports submitted to the Food Bank.)

SECTION B: Days and Hours of Operation (5 Points)

a. Days of Operation

How many days per month is your food pantry open? This is the total number of days per month the pantry doors are open to actively distribute food to guests. (Check only one.)

3 or more days per week 2 days per month

1 to 2 days per week 1 day per month

3 days per month By Appointment

If by appointment only, list the average number of days your agency serves clients per month. _____

Which day(s) of the week is your food pantry open? (Check all that apply.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If your pantry does not have the same schedule each week (for example, if it is open every other Tuesday), please describe the schedule:

b. During each operating day, what time is the food pantry usually open?

_____ to _____ (indicate a.m. or p.m.)

c. Is the food pantry routinely (e.g. monthly or every other month) open to distribute food after 4 p.m. on a weekday and/or on weekends? Yes No

d. If your pantry has set hours, is there flexibility to serve clients “by appointment” if they are unable to come at that time? Yes No

If Yes, how do you inform clients that the food pantry is open “by appointment”?

SECTION C: Provision of Nutritious Food (4 Points)

a. How often is fresh produce available for your food pantry clients? (Check one)

Always, whenever the pantry is open

Most of the time

Sometimes

Rarely

Never

b. How often do you make other foods of high nutritional quality available to your clients (e.g. low-fat dairy, whole grain cereals and breads, lean proteins and/or frozen fruit and/or vegetables)?

Always, whenever the pantry is open

Most of the time

Sometimes

Rarely

Never

SECTION D: Scope of Services (35 points total)

PLEASE ANSWER EACH QUESTION IN THE SPACE PROVIDED. DO NOT INCLUDE ANY ATTACHMENTS TO ANSWER QUESTION IN SECTION D. THEY WILL NOT BE READ.

Part 1: Describe the population you serve and/or factors in the community that cause a need for your services. (5 Points)

Part 2: Provide a description of the food pantry for which you are requesting funds. (5 Points)

Part 3: What have you done to improve the quality of food services this program provides? (5 Points)

Part 4: What challenges have you been experiencing operating this food pantry? (10 Points)

Part 5: How will the requested grant funds support or improve your program's ability to provide food assistance and nutritional support to needy people during the 2014-2015 grant year (be specific). (10 points)

SECTION E: Operations Support Budget Proposal (21 points total)

Summary of Requested Funds

Total Requested Funds May Not Exceed \$3,000.

Funding Category	Amount of Request	Priority (1st, 2nd 3rd)
Staff (Page 8)	\$	
Utilities (Page 9)	\$	
Space (Page 10)	\$	
Disposables (Page 11)	\$	
Transportation (Page 12-Mileage, Page 13-Rental)	\$	
Capital Equipment (Page 14)	\$	
Total Request (Not to Exceed \$3,000)	\$	

**Note: You must complete a Budget Proposal page for each funding category requested.
(See pages 8 through 14)**

To verify that all information provided in this application is accurate, this application must be signed by the following:

Executive or Associate Director (Print Name) _____

(Signature) _____ Date: _____

Contact Person (Print Name) _____

(Signature) _____ Date: _____

Three (3) collated and stapled copies of the completed application must be received by April 11, 2014

- **Per HPNAP policy, no late applications will be accepted.**
- **Send the applications to:**

**Kerry Leary/OSP
Regional Food Bank
965 Albany Shaker Road
Latham, NY 12110**

- **DO NOT send copies of the instruction section**
- **Only include the budget proposal pages that are being requested.**

NOTE: An incomplete application and/or failure to follow grant directions will result in a lower score and may disqualify your request. The New York State Department of Health and Regional Food Bank of Northeastern New York reserve the right to reject applications or decrease funding allocations based on completeness and quality of proposals submitted.

Budget Proposal Pages Follow

Budget Proposal: Staff

Amount requested \$_____ (Not to exceed \$3,000)

Title of Staff Position: _____

List the specific duties this staff person performs. **If operation of the food assistance program is only part of the position, list only those tasks related to food assistance, or attach the job description, highlighting the duties directly related to direct food service. Direct food service duties include meal planning, meal preparation, placing orders, picking up orders, stocking food on shelves, etc.**

Complete Table below to estimate staffing costs for this feeding program:

Hourly wage rate	\$
Hours per week worked	X
Subtotal	=\$
% Time spent on direct food service	X
Subtotal	=\$
Weeks Worked Per Year	X
Yearly Food Service Wage (Amount Requested—if amount is greater than \$3000, can only ask for \$3000)	=\$

Check which form(s) of documentation your program will provide to document use of grant funds:

___ Copies of the payroll register.

___ Copies of time cards or time sheets showing days and hours worked, and copies of the canceled paychecks.

Budget Proposal: Utilities

Amount requested \$ _____ (Not to exceed \$3,000)

Complete table below to estimate annual utility costs for this feeding program:

Table A

Total of Most Recent Utility Bill	\$ _____
How Many Months Does This Feeding Program Operate?	X _____
Subtotal	= \$ _____
Percentage of building that this program occupies	X _____ %
(Amount Requested—if amount is greater than \$3,000, can only ask for \$3,000)	= \$ _____

Do you have any additional oil or propane utility bills? If so, please complete table below to estimate annual costs.

Table B

Total of Most Recent Utility Bill	\$ _____
How Many Months Does This Feeding Program Operate?	X _____
Subtotal	= \$ _____
Percentage of building that this program occupies	X _____ %
(Amount Requested—if amount is greater than \$3,000, only ask for \$3,000)	= \$ _____

Table A Total _____
 Table B Total + _____
 Total Amount Requested = _____ (Not to exceed \$3,000)

Budget Proposal: Space

1. Amount requested \$_____ (Not to exceed \$3,000)

2. Complete table below to estimate space costs for this feeding program:

Monthly Rent	\$
	X 12 months
Yearly Rent	=\$
Percent of Building this Feeding Program Occupies	X %
(Amount Requested—if amount is greater than \$3,000, can only ask for \$3,000)	=

Budget Proposal: Disposables

1. Amount requested \$_____ (Not to exceed \$3,000)

2. List the specific disposable items you plan to buy, the amount of each, and the estimated price per case. Allowable disposable items include paper bags, plastic bags, disposable plates, napkins, cups, dinnerware, plastic wrap, aluminum foil, cardboard boxes, food containers, disposable tablecloths, food handling gloves, disposable aprons, hairnets, garbage bags, and disposable foil steam pans.

(You must complete this list and attach another sheet if you need more room.)

- Food pantries are not eligible to claim items used to serve meals or for repacking foods.

ITEM	UNITS PER CASE	CASE COST	NUMBER OF CASES NEEDED	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
			(Amount Requested— if amount is greater than \$3,000, only ask for \$3,000)	\$

Budget Proposal: Transportation

Please choose OPTION 1 or OPTION 2 but NOT BOTH.

1. Amount Requested: \$_____ (Not to exceed \$3,000)

Option #1: Mileage:

- You may apply for mileage for transportation of HPNAP food to your emergency feeding site. Mileage **can only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site.
- To claim this transportation expense a mileage log will have to be maintained and submitted as part of the documentation of this expense. The log must include dates, destinations, odometer readings and total number of miles traveled for each food pick up. The driver and the agency supervisor authorizing the expense must sign the log.

Complete table to estimate miles driven per year:

1	Miles to Food Bank (round trip)_____	Number of trips to Food Bank per year X _____	Food Bank Miles =_____ +
2	Miles to Food Bank Delivery Site (round trip)_____	Number of Trips to Food Bank Delivery Site a Year X _____	Food Bank Delivery Site Miles =_____
3	Add total from rows 1 and 2	Total Miles for the Year	=_____

Complete table to estimate mileage costs per year:

Mileage	Total miles for the year _____ x \$0.55 per mile =	\$_____
Tolls	Toll cost \$_____ x number of trips per year =	\$_____
Add Mileage and Tolls Together	(Amount Requested—if amount is greater than \$3,000, only ask for \$3,000) =	\$_____

Option #2: Vehicle Rental

1. Amount Requested: \$_____ (Not to exceed \$3,000)

2. You may apply for money to rent a vehicle from a vehicle rental company to transport HPNAP purchased food to your program. Transportation costs **can only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site.

Rental Cost	Number of rentals per year _____ x cost of rental =	\$_____
Tolls	Toll cost \$_____ x number of trips per year =	\$_____
Add Rental Cost and Tolls Together	(Amount Requested—if amount is greater than \$3,000, only ask for \$3,000) =	\$_____

Budget Proposal: Capital Equipment

You must provide a written quote from 2 potential vendors.

1. Amount requested: \$ _____ (Not to exceed \$3,000)

2. List the equipment item(s) requested, a brief description of each, the unit cost for each item using the lowest vendor quote (including delivery charge, if applicable), and the total cost for each item. Include the brand and model number if available. Please ensure that equipment requests are listed in priority order and do not exceed a total of \$3,000.

Quantity	Item	Description, Brand and Model	Unit Cost + Delivery Charges	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
(Amount Requested—if amount is greater than \$3,000, only ask for \$3,000)				\$

3. How will your agency cover any costs for installing, operating, maintaining and securing the requested equipment?