



7066 Interstate Island Road Syracuse, New York 13209
p. (315) 437-1899 f. (315) 434-9629 foodbankcny.org

**Food Bank of Central New York
2020 - 2021 Operations Support & Equipment (OSE) Grant Application**

Funded by New York State Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)
July 1, 2020 - June 30, 2021

Application(s) Due: The Food Bank must receive applications before 4:30 p.m. on **Friday, April 17, 2020**.
Late submissions will not be accepted.

Return application(s) to:

**Agency Relations Department
Food Bank of Central New York
7066 Interstate Island Road
Syracuse, NY 13209
Attn. HPNAP Processing**

Food Bank of Central New York

2020 - 2021 Operations Support (OS) Application Guidance

INTRODUCTION:

The Hunger Prevention and Nutrition Assistance Program (HPNAP, formerly SNAP) was established in 1984 to improve the nutritional health status of the State's low-income citizens by reducing hunger, malnutrition, and nutritionally related illness. HPNAP, in partnership with organizations that serve the hungry, is dedicated to improving the health and nutritional status of people in need of food assistance by:

- Providing funding and other support to enhance the accessibility and availability of safe and nutritious food and food related resources;
- developing and providing comprehensive nutrition education programs;
- monitoring and assessing customer needs and hunger-related issues to strengthen the program effectiveness;
- empowering people to increase their independence from food assistance programs.

ELIGIBILITY:

To be eligible to apply for HPNAP Food and/or Operations Support (OS) funds, an Emergency Food Program (EFP) must have been providing emergency food service for at least twelve (12) months at the time of application. An EFP must comply with the following eligibility criteria and be able to provide documentation of:

- a. nonprofit status under Section 501(c)(3) of the Internal Revenue Code;
- b. possession of a Federal Tax Identification Number documented through a copy of US Department of Treasury, Internal Revenue Service correspondence indicating the organization's Federal Tax Identification Number;
- c. current tax exemption status;
- d. proper food service permit, if offering ready-to-eat meals;
- e. provide emergency food services to all persons regardless of race, creed, color, sex, sexual orientation, national origin, age, disability, or marital status; and
- f. provide food free of charge or obligation to all people at all times who present themselves as in need.

In addition:

- Incorporation is not required to receive HPNAP funds;
- membership in a regional food bank is not required to submit an application; and,
- emergency food programs with existing direct New York State Department of Health HPNAP contracts are ineligible.

INELIGIBLE ORGANIZATIONS:

The following organizations are not eligible to apply:

- For profit organizations;
- organizations that only distribute USDA Commodity (TEFAP) Foods; or,
- senior citizen, day care, and other feeding programs that do not provide emergency food service specifically to people in need.

SCOPE OF THIS APPLICATION:

Funds awarded under HPNAP for the 2020 - 2021 grant year will be available when released by the state and must be used by May 15, 2021. **HPNAP grant funds are designed to supplement and/or match a program's own efforts; funds should not be viewed as a sole means of support.**

Operations Support (OS) awards provide funding to agencies currently providing emergency food to low-income and/or food insecure New Yorkers. **Submission of an OS application does not guarantee that your total funding request(s) will be granted.** OS funding is to supplement an organization's current operating funds; funds may not be used as start-up costs for new activities or new staff positions. OS grants are awarded for one or a combination of the following six (6) expenditure categories:

- A. Staff Costs: Only **direct service** workers may be funded. This includes persons actually engaged in the serving or storing of food such as cooks, kitchen help, pantry volunteers, and food service or storage area cleanup persons. Administrative personnel such as bookkeepers and directors, or non-food workers such as maintenance workers are **not fundable**.
- B. Utilities: Food service work or storage area utility costs such as heat, water, and electricity may be funded. Trash and recycling removal, pest control services, and sewer charges as well as telephone costs and costs associated with other non-food service or storage areas are **not fundable**.
- C. Space Costs: Costs for currently occupied space for direct emergency food service or storage areas may be funded. Space shared with other programs is to be prorated to compute the portion used for emergency food service. Costs for administrative offices are **not fundable**. OS may fund rent or user fees, but may not be used to pay mortgage payments or any payment in excess of actual charges to the EFP.
- D. Food Service Paper Products and Other Disposables: Non-durable/disposable supplies necessary to the provision of emergency food may be funded. This includes, but is not limited, to paper/plastic bags, disposable plates, cups and dinnerware, plastic wrap, aluminum foil, cardboard boxes, and food containers. Supplies that are not necessary to the provision of food, such as office supplies, toilet paper and cleaning materials are **not fundable**.

PLEASE NOTE: Disposable food safety and sanitation supplies such as aprons, gloves, and hand soap are **not fundable**. These supplies are available for HPNAP eligible agencies, free of charge from the Food Bank. Please contact Michelle Mengel ext. 239 to have these supplies added to your Food Bank order for free.

- E. Transportation: Costs for the transportation of food from source to EFP site may be funded. This may include payments to rent or lease vans, (rent/lease option) or mileage reimbursement up to the federal reimbursement rate per mile for the mileage option. Costs for delivering food from EFP site to pantry recipients are **not fundable**.
- F. Food Service (Capital) Equipment: An EFP may request funding for new food service equipment items essential to their emergency food operations. Priority will be given to the following items: refrigerators, freezers, stoves and ovens, metal shelves, metal storage cabinets, 3-compartment sinks, hand washing sinks, hand trucks, and exhaust hoods & fire suppression systems (if required by codes in the specific facility) which are necessary to maintain the current operation of an emergency food program. The funds may **NOT** be used to purchase disposable items, used or reconditioned equipment, office equipment, computer hardware, air conditioners, heating units, fans, dehumidifiers, vehicles, wooden or plastic shelving or cabinets, custom-made appliances/equipment, small electrical appliances, or small kitchen utensils. The purchase of equipment for food pantries that would like to transition to or enhance a client choice model of operation (such as tables, shelving, or shopping carts) is acceptable. The OS grant can cover reasonable delivery fees. Capital equipment awardees should ensure that delivery charges will cover the cost to deliver the equipment to exact location where the equipment will be utilized, e.g. freezer is delivered to the inside placement of the EFP where it will be used to store food. OS grants will **NOT** fund building alterations, wiring or plumbing work, other installation charges, or removal/disposal fees for old equipment. The EFP is responsible for paying alteration, installation, and removal/disposal costs for old equipment.

Applicants must obtain at least two vendors price quotes for each piece of equipment requested. The request is to be based on an actual quote, not on a temporary sale price. If possible have the vendor guarantee the equipment price.

AWARD LIMITATIONS:

Approval of applications and funding requests are not guaranteed. Agencies should not consider HPNAP funding as part of their annual budget.

- OSE awards may not be used to support any activity where the primary purpose is to distribute foods not obtained with HPNAP funding (e.g., only distributing USDA commodities or retail partnership product).
- Do not request payment for items that the EFP is not actually responsible for. For example, an organization must actually pay rent to another entity in order to receive HPNAP funding for rent.
- OSE awards are limited, usually not exceeding \$3,000. This amount may be increased up to \$6,000 for the purchase of food service equipment only.
- Equipment purchased with HPNAP funds are property of the New York State Department of Health and not of the purchasing agency. Awards for equipment must cover 100% of the cost of the item. If the grantee stops providing emergency food assistance during the useful life of the equipment (usually up to 10 years), the grantee must notify the Food Bank and the equipment will be recovered by the Food Bank and transferred to another EFP.
- All operations support and capital equipment expenditures/services must take place during the July 1, 2020 - May 15, 2021 funding period.

AWARD ADMINISTRATION:

OS grant awards will be based on eligibility and available funds, independent of past awards. Food and OS applications are reviewed, scored, and awarded separately. Each OS application will be scored out of 100 points. The passing score for each application is 35. Applications that score under 35 are **not eligible** to receive an award.

Applications will be scored on the following criteria:

- Emergency food need or poverty using county poverty statistics;
- average service level and availability of service;
- type of operation;
- program design and documentation;
- impact and/or uniqueness of program in community; and,
- program's ability to meet and/or exceed Food Bank of Central New York's best practices.

Programs that have received HPNAP funds in previous years must demonstrate, through past performance, appropriate management of the award. This is assessed by examination of the program's ability to use the funds in a timely manner, report service numbers, and provide appropriate documentation as required.

APPLICATION SUBMISSION:

Signed, original, applications must be received by Food Bank of Central New York by 4:30 PM on Friday April 17, 2020. Late submission will not be accepted, regardless of reason. Please complete the application in its entirety. Failure to answer all the questions completely may result in a lower score or disqualified application.

The 2020 - 2021 HPNAP Operations Support & Equipment Grant Application may be accessed in two ways either online via Food Bank's website or applicants may request a paper copy via USPS (mail) or e-mail by contacting Food Bank's Agency Relations Department at 315-437-1899 x 256.

The 2020 - 2021 HPNAP Operations Support & Equipment Grant Application may be submitted in one of two ways. Applications may be:

- Submitted via USPS to Food Bank of Central New York 7066 Interstate Island Rd. Syracuse, NY 13209, or,
- Submitted in person to Food Bank of Central New York 7066 Interstate Island Rd. Syracuse, NY 13209.

For this application, you will need the following information:

- service Information (children, adults, seniors served) for the previous fiscal period;
 - Including number of unique households served if applying as a food pantry.
- annual food budget;
- service days and hours; and,
- information about program activities such as referrals to other services, advocacy work & community engagement.

An incomplete application will impact award score. For additional information and technical assistance in completing the application, call the Agency Relations Department at 315-437-1899 or 1-800-444-1562 ext. 256 by Friday, April 10, 2020. The New York State Department of Health and Food Bank of Central New York reserve the right to reject applications or lower funding allocations based on requests submitted in response to this application.

AWARD NOTIFICATION:

Successful applicants will be issued an Award Notification & Grant Agreement. The award notification will specify the amount awarded for each category. The grant agreement will contain the terms and conditions of the grant. Awardees of this grant will be subject to monthly reporting, food safety standards, minimum nutrition meal requirements, and providing full documentation of how OS grant funds were spent.

Awardees must sign and return the grant agreement to the Food Bank before funds are made available.

APPEAL:

You may appeal this award within 20 days of the postmark of the Award Notification by submitting a written appeal to Food Bank of Central New York's Executive Director at the address below. Appeals will be issued a response within 60 days or receiving the appeal.

**Food Bank of Central New York
7066 Interstate Island Road
Syracuse, NY 13209
Attn.: HPNAP Processing - Appeals**

TIMELINE:

April 17, 2020 - Completed application due to Food Bank of Central New York by 4:30 pm.

June 15, 2020 - Signed Award Notifications & Agreement due to Food Bank of Central New York.

July 1 - 2020 - Funding issued for award recipients who have signed and submitted the agreement and are current on previous award documentation.

October 1, 2020 - All capital equipment awards must be purchased by this date.

October 31, 2020 - All capital equipment documentation, and / or reimbursement is due to Food Bank of Central New York.

December 31, 2020 - First half of Operation Support documentation is due.

January 1-10th, 2021 Second half of Operation Support funding issued for recipients who have documented 50% (minimum) of their award.

May 15, 2021 - Award funds must be spent.

May 31, 2021 - 100% of Operation Support documentation is due.

May 31, 2021 - Unused Operations Support funds must be returned.

***Programs that fail to meet documentation requirements, or timelines, will not be eligible for future awards.**

DO NOT RETURN PAGES 1-5 WITH YOUR APPLICATION.



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Food Bank of Central New York
2020-2021 Operations Support (OS) Grant Application
Funded by: New York State Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)

(Please type or clearly print all responses)

The Food Bank must receive applications before 4:30 p.m. on Friday, April 17, 2020.

You must use a separate application for all programs even if they are located at one address.

PART A: Program Information

1a. Name of Emergency Food Program: _____

Site Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Contact Name: _____ Contact Phone Number: _____

Email: _____ Site Phone Number: _____

2a. Five-digit Food Bank account number: _____ County: _____

If your program is not a Food Bank partner agency and you do not have a Food Bank account number, please attach proof that your program has 501(c)(3) federal tax-exempt status (or its equivalent) or has a 501(c)(3) sponsoring organization. **Please note that the sponsoring organization is legally and financially responsible for this program's operation.**

3a. Has your emergency food assistance program been in continuous operation for the past twelve (12) months?
Yes No

4a. Please check what type of food program you are applying as (**check only one**).
You must use a separate application for all programs even if they are located at one address.

Food Pantry (distributes food for recipients to prepare and eat at home)

Soup Kitchen (serves prepared meals to be eaten on-site, also called meal programs)

Bag Meal Program (serves prepared meals to be eaten off-site)

Kids Cafe (serves a complete meal to children aged 5 to 18 and has been rejected from CACFP)

Shelter (temporary/emergency shelters) - *All shelter applicants must complete questions 8c. - 10c

PART B: Summary and Priority of Requests

Grants are awarded on a competitive basis. OSE funding is to supplement an organization's current operating funds; funds may not be used as start-up costs for new activities or new staff positions. OS grants are awarded for one or a combination of the following six expenditure categories. Please review each category and apply for your program needs. Applying for more than one category is encouraged. **Submission of an application does not guarantee your total funding request(s) will be granted.**

Prioritize your funding requests 1-6, with #1 as the greatest need and #6 as the least.

	Priority of Request	Amount Requested
Staff Costs		\$
Utilities		\$
Space Costs		\$
Food Service Disposables		\$
Transportation		\$
Food Service (Capital) Equipment		\$

PART C: Program Specific Questions (50 total points)

1c. Service Numbers

- ❖ For existing Food Bank partner agencies, service numbers from monthly reports from 11/1/2019 to 4/30/2020 will be used.
- ❖ If you have been a partner agency less than one year or are not a partner agency, please contact the Agency Relations Department at 315-437-1899 ext. 256.

2c. What is the average number of days per month service is provided? Choose response that best fits.

- On call or open 1 day to 2 days per month
- 3 days to 8 days per month
- 9 days to 12 days per month
- More than 13 days per month

3c. Is your program open during any of the following? Check all that apply.

- Saturdays
- Sundays
- After 5:00pm
- Outside of normal hours for emergencies

4c. Which of the following items does your program ALWAYS prepare or distribute? Check all that apply.

- Fresh fruits and/or vegetables
- Whole grain pasta, rice, breads, or cereals
- Dried beans or low sodium canned beans
- Lean meat, fish, poultry - fresh or frozen, un-breaded
- Low-fat or nonfat fluid milk or milk coupons

5c. What is your food program's annual operations budget (i.e. Staff, utilities, rent)?

- \$0 - \$999
- \$999 - \$4,999
- \$5,000 - \$9,999
- \$10,000 - \$24,999
- \$25,000 +

6c. Please indicate what source(s) of funding your program used to purchase foods during your most recent fiscal year.

- HPNAP Food Grant
- Other Food Bank funding / support
- Government funded grants / support
- Donations
- Fundraising events

7c. Does your non-profit agency or church an independent, annual, audit?

- Yes If yes, who conducts audit: _____
- No

8c. Has your program performed any of the following advocacy (related to hunger) activities in the last 12 months?
Please check all that apply

- Called an elected official
- Emailed an elected official
- Wrote to an elected official
- Met with an elected official or his / her staff
- Provided a tour of your agency to an elected official
- Took action in response to a Food Bank advocacy alert

9c. Does a representative from your agency attend a hunger coalition type meeting on a regular basis (4X per year minimum)?

- Yes
- No

Questions 10c -12c REQUIRED for SHELTERS:

**All other programs please skip this section.*

10c. What is the average number of meals served daily per guest? Choose response that best fits.

1

2

3

Other _____

11c. Do you receive a per diem rate (amount) from any funding agency?

Yes, if yes, what is your per diem rate? _____

No

12c. Which meals (breakfast, lunch, and/or dinner) are you requesting funding for and why?

PART D: Impact and Uniqueness of Program in the Community: (50 pts)

In the spaces below, please answer the following questions on your program's food assistance efforts and how they make a difference in your community. Use additional paper if necessary; indicate which questions you are responding to, if you use additional paper.

1d. List three things your emergency food program does that positively impacts your community.

2d. Provide at least one brief narrative about a guest and describe how their story positively influenced you, a volunteer or other staff member in the last year.

3d. Describe how this funding will supplement your existing funding.

4d. Describe how you determine which fresh fruits and vegetables to provide in your program.

5d. Do you encourage clients to take fresh fruits and vegetables? If yes, please describe that effort being specific as possible. Include any education events, handouts, or ideas you've found most successful.

PART E: Operations Support Budget Page - STAFF

Please indicate priority and amount of this request: Priority # _____ Amount Requested \$ _____

Title of Staff Position(s): _____

OS funding is to supplement your current operating funds; funds may **not be used for new staff positions.*

1e. List the specific duties this staff person(s) performs. Only the salary of direct service worker(s) may be funded. If operation of the food assistance program is only part of the position, **list only those tasks related to food assistance or attach the job description, highlighting the relevant duties.** Administrative personnel such as bookkeepers and directors, non-food workers such as maintenance workers **not fundable.**

**Omission of how this position relates to emergency food service will disqualify your request*

2e. Approximately how many *hours per week* does the staff person work on food assistance? _____

3e. What is the wage rate per hour (must supply hourly rate) \$ _____?

**If staff position or rate changes after application is submitted, you must notify the Food Bank or funds may be withheld.*

4e. Of the total amount of money received last year to support this staff request, what amount came from the following sources?

Source	Amount
Food Bank HPNAP OS Grant	\$
Corporate/Foundations Grants	\$
Local Donations (individuals)	\$
Church/Organization Funds (part of annual budget)	\$
Other (please specify)	\$

5e. How would the requested grant funds support or improve your program's ability to provide food assistance to people in need? Please be specific.

6e. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

- Copies of the payroll register
- Copies of the time cards/time sheets showing days and hours worked, and copies of canceled paychecks.
- Copies of 1099 or W-2 forms

Who will be responsible for submitting the documentation to the Food Bank?

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

PART E: Operations Support Budget Page - UTILITIES

Please indicate priority and amount of this request: Priority # _____ Amount Requested \$ _____

7e. List all food service work or storage areas that need heat, water, and/or electricity to support your program. Food service work or storage area utility costs such as heat, water, and electricity may be funded.

8e. What is the typical annual cost of utilities for your program? \$ _____

9e. Is the emergency food program responsible for *all* of the utility bill or only a *portion*? _____

10e. If only a portion, what percentage of the bill is your program responsible for? _____

Explain why this percentage was selected.

**If percentage changes after application is submitted, you must notify the Food Bank or funds may be withheld.*

11e. Of the total amount of money received last year to cover utility expenses, what amount came from the following sources?

Source	Amount
Food Bank HPNAP OS Grant	\$
Corporate/Foundations Grants	\$
Local Donations (individuals)	\$
Church/Organization Funds (part of annual budget)	\$
Other (please specify)	\$

12e. How would the requested grant funds support or improve your program's ability to provide food assistance to people in need? Please be specific.

13e. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

- Copies of all pages of the utility bills
- Copies of canceled checks, bank statements, or credit card statements verifying payment of the bills

Who will be responsible for submitting the documentation to the Food Bank?

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

PART E: Operations Support Budget Page - SPACE

Please indicate priority and amount of this request: Priority # _____ Amount Requested \$ _____

NOTE: Your **application will not be considered** until a copy of the current rental agreement or a letter stating the rent/user fee from the organization that provides the space is received.

**If rental agreement changes after application is submitted, you must notify the Food Bank or funds may be withheld.*

14e. List all food service work or storage areas that your program currently pays to occupy.

Only costs for space for direct emergency food service or storage areas may be funded with this grant. Costs for administrative offices are **not fundable**.

15e. If only a portion of your rent will be charged to the Operations Support grant, please give a clear explanation of what percentage of rent will be paid by the grant and why that percentage was selected.

16e. What is the overall square footage of the building? _____

17e. What is the specific square footage of the space you are requesting funds for? _____

18e. Of the total amount of money received last year to cover your program's rent/lease, what amount came from the following sources?

Source	Amount
Food Bank HPNAP OS Grant	\$
Corporate/Foundations Grants	\$
Local Donations (individuals)	\$
Church/Organization Funds (part of annual budget)	\$
Other (please specify)	\$

18e. How would the requested grant funds support or improve your program's ability to provide food assistance to people in need? Please be specific.

20e. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

- Copies of current rental/lease agreement
- Copies of canceled checks, bank statements, or credit card statements verifying payment of rent/lease
- Explanation of the percentage of space costs/use by your program

Who will be responsible for submitting the documentation to the Food Bank?

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

PART E: Operations Support Budget Page - DISPOSABLES

Please indicate priority and amount of this request: Priority # _____ Amount Requested \$ _____

NOTE: Disposable supplies necessary to the provision of emergency food may be funded. This includes, but is not limited to:

- paper/plastic bags
- disposable plates, cups, and dinnerware
- plastic wrap and aluminum foil
- cardboard boxes and food containers

Supplies not necessary to the provision of food, such as office supplies, toilet paper, and cleaning materials are **not fundable**.
Disposable food safety and sanitation supplies such as aprons, gloves, and hand soap are **not fundable. These supplies are available for free from the Food Bank. Please contact Michelle Mengel ext. 239 to have these supplies added to your Food Bank order for free.*

21e. List the specific disposable items you plan to buy with the grant, the amount of each, and the estimated total cost. (Attach an additional sheet if necessary - cost documented must equal or exceed amount requested)

Item(s)	Amount	Total Cost per Item
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Amount Requested:	\$

22e. Of the total amount of money received last year to cover your program's disposable expenses, what amount came from the following sources?

Source	Amount
Food Bank HPNAP OS Grant	\$
Corporate/Foundations Grants	\$
Local Donations (individuals)	\$
Church/Organization Funds (part of annual budget)	\$
Other (please specify)	\$

23e. How would the requested grant funds support or improve your program's ability to provide food assistance to people in need? Please be specific.

24e. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

- Copies of vendor invoices (or itemized cash register receipts)
- Copies of canceled checks, bank statements, or credit card statements to document use of these funds

Who will be responsible for submitting the documentation to the Food Bank?

Name: _____ Title: _____
 Phone Number: _____ Email Address: _____
 Mailing Address: _____

PART E: Operations Support Budget Page -TRANSPORTATION

Please indicate priority and amount of this request: Priority # _____ Amount Requested \$ _____

NOTE: Costs for the transportation of food from source to your program may be funded. This may include payments to rent/lease vans or mileage reimbursement up to the federal reimbursement rate per mile. Costs for delivering food to pantry recipients are **not fundable**.

25e. Please describe how you plan to use the requested funds for transportation of food to your program.

26e. How often will your program be transporting food? _____

27e. Who will be transporting the food? _____

28e. What is the expected total number of miles to be traveled? _____

29e. Of the total amount of money received last year to cover transportation expenses, what amount came from the following sources?

Source	Amount
Food Bank HPNAP OS Grant	\$
Corporate/Foundations Grants	\$
Local Donations (individuals)	\$
Church/Organization Funds (part of annual budget)	\$
Other (please specify)	\$

30e. How would the requested grant funds support or improve your program's ability to provide food assistance to people in need? How much food (estimate pounds or cases) will you transport?

If applying to rent or lease a truck, please attach the following:

- Two (2) quotes from separate truck rental companies.
- A copy of your current contract and payment receipts.

This grant DOES NOT cover the cost of mileage or gas when renting a truck. Rental Truck receipts must show proof of payment to be accepted.

31e. Check which form(s) of documentation your program can provide to verify the use of the grant funds:

- Copies of receipts from rental agency (for rental/lease reimbursement)
- Copies of canceled checks, bank statements, or credit card statements to document payment of rental/lease
- Mileage log showing dates, destination, odometer readings and mileage traveled (for mileage reimbursement)

Who will be responsible for submitting the documentation to the Food Bank?

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

PART E: Operations Support Budget Page - CAPITAL EQUIPMENT

Please indicate priority and amount of this request: Priority # _____ Amount Requested \$ _____

NOTE: Your program may request funding for new food service equipment items essential to your emergency food operations. Food service equipment should have a useful life of two (2) years or more and a unit cost of \$300.00 or more. The OS grant will not fund building alterations, wiring or plumbing work, or any other installation costs. Your program is responsible to pay for any alteration, installation, and maintenance costs. Your program is also responsible to pay for any removal or disposal fees for old equipment. Equipment items purchased with this grant are property of the New York State Department of Health.

Funds for equipment grants are limited. If applying for funding for more than one (1) equipment item, prioritize your funding requests 1-6, with #1 as the greatest need and #6 as the least. If requesting duplicate items, i.e. two (2) freezers, list each unit singly and prioritize each one.

32e. List the name and type of equipment item(s) you are requesting, the price per item and priority of request

Name & Type of Equipment Item(s)	Price per item	Priority Number (1,2,3, etc.)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Food Service Capital Equipment Total: <i>*must equal total equipment funds on page 9: Summary of Requested Funds</i>	*\$	

33e. Attach at least **two (2) vendor price quotes for each equipment item requested**. The price for the item(s) requested need to be based on an actual quote, not on a temporary sale price. If possible have the vendor guarantee the equipment price. If 2 quotes are not provided, your request will not be considered.

34e. How would the requested grant funds support or improve your program's ability to provide food assistance to people in need? Please be specific.

Please continue to next page.

35e. How will your program pay to cover any costs for installing, operating, and maintaining the requested equipment item(s)? Please be specific. *The OS grant will not cover these costs.

36e. Check which form(s) of documentation your program can provide to verify the use of the OS grant funds:

- Copies of vendor invoices and payment receipts
- Copies of canceled checks, bank statements, or credit card statements to document use of these funds

Who will be responsible for submitting the documentation to the Food Bank?

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

****All awarded purchases must be made after July 1, 2020. Receipts dated before July 1, 2020 will not be accepted.***

PART F: Verification of Submission

All answers are subject to verification at a later date. Falsifying your answers on any part of the application may result in reduction of funding. **If any of the information in the application changes within the grant period, Food Bank must be notified or funds may be withheld from the program. An incomplete application will result in a lower score and may disqualify your program's request. Food Bank of Central New York reserves the right to reject applications or lower funding allocations based on requests submitted in response to this application. Awardees of this grant will be subject to monthly service number reporting, food safety, and minimum nutrition meal requirements.

Faxes and photocopies of completed applications will not be accepted.
Original signature is required. Do not return pages 1-5 with your application.

The Food Bank must receive applications before 4:30 p.m. on Friday, April 17, 2020.

Late applications will not be accepted.

Signature of Program Coordinator

Date

Type or Print Name

Date