

2017-2018 Operations Support (OSP)

Documentation Summary Sheet for: Staff Costs

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- 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, 2018**.
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- The hours worked must fall **after** November 1, 2017.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.

STAFF COSTS: Required forms of documentation are: copies of payroll registers (such as ADP); OR time cards, supported by copies of bank-canceled payroll checks.

List the name of the person who does the direct food service _____

List the date and amount of each pay check issued to this person for the period worked November 1, 2017 through October 31, 2018.

PAY DATE:	AMOUNT
sub total	

PAY DATE:	AMOUNT
TOTAL:	

Total Pay \$ _____ X _____% Food Service Work = _____ OSP Expenses.

% Food Service Work is the percentage indicated on your signed budget form, taken from your application.

Arrange copies of documents in the order listed above, place the summary form on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

Emailed or faxed documentation will not be accepted.

2017-2018 Operations Support (OSP) Documentation Summary Sheet for: Space Costs

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- Complete this sheet for documenting Space costs and attach it to the required documentation.
- This form must be returned with required documentation no later than **September 30, 2018.**
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.

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 the summary form on top and staple everything together.
Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

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2017-2018 Operations Support (OSP) Documentation Summary Sheet for: Utility Costs

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- Complete this sheet for documenting Utility costs and attach it to the required documentation.
- This form must be returned with required documentation no later than **September 30, 2018.**
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.
- Utility expenses must be **incurred** after November 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 November 1, 2017 through October 31, 2018. 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 copies of documents in the order listed above, place the summary form on top and staple everything together.

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2017-2018 Operations Support (OSP)
Documentation Summary Sheet for: Food Service Paper Products and Other Supplies

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- Complete this sheet for documenting Food Service Paper Product costs and attach it to the required documentation.
- This form must be returned with required documentation no later than **September 30, 2018**.
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.

FOOD SERVICE PAPER PRODUCTS AND OTHER SUPPLIES COSTS: Required documentation includes copies of vendor invoices or register receipts with allowable items checked and copies of bank-canceled checks if paid by check.

Invoice Date	Vendor	Check Number	Total charge for OSP items only
			\$

OSP Items Include:

- disposable plates, cups
- plastic utensils
- plastic wrap
- aluminum foil
- foil baking/roasting pans
- foil steam table pans
- disposable food containers
- food service gloves
- paper bags, plastic bags, reusable grocery bags used to pack food for food pantry clients
- Thermal blankets

* Food Pantries may only claim grocery bags for packing pantry bags, food service gloves, as well as thermal blankets

Arrange copies of documents in the order listed above, place the summary form on top and staple everything together.
Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

Emailed or faxed documentation will not be accepted.

2017-2018 Operations Support (OSP)

Documentation Summary Sheet for: Food Service Equipment

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- Complete this sheet for documenting Food Service Equipment costs and attach it to the required documentation.
- This form must be returned with required documentation no later than **September 30, 2018**.
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.

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 copies of documents in the order listed above, place the summary form on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

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2017-2018 Operations Support (OSP)

Documentation Summary Sheet for: Transportation, Option 1: Mileage

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- Complete this sheet for documenting Mileage costs and attach it to the required documentation.
- **This form must be returned with required documentation no later than September 30, 2018.**
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.

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 if attached, 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 copies of documents in the order listed above, place the summary form on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

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2017-2018 Operations Support (OSP)

Documentation Summary Sheet for: Transportation, Option 2: Rental Costs

Agency Name: _____

Name of Person Who Prepared this Report: _____ Food Bank ID Number _____

Phone or email _____ County _____

- Complete this sheet for documenting Vehicle Rental costs and attach it to the required documentation.
- This form must be returned with required documentation no later than **September 30, 2018.**
- Anticipated payments are not allowable. If you need the month of October to fully expend the grant, you must contact Kerry Leary prior to September 30, 2018.
- The eligible time period is November 1, 2017 through October 31, 2018.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2018.

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, paid rental invoices 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

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