

2018-2019 Operations Support (OSP) Documentation Summary Sheet for: Space Costs

Agency Name _____

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

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, 2019.**
- 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, 2019.
- The eligible time period is November 1, 2018 through October 31, 2019.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2019.

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.

Emailed or faxed documentation will not be accepted.

2018-2019 Operations Support (OSP) Documentation Summary Sheet for: Utility Costs

Agency Name _____

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

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, 2019.**
- 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, 2019.
- The eligible time period is November 1, 2018 through October 31, 2019.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2019.
- Utility expenses must be **incurred** after November 1, 2018.

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 billing period of each utility bill, the amount of each utility bill, and the check number used to pay it for the period of November 1, 2018 through October 31, 2019. If you are submitting documentation for more than one utility company, fill out an itemized list for each company.

Utility company: _____

Utility Company: _____

BILLING PERIOD:	AMOUNT	CHECK NUMBER
Total:		

BILLING PERIOD:	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.

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

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2018-2019 Operations Support (OSP)

Documentation Summary Sheet for: Food Service Equipment

Agency Name _____

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

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, 2019**.
- 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, 2019.
- The eligible time period is November 1, 2018 through October 31, 2019.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2019.

EQUIPMENT COSTS: Required documentation includes a copy of vendor invoice as well as paid receipt or bank-canceled check if paid by check. Please complete the chart below.

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.

Emailed or faxed documentation will not be accepted.

2018-2019 Operations Support (OSP)

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

Agency Name _____

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

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, 2019.**
- 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, 2019.
- The eligible time period is November 1, 2018 through October 31, 2019.
- Unspent funds must be returned to the Regional Food Bank by September 30, 2019.

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, gas receipts, 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

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.