

**2017 EXTENSION Operations Support (OSP)**  
**Documentation Summary Sheet for: Staff Costs**

Agency Name: \_\_\_\_\_

Food Bank ID Number\_\_\_\_\_ County\_\_\_\_\_

Name of Person Who Prepared this Report: \_\_\_\_\_ Phone or email \_\_\_\_\_

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.
- The hours worked must fall **after** July 1, 2017.

**STAFF COSTS:** Required forms of documentation are: copies of payroll registers (such as ADP); OR time cards, supported by copies of bank-canceled payroll checks.

**List the name of the person who does the direct food service**\_\_\_\_\_

**List the date and amount of each pay check issued to this person for the period worked July 1, 2017 through October 31, 2017.**

[illegible][illegible]

Total Pay \$\_\_\_\_\_ X \_\_\_\_\_% Food Service Work = \_\_\_\_\_ OSP Expenses.

*% Food Service Work is the percentage indicated on your signed budget form, taken from your application.*

**Arrange copies of documents in the order listed above, place the summary form on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

**2017 EXTENSION Operations Support (OSP)**  
**Documentation Summary Sheet for: Space Costs**

Agency Name: \_\_\_\_\_

Food Bank ID Number \_\_\_\_\_ County \_\_\_\_\_

Name of Person Who Prepared this Report: \_\_\_\_\_ Phone or email \_\_\_\_\_

- Complete this sheet for documenting space costs and attach it to the required documentation.  
This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.

**SPACE COSTS: Provide copies of bank-canceled rent checks or paid receipts.**

**Organization Name that rent payments were made to** \_\_\_\_\_

CHECK NUMBER	CHECK DATE:	AMOUNT OF CHECK
	TOTAL:	

Total Paid \$ \_\_\_\_\_ X \_\_\_\_\_ % Space Used for Food Service = \$ \_\_\_\_\_ OSP Expenses.

% Space Used for Food Service is the percentage indicated on your signed budget form, taken from your application.

**Arrange copies of documents in the order listed above, place this summary sheet on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

## 2017 EXTENSION Operations Support (OSP)

### Documentation Summary Sheet for: Utility Costs

Agency Name: \_\_\_\_\_

Food Bank ID Number\_\_\_\_\_ County\_\_\_\_\_

Name of Person Who Prepared this Report:\_\_\_\_\_ Phone or email\_\_\_\_\_

- Complete this sheet for documenting utility costs and attach it to the required documentation. This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.
- Utility expenses must be **incurred** after July 1, 2017.

**UTILITY COSTS:** Required forms of documentation are copies of utility bills AND copies of bank-  
canceled checks verifying payment of the bills (a subsequent bill showing payment can also be accepted).

**List the date of each utility bill, the amount of each utility bill, and the check number used to pay it for the period of July 1, 2017 through October 31, 2017. If you are submitting documents for more than one utility company, fill out an itemized list for each company.**

Utility company:\_\_\_\_\_

Utility Company:\_\_\_\_\_

BILLING DATE:	AMOUNT	CHECK NUMBER
Total:		

BILLING DATE:	AMOUNT	CHECK NUMBER
Total:		

Total paid \$\_\_\_\_\_ X \_\_\_\_\_% Utilities Used For Food Service = \$\_\_\_\_\_ OSP Expenses.

% Utilities Used for Food Service is the percentage indicated on your signed budget form, taken from your application.

**Arrange all documents for each utility company in the order listed above, place summary sheet on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

## 2017 EXTENSION Operations Support (OSP)

### Documentation Summary Sheet for: Food Service Paper Products and Other Supplies

Agency Name: \_\_\_\_\_

Food Bank ID Number \_\_\_\_\_ County \_\_\_\_\_

Name of Person Who Prepared this Report: \_\_\_\_\_ Phone or email \_\_\_\_\_

- Complete this sheet for documenting food service paper products and other supplies costs and attach it to the required documentation.  
This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.

**FOOD SERVICE PAPER PRODUCTS AND OTHER SUPPLIES COSTS: Required documentation includes copies of vendor invoices or register receipts with allowable items checked and copies of bank-canceled checks if paid by check.**

Invoice Date	Vendor	Check Number	Total charge for OSP items only
			\$

#### OSP Items Include:

- disposable plates, cups
- plastic utensils
- plastic wrap
- aluminum foil
- foil baking/roasting pans
- foil steam table pans
- disposable food containers
- food service gloves
- paper bags, plastic bags, reusable grocery bags used to pack food for food pantry clients
- Thermal blankets

**\* Food Pantries may only claim grocery bags for packing pantry bags, food service gloves, as well as thermal blankets.**

**Arrange all documents in the order listed above, place summary sheet on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

**2017 EXTENSION Operations Support (OSP)**  
**Documentation Summary Sheet for: Food Service Equipment**

Agency Name:\_\_\_\_\_

Food Bank ID Number\_\_\_\_\_ County\_\_\_\_\_

Name of Person Who Prepared this Report:\_\_\_\_\_ Phone or email\_\_\_\_\_

- Complete this sheet for documenting food service equipment costs and attach it to the required documentation.  
This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.

**EQUIPMENT COSTS: Required documentation includes a copy of vendor invoice and paid receipt or bank-canceled check if paid by check.**

NAME OF VENDOR	ITEM	MODEL #	SERIAL #	QUANTITY	COST

**Arrange all documents in the order listed above, place summary sheet on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

## 2017 EXTENSION Operations Support (OSP)

### Documentation Summary Sheet for: Transportation, Option 1: Mileage

Agency Name: \_\_\_\_\_

Food Bank ID Number \_\_\_\_\_ County \_\_\_\_\_

Name of Person Who Prepared this Report: \_\_\_\_\_ Phone or email \_\_\_\_\_

- Complete this sheet for documenting transportation costs and attach it to the required documentation. This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.

**OPTION # 1:** Transportation Mileage Costs. You may only be reimbursed 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.

**For Mileage documentation, include a log showing dates, destinations, odometer readings and mileage traveled. The log must be signed by the driver and endorsed by the agency supervisor authorizing the expense. Copies of bank-canceled checks or signed receipts must be provided as proof of payment. (Receipts for tolls may be reimbursed but not gas receipts.)**

Total Miles \_\_\_\_\_ X \$0.535 Per Mile= \$ \_\_\_\_\_ Total Mileage

Plus Total of Tolls \_\_\_\_\_ = \$ \_\_\_\_\_ Total Cost for Transportation.

DATE:	PAID TO:	CHECK #.	AMOUNT
		TOTAL	

**Arrange all documents in the order listed above, place summary sheet on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

## 2017 EXTENSION Operations Support (OSP)

### Documentation Summary Sheet for: Transportation, Option 2: Rental Costs

Agency Name: \_\_\_\_\_

Food Bank ID Number \_\_\_\_\_ County \_\_\_\_\_

Name of Person Who Prepared this Report: \_\_\_\_\_ Phone or email \_\_\_\_\_

- Complete this sheet for documenting transportation costs and attach it to the required documentation. This form must be returned with required documentation no later than **September 30, 2017**.
- Once the documentation has been received, a check will be written for the exact amount spent, up to the award amount
- If you anticipate difficulties fully expending the grant, you must contact Kerry Leary as soon as possible.
- The eligible time period is July 1, 2017 through October 31, 2017. Anticipated payments are not allowable.

**OPTION #2: Transportation Rental Costs.** You may only be reimbursed for rental costs from a vehicle rental company for transportation of HPNAP food to your emergency feeding site. Rental costs **can only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site.

**For Rented Vehicles provide a list of the dates, destinations, rental charges and toll receipts PLUS copies of paid receipts or bank-canceled checks if paid by check.**

Rental Date	Destination	RENTAL AMOUNT	GAS	TOLLS	TOTAL FOR EACH TRIP
		TOTALS:			

Totals: \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = Total Cost \$ \_\_\_\_\_  
Rental Total      Toll Total      Gas Total

**Arrange all documents in the order listed above, place summary sheet on top and staple everything together.**

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.