

Hunger Prevention & Nutrition Assistance Program Applicant Information

Please answer fully and completely. Use additional sheets of paper if necessary to complete an answer.

Basic Program Information

Food Program Name _____

Are you a current Food Bank Partner Agency? Yes No

Food Bank Account Number _____

Please select the type of program

- ☐ Food Pantry
- ☐ Soup Kitchen / Meal Site
- ☐ Emergency Shelter
- ☐ Bag Lunch Program
- ☐ Kids Café

Food Program Coordinator First Name _____

Food Program Coordinator Last Name _____

Food Program Contact Telephone _____

Food Program Contact E-mail: _____

Site Information

Site Name: _____

Site Address: _____

Address 2: _____

City: _____

County: _____

State: _____

Zip Code: _____

Section 2: Program Activities

Has your program performed any of the following advocacy (related to hunger) activities in the last 12 months?
(25 points)

- ☐ Called an elected official
- ☐ E-mailed an elected official
- ☐ Written to an elected official
- ☐ Met with an elected official
- ☐ Taken action in response to a Food Bank Advocacy Alert

List three things your emergency food program does that positively impacts your community.
(Max 15 points)

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.
(Max 15 points)

Describe how this funding will supplement your existing funding.
(Max 10 points)

Describe how you determine which foods to provide in your program.
(Max 15 points)

Please Attach the Current Food Safety Training Log

Section 3: Program Specifics

Food Pantry

What is your program's source of funding (select all that apply)?

Please provide percentage of funding from HPNAP Food Grant. _____%

Please provide percentage of funding from Corporate Support. _____ %

Please provide percentage of funding from Donations/Fundraising Efforts. _____%

Please provide percentage of funding from other government grants / funds. _____%

What is your programs annual food budget? \$_____.00

What is the amount of HPANP grant funding requested as part of this application? \$_____.00 (Max 15 point)

Does your food program provide referrals to any of the following services?

- ☐ SNAP
- ☐ WIC

Does your food program have a defined geographic service area?

- ☐ Yes
- ☐ No

What is your program's defined service area?

- ☐ Street Boundaries
- ☐ Neighborhood Boundaries
- ☐ Township / City, or Community Boundaries
- ☐ Multiple Townships, But Not the Whole County
- ☐ School District
- ☐ County

What type of Client Choice is normally offered?

- ☐ Shopping Experience
- ☐ List Service
- ☐ Survey Method

How often can a household receive assistance from your program?

- ☐ Monthly
- ☐ Bi-Weekly
- ☐ Weekly

Is your program open during the following times? (10 points, 5 each)

- ☐ Saturday
- ☐ Evenings (after 5pm)

How many unique households did your program serve between July 1, 2020 and today? _____

What is the food package offered to each household?

- ☐ 9 Meals (3 meals for 3 days for each person in the household)
- ☐ 15 Meals (3 meals for 5 days for each person in the household)
- ☐ 21 Meals (3 meals for 7 days for each person in the household)

Soup Kitchen or Meal Site (Prepared meals)

Please complete this section **only** if your program provides prepared meals to clients.

Which Meals do you offer?

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

How many entrée choices are available with each meal?

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)

How many hours per week (on average) does the food program serve? _____

Is your program open during the following times? (*max 10 points*)

- ☐ Saturday
- ☐ Sunday
- ☐ Evenings (After 5 PM)

Does your food program provide referrals to any of the following services?

- ☐ SNAP
- ☐ WIC

What nutritious items are available?

- ☐ Low Sodium
- ☐ Low Sugar
- ☐ Whole Grain
- ☐ Lean Meats
- ☐ Fresh Fruits
- ☐ Fresh Vegetables

Do you post ingredients for each meal served?

- ☐ Yes
- ☐ No

How many meals has your program provided since July 1, 2020? _____

How many entrée choices are available with each meal? _____

Do you survey clients about food preferences and nutritional needs?

- ☐ Yes
- ☐ No

Shelter

Please complete this section **only** if your program provides food as part of shelter services.

What is your shelters daily capacity? _____

Do you provide prepared meals or food supplies?

- ☐ Prepared Meals
- ☐ Food Supplies for clients to make their own.

Do you receive a per diem?

- ☐ Yes
- ☐ No

What is your per diem? \$_____.00

Who provides the per diem? _____

Section 4: Operations Support & Equipment Applications

Operations Support

Please select the type of funding for which you would like to apply.

- ☐ Capital Equipment
- ☐ Disposables
- ☐ Local Produce
- ☐ Rent (Space)
- ☐ Staffing
- ☐ Transportation
- ☐ Utilities

Capital Equipment

Type of Item Requested

- ☐ Appliance
- ☐ Shelving
- ☐ Cart / Moving Equipment
- ☐ Other Please Specify _____

What is the purpose of this request?

Amount Requested \$_____.00

What priority is this? (1 -6) _____

What type of documentation will you be able to provide to prove the grant was spent accordingly?

- ☐ Receipt
- ☐ Invoice
- ☐ Cancelled Check

Please attach three (3) price quotes.

Disposables

Food Program's annual disposable budget \$_____.00

Amount Requested \$_____.00

What is the purpose of this request?

What priority is this? (1-6) _____

What type of documentation will you be able to provide to prove the grant was spent accordingly?

- ☐ Cancelled Check
- ☐ Bank Statement

Local Produce

Total Annual Produce Budget? \$_____.00

Amount Requested \$_____.00

Do you work with a local farmer or New York State based farm producer?

- ☐ Yes
- ☐ No

Rent (Space)

Does your program pay for space monthly or annually?

- ☐ Monthly
- ☐ Annually

Annual Lease/Rent Cost \$_____.00

Monthly Lease/Rent Cost \$_____.00

Please attach a copy of the lease.

How many square feet are used for providing or storing food? _____

What percentage of the entire leased space is this? _____

What priority is this request? (1-6) _____

Rent / Space Amount Request \$_____.00

Staffing

Staffing Amount Requested \$_____.00

Total Annual Food Service Staff Cost? \$_____.00

Percentage of hours per week does the staff position work with the food program? _____

Staff hourly rate? \$_____.____

What priority is this? (1-6) _____

What type of documentation will you be able to provide to prove the grant was spent accordingly?

- ☐ Time sheet
- ☐ Payroll Invoice
- ☐ Cancelled Check

Transportation

Annual Transportation Cost \$_____.00

Reimbursement Rate \$_____

What priority is this? (1-6) _____

Transportation Amount Requested \$_____.00

What type of documentation will you be able to provide to prove the grant was spent accordingly?

- ☐ Transportation Log
- ☐ Cancelled Check

What is the purpose of this request?

Utilities

Type of Utility support being requested?

- ☐ Electricity
- ☐ Water
- ☐ Heat (Gas / Oil)

Utility Amount Requested \$_____.00

Total Annual Cost for this Item? \$_____.00

What percentage of this utility is being used to support the food program? _____%

What priority is this? (1-5) _____

What type of documentation will you be able to provide to prove the grant was spent accordingly?

- ☐ Utility Bill
- ☐ Cancelled Check

What is the purpose of this request?

I Acknowledge I have reviewed and understand the Application Guide.

The information provided in this application is accurate to the best of my knowledge. I understand that misrepresentation on this form will result in a reduced or forfeit award.

I confirm all information provided in this application is true and complete.

DO NOT SUBMIT SAMPLE -

Signature of Primary Contact

Signature Date

Send to:

**Food Bank of Central New York
7066 Interstate Island Road
Syracuse, NY 13209
Attention: HPNAP Processing**

Completed application and all requested support documentation must be received no later than 5 PM on Friday April 30, 2021. Late submissions will not be considered for awards.