

# **HPNAP FOOD GRANT APPLICATION**

## **SOUP KITCHENS**

### **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 1<sup>st</sup> through June 30<sup>th</sup> 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 20<sup>th</sup>, 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 12<sup>th</sup>, 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](mailto: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**  
**SOUP KITCHENS**  
**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?

Please provide your hours of operation. 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 Operation	Notes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**\* If your soup kitchen serves meals more than one day per week, you must provide a copy of your Department of Health Inspection Permit or Application for the Permit with the application. \***

Which meal(s) does your site provide? (check all that apply).

Breakfast    Lunch    Dinner    Snack    Bag Meal

**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 Serviced 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:

<b>Number of Late Reports</b>	<b>% Deducted from Allocation</b>
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).**