NYS Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)
Operations Support/Capital Equipment Application 2023-2024
(Please type or clearly print all responses)

Shelter Application

General Agency Information.

1. Name of Emergency Feeding Relief Organization: _____

    Site Address: _____

    _____

    Zip Code: _____County:_____

    Food Bank ID Number: _____

2. Person to be contacted regarding the <u>administration of and documentation for this grant</u>:

    Name: _____ Position: _____

    Mailing Address (where general correspondence gets sent):_____

    _____

    Phone(s): _____

    Email for the budget form/OS communication: _____

3. a. When did your emergency feeding 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 OS Grant this year.

SECTION A: Agency Service Level (35 points)

Did your agency receive a 2022-2023 HPNAP Food Grant? ___Yes ___No	
If "No," please complete the following service statistics:	
Average Number of Meals Served to Children (0-17) Per Month: _____	
Average Number of Meals Served to Adults (18-59) Per Month: _____	
Average Number of Meals Served to Elderly (60+) Per Month: _____	
(NOTE: If your agency is currently a HPNAP Food Grant recipient, we will use the same numbers that are submitted monthly to the Food Bank via PWW.)	

SECTION B: Days of Operation (10 points)

1. Average number of days per month that your shelter is open for guests to spend the night

    _____

    _____

2. Number of months per year shelter is in operation _____

_____

SECTION C: Provision of Nutritious Food (4 Points)

1. How often is fresh produce served? Check one. (2 points)

    _____ Always, whenever the pantry is open

    _____ Most of the time

    _____ Sometimes

    _____ Rarely

    _____ Never

2. 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)? Check one. (2 points)

    _____ Always, whenever the pantry is open

    _____ Most of the time

    _____ Sometimes

    _____ Rarely

    _____ Never

SECTION D: Scope of Food Services (40 points total)

**DO NOT EXCEED SPACE PROVIDED FOR EACH QUESTION IN SECTION D.
ANYTHING BEYOND SPACE PROVIDED WILL NOT BE READ.**

Part 1: Describe the population you serve and the factors in your community that cause a need for your services. Please answer both parts of this question. (5 Points)   Max 2912 characters

Part 2: Describe how you manage and implement the <u>feeding program</u> for which you are requesting funds. (5 Points)   Max 2645 characters

Part 3: How do you ensure that you provide high-quality, nutritious foods to clients on a consistent basis? Please also include how you handle the cultural/dietary needs of your clients. (5 Points) Max 2912 characters

Part 4: Describe any challenges you have experienced operating your shelter in the past year or anticipate in the upcoming year.   (7 Points)   Max 3294 characters

Part 5: How will the Operations Support (OS) grant funds support or improve your program's ability to safely provide food assistance and nutritional support to needy people during the 2023-2024 grant year (be specific). (18 points)

Max 3314 characters

SECTION E: Operations Support Budget Proposal (31 points total)

Budget Proposal: Staff

Amount requested $_____ (Total of ALL requests may not 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, coordinating and training volunteers, submitting reports, etc.**

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

Hourly wage rate	$
Hours per week worked	X
Subtotal	$
Percentage of time spent on this food service	X %
Subtotal	$
Weeks Worked Per Year	X
Yearly Food Service Wage	$

Required forms of documentation to submit by May 31, 2024 are:
- copies of third-party payroll registers (such as ADP);
- OR signed time cards/timesheets, supported by copies of <u>bank-canceled</u> payroll checks.

SECTION E: Operations Support Budget Proposal (31 points total)
Budget Proposal: Utilities

Amount requested $_____ (Total of ALL requests may not exceed $3,000)

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

Table A

Total of Utility Bills for 2022	$	
Percentage of building this **Feeding Program** occupies	X	%
Total	$	

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

Table B

Total of Utility Bills for 2022	$	
Percentage of building this **Feeding Program** occupies	X	%
Total	$	

Table A Total   _____
Table B Total   + _____
Total   = _____

Required forms of documentation to submit by May 31, 2024 are copies of utility bills showing billing period AND copies of <u>bank-canceled</u> checks verifying payment of the bills (a subsequent bill showing payment can also be accepted as proof of payment).

SECTION E: Operations Support Budget Proposal (31 points total)

Budget Proposal: Space

1. Amount requested $_____ (Total of ALL requests may not exceed $3,000)

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

Yearly Rent	$
Percentage of Rented Space this **Feeding Program** occupies	X %
Total	$

Required forms of documentation to submit by May 31, 2024 are copies of <u>bank-canceled</u> rent checks or paid receipts.

SECTION E: Operations Support Budget Proposal (31 points total)

Budget Proposal: Food Service Paper Products and Other Supplies

1. Amount requested $_____ (Total of ALL requests may not exceed $3,000)

2. List the specific items you plan to buy, the amount of each, and the estimated price per case. Allowable items include paper bags, plastic bags, reusable grocery bags, thermal blankets, 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.

3. *Please make sure quantity of supplies ordered is reasonable given the number of meals you serve.*

(You must complete this list.)

Food pantries are not eligible to claim items used to serve meals or repack foods

ITEM	UNITS PER CASE	CASE COST	NUMBER OF CASES NEEDED	TOTAL COST
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
			Total	$

Required forms of documentation to submit by May 31, 2024 are copies of paid vendor invoices or register receipts <u>with allowable items checked</u> and copies of <u>bank-canceled</u> checks if paid by check.

SECTION E: Operations Support Budget Proposal (31 points total)

Budget Proposal: Transportation

Option #1: Mileage:

1. Amount Requested: $_____ (Total of ALL requests may not exceed $3,000)

2. You may apply for mileage for transportation of HPNAP food to your <u>emergency feeding site</u>. Mileage can only be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site. Delivery of food to your recipients is also allowed.

3. 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 from Agency (round trip)_____	Number of trips to Food Bank per year X _____	Food Bank Miles =_____
2	Miles to Food Bank Delivery Site from Agency (round trip)_____	Number of Trips to Food Bank Delivery Site a Year X_____	Food Bank Delivery Site Miles =_____
	TOTAL MILES FOR THE YEAR		=_____

Complete table to estimate mileage costs per year:

Mileage	Total miles for the year _____ x $0.655 per mile	$_____
Tolls	Round trip Toll cost $_____ X _____ number of trips per year	$_____
	TOTAL OF MILEAGE AND TOLLS	$_____

Required forms of documentation to submit by May 31, 2024 are 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 <u>bank-canceled</u> checks or signed receipts must be provided as proof of payment. (Receipts for tolls may be reimbursed if attached, but not gas receipts.)

SECTION E: Operations Support Budget Proposal (31 points total)

Budget Proposal: Transportation

Option #2: Vehicle Rental

1. Amount Requested: $_____ (Total of ALL requests may not exceed $3,000)

2. You may apply for money to rent a vehicle from a <u>vehicle rental company</u> 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. Delivery of food to your recipients is also allowed. Gas costs can only be claimed if it is required for the vehicle to be refueled before returning.

Rental Cost	Rental Cost $_____	Number of trips to Food Bank and/or Food Bank Delivery Site per year X _____	$_____
Gas	Gas Cost $_____	Number of trips to Food Bank and/or Food Bank Delivery Site per year X _____	$_____
Tolls	Round Trip Toll cost $_____	Number of trips to Food Bank and/or Food Bank Delivery Site per year X _____	$_____
		TOTAL RENTAL, GAS, AND TOLLS	$_____

Required forms of documentation to submit by May 31, 2024 are a list of the dates, destinations, paid rental invoices, gas receipts, and toll receipts PLUS copies of paid receipts or <u>bank-canceled</u> checks if paid by check.

<u>SECTION E: Operations Support Budget Proposal</u> (31 points total)

<u>Budget Proposal: Capital Equipment</u>

<u>You must provide a written quote from 2 different vendors for a comparable unit.</u>

1. Amount requested: $_____ (Total of ALL requests may not exceed $3,000)

2. Review OS Instructions to view allowable equipment.

3. 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. Service plans are allowable. 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
			$	$
			$	$
			$	$
			$	$
			Total	$

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

Required forms of documentation to submit by May 31, 2024 are:
- Paid vendor invoice as well as paid receipt or <u>bank-canceled</u> check if paid by check.
- Model and serial number of unit(s)

SECTION E: Operations Support Budget Proposal (31 points total)

Summary of Requested Funds
Total Funds Requested May Not Exceed $3,000.

Part 1:

Funding Category	Amount of Request	Priority (1st, 2nd 3rd)
Staff (Page 6)	$	
Utilities (Page 7)	$	
Space (Page 8)	$	
Food Service Paper Products and Other (Page 9)	$	
Transportation (Page 10-Mileage, Page 11-Rental)	$	
Capital Equipment (Page 1)	$	
Total Request **(Total of ALL requests may not exceed $3,000)**	$	

Note: You must complete a Budget Proposal page for each funding category requested.
(See pages 6 through 12)

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

Executive Director (Print Name) _____
(If you are sponsored by a church, the Pastor is considered the ED and must sign. If no Pastor, the person legally responsible for your agency's 501(c)3 status must sign as ED).

(Signature) _____ Date: _____

Contact Person (Print Name) _____

(Signature)_____ Date: _____

Per HPNAP policy, no late applications will be accepted

Applications must be received by April 14, 2023.

Please send your completed application to:

- If returning electronically (PREFERRED):
  OSgrant@regionalfoodbank.net

- If submitting hard copy, must send one copy:
  OS Grant
  c/o Cathryn Doraby
  Regional Food Bank of NENY
  965 Albany Shaker Road
  Latham, NY 12110

- **This year's applications must be used; older applications will be disqualified**

- **DO NOT return the instruction section**

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.