

**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 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.

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 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.
- 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 Equipment

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.

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 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.

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 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.

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.