

HPNAP FOOD GRANT APPLICATION

EMERGENCY SHELTERS

Grant Overview

The HPNAP Food Grant provides eligible food pantries, soup kitchens, and shelters with lines of credit at the Regional Food Bank of Northeastern New York and Food Bank of the Hudson Valley.

These lines of credit cover the handling fees for nutritious items from the Food Bank's inventory. These items are coded by asterisks (*) when looking at the PDF, or "yes" in the state grant column when ordering online, and include such foods as cereals, juices, dairy products, proteins, and fruits and vegetables.

The HPNAP Food Grant runs from July 1st through June 30th of each year (and depends on inclusion in, and passage of, the New York State Budget). The HPNAP Food Grant supplements the food supplies of emergency feeding relief organizations and is an excellent resource for securing healthy foods from the Food Bank.

HPNAP funding must be spent on orders picked up no later than June 20th, 2025.

Scoring Process

Initial allocations are determined based on information contained in this application and your service statistics as reported to the Regional Food Bank of NENY during the prior grant year. For new applicants, service levels will be noted as reported on the application and verified by members of the Food Bank staff. An independent Review Board then meets to discuss the allocations and to recommend changes and final awards. Please note that failure to comply with monthly reporting requirements and/or failure to use your grant in a timely manner in prior grant years may jeopardize your grant eligibility or limit the amount of your award.

Written appeals regarding grant amounts must be made within 20 days of the receipt of the grant notification email. Appeals will be reviewed by the Review Board, which retains the right to make the final award determination.

Appeals may be sent to the attention of Kerry Leary, Director of Agency Services, Regional Food Bank of NENY, 965 Albany Shaker Road, Latham, NY 12110.

Grant Deadline

Your completed application is due by Friday, April 12th, 2024
Per HPNAP policy, no late applications will be accepted.

Only one copy of the application is required. Please send your completed application to:

- If returning electronically (PREFERRED):
HPNAPgrant@regionalfoodbank.net
- If submitting hard copy:
HPNAP Food Grant
c/o Cathryn Doraby
Regional Food Bank of NENY
965 Albany Shaker Road
Latham, NY 12110

COVER PAGE: PLEASE TEAR OFF AND KEEP FOR YOUR RECORDS

HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM (HPNAP)
FOOD GRANT APPLICATION
EMERGENCY SHELTERS
2024-2025

IDENTIFYING INFORMATION

Please indicate below the contact information for your program. This is the address to which we send general correspondence.

Name of Emergency Feeding Program: _____

Food Bank ID Number: _____

Agency Mailing Address: _____

Zip Code: _____ County: _____

Phone _____

Email _____

SITE ADDRESS

Please indicate your site address, if it differs from the above mailing address:

Contact Name at Site _____

Site Name _____

Site Address _____

CONTACT INFORMATION FOR EXECUTIVE DIRECTOR OF AGENCY

Executive Director's 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).

Mailing Address _____

Phone and Email _____

GENERAL INFORMATION

When did your Emergency Feeding Program begin operating?

Month: _____ Year: _____

How many months does your program operate? _____

List months (if not 12 months): _____

Briefly describe the population you serve: _____

What geographic area do you serve?

Per Diem Reimbursement

Do you receive a per diem rate from DSS (Department of Social Services) or DHS (Department of Homeless Services)? _____ YES _____ NO

If YES, what is your per diem rate? \$ _____

Shelter Information:

Average number of days each month that your shelter is open: _____

Number of months per year the shelter is in operation: _____

Average number of guests sheltered each month: _____

Average length of stay for shelter guests: _____

Describe the manner that clients/guests access meals (check all that apply):

___ Cook/chef prepares meals on-site for clients/guests to consume.

___ Residents plan and prepare meals together.

___ Residents and cook/chef plan and prepare meals for clients/guests.

___ Residents prepare their own individual meals on-site.

___ Meals are consumed off premises.

___ Residents have access to food at all times.

___ Residents access meals at scheduled meal times.

___ Residents receive food from local food pantry.

___ Other: _____

Did your agency receive a 2023-2024 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 to the Food Bank via PWW.)

GRANT AGREEMENT

(Must be signed by your Executive Director on the following page.)

MUST RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION

To apply for and receive HPNAP funding the applicant must meet the following guidelines:

General – The Emergency Feeding Relief Organization (EFRO) must

- have been in operation for at least 6 continuing months before applying for HPNAP funding
- spend grant funds throughout the grant period
- never engage in discrimination in the provision of service against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran
- provide food free of charge with no requirement for participation in religious prayer, ceremony, education, or consultation as a condition
- provide food to any people requesting it on their first visit without documentation of their need or to meet any agency guidelines
- not collect social security numbers

501(c)3 Status – The EFRO must

- have a 501(c)3 status or be sponsored by a 501(c)3. Sites that are members of this Food Bank have already met this requirement
- attach a copy of your organization's 501(c)3 status if the organization is not a current Food Bank member

Food Safety – The EFRO must

- comply with food safety standards
- undergo biennial food safety and sanitation inspections conducted during site visits by Food Bank staff
- receive safe food handling training as at least once every five years

Nutrition

- For Food Pantries, Soup Kitchens and Shelters, a “HPNAP meal” consists of 1 serving from at least 3 of the 5 Food Groups and 1 serving must always be a fruit or vegetable; agencies should strive to provide 2 servings of fruits and/or vegetables per meal.
- The 5 Food Groups are:
 - o Grains/Breads/Pasta/Cereal
 - o Fruits
 - o Vegetables
 - o Meat/Poultry/Fish/Beans/Eggs/Nuts
 - o Dairy/Milk/Cheese/Yogurt

Reporting

- Monthly reports must be submitted online through our online portal, Primarius Web Windows (PWW), also our online ordering platform. This software requires a password that can be provided after taking one of our monthly in person or web based trainings.
- The Emergency Feeding Relief Organization (EFRO) must maintain and report service statistics to the Food Bank by the 10th of each month including:
 - o Food Pantries: Record the number of people served according to approximate age (child, adult, elderly) and the number of households served.
 - o Soup Kitchens and Shelters: Record the number of meals served according to approximate age (child, adult, elderly). Seconds may not be counted in your totals.
- Missing reports will affect your funding for the subsequent year.
- Timely submission of reports helps determine eligibility for continued funding. Future allocations for agencies with chronically late/missing reports will be reduced as follows:

Number of Late Reports	% Deducted from Allocation
3	10%
4	20%
5	35%
6	50%
7	75%
8	Not eligible for funding

This agency agrees to comply with ALL requirements on this Grant Agreement.

Executive Director's Name _____

Executive Director's Signature _____ Date: _____

(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).