Documentation Summary Sheet for: <u>Staff Costs</u>

ame of Person V	Vho Prepared this Repor	:t	Food	d Bank ID
none or email			Cou	nty
 This form Anticipate must cont The eligib The hours 	this sheet for documention must be returned with read payments are not allowed act Kerry Leary prior to be time period is Novem worked must fall after and must be returned to	equired documenta wable. If you need May 31, 2020. aber 1, 2019 throug November 1, 2019	tion no later than the month of Jur h June 30, 2020.	May 31, 2020. The to fully expend the grant, you
	Required forms of doupported by copies of <u>l</u>			l registers (such as ADP);
ist the date and arough May 31,	, 2020.		person for the p	period worked November 1,
PAY DATE:	AMOUNT		PAY DATE:	AMOUNT
	_			
sub total			TOTAL:	
	y \$X _	% Food Servic		OSP Expenses.
Total Pa			e Work =	-
Total Pa	Nork is the percentage in	ndicated on your si	e Work =	OSP Expenses. I, taken from your application. mary form on top and staple

2019-2020 Operations Support (OSP) Documentation Summary Sheet for: Space Costs

ame of Person W	ho Prepared th	is Report	Food Bank ID	
one or email			County	
 This form r Anticipated must contact The eligible Unspent fur 	nust be returned payments are let Kerry Leary let time period is ands must be retervised revide copies	d with required documot allowable. If yo prior to May 31, 202 November 1, 2019 urned to the Regionate of bank-canceled in	ests and attach it to the required domentation no later than May 31, u need the month of June to fully 20. through June 30, 2020. al Food Bank by May 31, 2020. The checks or paid receipts.	2020. expend the grant, you
5	CHECK NUMBER	CHECK DATE:	AMOUNT OF CHECK	
		TOTAL:		
Total Paid	\$2	ζ% Space Us	ed for Food Service = \$	OSP Expenses.
0/2 Sn/	ica Usad for Ed	and Sarvice is the ne	rcentage indicated on your signed	d budget form

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.

2019-2020 Operations Support (OSP) Documentation Summary Sheet for: <u>Utility Costs</u>

c.F.					
me of Person	Who Prepared	this Report	Fo	ood Bank ID _	
one or email_			(County	
 This form Anticipate must con The eligities Unspent Utility extinction Utility COS bies of bank-coaccepted). 	m must be returned payments a stact Kerry Learned ble time period funds must be expenses must be tracked to the conceled checked to the conceled of the conceled checked to the conceled to th	documenting Utility of med with required documentation and selection of the Region of	umentation no later the pu need the month of 20. through May 31, 202 and Food Bank by May 202 an	nan May 31, 20 June to fully execute 20. y 31, 2020. lity bills showing uent bill show	220. Expend the grant, you
or the period	of November	1, 2019 through May	y 31, 2020. If you a	re submitting	
	utility compan	y, fill out an itemized			
lity company:	:	CHECK	Utility Compa	ny:	CHECK
lity company:	:	CHECK	Utility Compa	ny:	CHECK

<u>% Utilities Used for Food Service is the percentage indicated on your signed budget form, taken from your application.</u>

Total paid \$______ X____% Utilities Used For Food Service = \$_____ OSP Expenses.

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.**

Documentation Summary Sheet for: Food Service Paper Products and Other Supplies

Agency Name	<u></u>
Name of Person Who Prepared this Report	Food Bank ID
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 May 31, 2020.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2020.
- The eligible time period is November 1, 2019 through June 30, 2020.
- Unspent funds must be returned to the Regional Food Bank by May 31, 2020.

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.

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 May 31, 2020.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2020.
- The eligible time period is November 1, 2019 through May 31, 2020.
- Unspent funds must be returned to the Regional Food Bank by May 31, 2020.

EQUIPMENT COSTS: Required documentation includes a copy of vendor invoice as well as paid receipt or <u>bank-canceled</u> 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.

Documentation Summary Sheet for: <u>Transportation</u>, <u>Option 1: Mileage</u>

Agency Name						
Name of Person Wh	no Prepare	d this Report		Food	d Bank ID	
Phone or email				Cou	nty	
 This form m Anticipated must contact The eligible Unspent fun OPTION # 1: THPNAP food to Food Bank War For Mileage do traveled. The lexpense. Copie 	payments t Kerry Le time period ds must be ransportate your eme rehouse and cumentate log must be es of bank	rgency feeding sited/or a Food Bank I ion, include a log	I documentation If you need the second of th	on no later than the month of June month of June May 31, 2020. Bank by May 3 by the reimburs of the claim only be claim on the claim or sed by the actions or sed by the actions or the property of the actions of the claim of th	May 31, 2020. ne to fully exper 1, 2020. ed for mileage for mileage for picking under the second	nd the grant, you for transportation of up an order from the dings and mileage or authorizing the
Total	Miles	X \$0	.545 Per Mile=	\$	Total N	Mileage
Plus Total	of Tolls _		=\$		Total Cost for T	Γransportation.
	DATE:	PAID TO:		CHECK #.	AMOUNT	
				I		1

of the

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.

TOTAL

Documentation Summary Sheet for: <u>Transportation, Option 2: Rental Costs</u>

Age	ency Name					
Nan	ne of Person WI	no Prepared this Report		Foo	od Bank ID _	
Pho	ne or email			Co	unty	
OPT	 This form n Anticipated must contact The eligible Unspent fur TION #2: Transpany for transpoicking up an or 	payments are not allowable. If the terry Leary prior to May 31, 2 time period is November 1, 201 ands must be returned to the Regions portation Rental Costs. You report to the Food Bank Wareholder from the Food Bank Wareholder provide a list of the dates, description of the dates, desprovide a list of the dates, description and the content of the dates, description of the dates, despread to the dates, description and the dates are the dates.	you need the myou need the myou need the myou need the myough Mayonal Food Bankmay only be rear emergency foouse and/or a Foods	o later that onth of Ju 31, 2020 a by May imbursed eeding site ood Bank	n May 31, 20 ine to fully example. 31, 2020. for rental content conten	osts from a vehicle rent costs can only be claimed.
		ies of paid receipts or <u>bank-ca</u>	· •		, 0	s receipts, and ton
	Rental Date	Destination	RENTAL AMOUNT	GAS	TOLLS	TOTAL FOR EACH TRIP
		TOTALS:				

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

Totals: \$_____+ ______ + ______ + _____ = Total Cost \$_____

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