Food Bank of Central New York
HELPING THE HUNGRY SINCE 1985

7066 Interstate Island Road Syracuse, NY 13209 (315) 437-1899 foodbankcny.org

2017 - 2018 HPNAP Operations Support

Grant Documentation Submission Form

For the Period: _____ to: _____ Quarter: _____

Agency Name: _____

Agency Number: _____ Grant Category: _____ Total Award: _____

	Document Type	Document Description	Service Period	Document Amount	Proof of Payment	Grant Expenditure Claim ($)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
					Total Expenditure Claim this Period:	

Submitted by: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

See reverse for form instructions. For additional information see grant application, award forms, and documentation guidelines.

Food Bank Use Only

FEEDING AMERICA DOH United Way

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Instructions for HPNAP Grant 2017 - 2018 Documentation Submission Form

1. Complete top portion of the form indicating the period covered by the documentation being submitted, your 5-digit agency number, your agency name, the category of your grant award, the total amount of your grant award, and the quarter being submitted.
2. Complete one line for each expenditure item submitted as follows:

   Document Type: Identify which type of document you are submitting - **INVOICE, TIME SHEET, TIME CARD, STORE RECEIPT, LEASE/USE AGREEMENT** or **TRAVEL/MILEAGE LOG**.

   Document Description: Describe the document submitted including vendor name, invoice number, pay date or other identifying information. If the invoice is paid with a check, indicate the check number in the description as well.

   Service Period: Indicate the date(s) when the expenditure was incurred. For example, if listing a National Grid invoice, the period of service is indicated at the top of the invoice as a date range such as July 24, 2016 - August 24, 2016.

   Document Amount: Record the total dollar amount of the invoice. This is not the amount you may actually be paying but the actual expense incurred per the invoice.

   Proof of Payment: Identify what you are submitting as proof of payment - copy of **CANCELED CHECK, BANK STATEMENT, or THIRD PARTY PAYROLL REGISTER REPORT.**

   Grant Expenditure Claim: Identify the amount of expenditure being claimed related to the documents shown on that line. This amount will not necessarily be the same as the invoice amount. Factors that may impact the claim will be dates of service, percentage occupancy, time worked in pay period directly for the EFP (Emergency Food Program), non-qualifying items on invoices, etc. For more than 12 lines, attach additional forms.
3. Total the Grant Expenditure Claim Column to determine the total amount of the claim for this form.
4. Please clearly print or type out your full name under *Submitted by.*
5. Sign and date the form.
6. Attach copies of all related documentation to the Grant Documentation Submission Form in the same order in which they are listed. If any numbers on the Grant Documentation Submission Form do not tie directly to the attached documents, please attach notations to show how the claim amounts were calculated.
7. To submit the form and legible copies of all related documents, please mail to:

   Food Bank of Central New York
   Attn: HPNAP OS Grant Claim
   7066 Interstate Island Road
   Syracuse, NY 13209

   OR fax to: (315) 434-9629
   OR e-mail to: tbaker@foodbankcny.org

For questions, please contact the Finance Department at (315) 437-1899 ext. 269.