

Operations Support/Capital Equipment Application 2024-2025

NYS Department of Health  
Hunger Prevention and Nutrition Assistance Program (HPNAP)  
Operations Support/Capital Equipment Application 2024-2025  
(Please type or clearly print all responses)

**Soup Kitchen 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 administration of and documentation for this grant:  
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 2023-2024 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 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: Provide Your Hours of Operation (10 points)**

If you do not serve every day of the week specified in a month, please note frequency (ie only open first Monday of the month etc) along with your hours.

Day of the Week	Hours of operations	Notes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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

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**PLEASE NOTE:**

**\*If your program serves more than once per week, please attach a current copy of your Department of Health Permit or Application for a Permit\***

**SECTION C: Provision of Nutritious Food (4 Points)**

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

- Always
- 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
- 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 2969 characters

Part 2: Choose at least 2 topics listed in the separate instructions to describe how you manage and implement the feeding program for which you are requesting funds. (5 Points) Max 2699 characters

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Part 3: How do you guarantee the provision of nutritious foods beyond those sourced from the Regional Food Bank? How do you address the cultural preferences, dietary needs, and community preferences of your clients? Please answer both parts of this question. (5 Points) Max 3102 characters

Part 4: Describe at least one, if not all, of the challenges you have experienced operating your soup kitchen in the past year or anticipate in the upcoming year. (7 Points) Max 2932 characters

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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 2024-2025 grant year (be specific). (18 points)

Max 2772 characters

**SECTION E: Operations Support Budget Proposal (11 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 are:

- copies of third-party payroll registers (such as ADP);
- OR signed time cards/timesheets, supported by copies of bank-canceled payroll checks.

Documentation/Proof of Expenses will be due the end of next May 2025

**SECTION E: Operations Support Budget Proposal (11 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 2023	\$	
Percentage of building this <b>Feeding Program</b> 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 2023	\$	
Percentage of building this <b>Feeding Program</b> occupies	X	%
Total	\$	

Table A Total                    \_\_\_\_\_  
 Table B Total        +    \_\_\_\_\_  
 Total                        =    \_\_\_\_\_

Required forms of documentation are copies of utility bills showing billing period AND copies of bank-canceled checks verifying payment of the bills (a subsequent bill showing payment can also be accepted as proof of payment).

Documentation/Proof of Expenses will be due the end of next May 2025

**SECTION E: Operations Support Budget Proposal (11 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 <b>Feeding Program</b> occupies	X %
Total	\$

Required forms of documentation are copies of bank-canceled rent checks or paid receipts.

Documentation/Proof of Expenses will be due the end of next May 2025



**SECTION E: Operations Support Budget Proposal (11 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 chart.)**

**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 are copies of paid vendor invoices or register receipts with allowable items checked and copies of bank-canceled checks if paid by check.

Documentation/Proof of Expenses will be due the end of next May 2025

**SECTION E: Operations Support Budget Proposal (11 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 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. 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 = _____
<b>TOTAL MILES FOR THE YEAR</b>			= _____

**Complete table to estimate mileage costs per year:**

Mileage	Total miles for the year _____ x \$0.67 per mile	\$ _____
Tolls	Round trip Toll cost \$ _____ X _____ number of trips per year	\$ _____
<b>TOTAL OF MILEAGE AND TOLLS</b>		\$ _____

Required forms of documentation 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 bank-canceled checks or signed receipts must be provided as proof of payment. (Receipts for tolls may be reimbursed if attached, but not gas receipts.)

Documentation/Proof of Expenses will be due the end of next May 2025

**SECTION E: Operations Support Budget Proposal (11 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 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. 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 _____	\$ _____
<b>TOTAL RENTAL, GAS, AND TOLLS</b>			\$ _____

Required forms of documentation are a list of the dates, destinations, paid rental invoices, gas receipts, and toll receipts PLUS copies of paid receipts or bank-canceled checks if paid by check.

Documentation/Proof of Expenses will be due the end of next May 2025

**SECTION E: Operations Support Budget Proposal (11 points total)**

**Budget Proposal: Capital Equipment**

**You must provide a written quote from 2 different vendors for a comparable unit.**

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 are:

- Paid vendor invoice as well as paid receipt or bank-canceled check if paid by check.
- Model and serial number of unit(s)

Documentation/Proof of Expenses will be due the end of next May 2025

**SECTION E: Operations Support Budget Proposal (11 points total)**

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

**Part 1:**

Please rank your category choices by writing in the category next to each priority rank. Please also write the amount you are requesting next to each category.

Priority Rank	Category	Amount Requested
#1		\$
#2		\$
#3		\$
	<b>TOTAL AMOUNT REQUESTED, NOT TO EXCEED \$3,000</b>	\$

*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 12<sup>th</sup>, 2024.**

**Please send your completed application to:**

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