

NYS Department of Health
Hunger Prevention and Nutrition Assistance Program
OPERATIONS SUPPORT/CAPITAL EQUIPMENT APPLICATION 2018-2019

Signed application must be received by Monday, September 17th, 2018, 4:00 pm.
Please mail or hand deliver 10 copies of your application. Do NOT fax.

Agency Name	Agency Number
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Summary of Requested Funds

Funding Category	Amount of Request	Priority (1 st , 2 nd 3 rd ?)
Staff	\$	
Utilities	\$	
Space	\$	
Disposables	\$	
Transportation	\$	
Capital Equipment	\$	

Total Request*	\$	*CANNOT exceed \$14,000
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I verify that all of the information provided in this application is accurate to the best of my knowledge.

(Two signatures are required.)

Print Name _____ Signature _____ Date _____
(Contact Person)

Print Name _____ Signature _____ Date _____
(2nd Person: Executive Director or Assistant – MUST be different than Contact Person)

Contact: David Russell with questions:
davidrussell@feedingamerica.org
607-796-6061 x4017

PART A: TELL US ABOUT YOUR PROGRAM

Name of Emergency Food Program:	
Site Address:	
Executive Director:	Year Pantry, Kitchen or Shelter Started:
Yearly Expenses (Food, utility and other costs associated with pantry, kitchen or shelter):	

If your program is not a food bank member, please attach documentation that your program has 501(c)(3) federal tax-exempt status (or its equivalent) or has a 501(c)(3) sponsoring organization. The organization submitting a 501(c)(3) is legally and fiscally responsible for the administration of this grant.

Name of contact person:	
The contact person is responsible for the administration of the grant and for submitting relevant documentation.	
Address:	
Phone:	Email address:

Follow the instructions below according to your program type. If your agency has two different HPNAP programs (ex. shelter and food pantry), you must complete separate applications for a grant request.

Program	Description	Instructions
Food Pantry	Distributes food for people to prepare and eat at home	Complete pages 3 & 4. Remove page 5.
Soup Kitchen	Serves meals to be eaten on-site	Go to page 5. Remove pages 3 and 4.
Shelter	Temporary shelter for homeless or victims of domestic violence	Go to page 5. Remove pages 3 and 4.

FOR FOOD PANTRIES ONLY All other programs please skip and remove this page.

1. Please complete the table to show the **NUMBER OF PEOPLE SERVED** from January 1, 2017 to December 31, 2017. Descriptions of the distribution types are below the table. **Do not include Mobile Food Pantry statistics.**

Distribution type	Yearly total	Monthly average
Regular Food Distribution		
Extra food distribution (ex. Bread, Produce Distribution days)		

All Distributions		
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- Regular Food Distribution: Distribution during normal pantry hours. Must supply at least 3 food groups.
- Extra Food Distribution: Limited foods provided (ex. Only bread; Only produce).

2. What days and times is your pantry open for regular food distributions?

Day of the Week	Number of days open per month	Hours Open
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Total Days open per month:	
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3. List the geographic area you serve:

FOR FOOD PANTRIES ONLY (2nd page)

4. How do you publicize your services to people in need? Place an “x” by all that apply. (3 points- Impact and Uniqueness)

<input type="checkbox"/>	Interior posters	<input type="checkbox"/>	Exterior signage	<input type="checkbox"/>	Newspapers
<input type="checkbox"/>	Brochures	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Social media (Facebook, Twitter, etc.)
<input type="checkbox"/>	Church bulletins	<input type="checkbox"/>	Television	<input type="checkbox"/>	Other (please describe below)

Other methods:

5. How are you enhancing low-income people’s access to and use of nutritious foods?

Place an “x” by all that apply. (3 points- Impact and Uniqueness)

<input type="checkbox"/>	Offer recipes and/or Meal in a Bag (offering ingredients for a complete meal)	<input type="checkbox"/>	Host nutrition education activity by the <i>Just Say Yes to Fruits and Vegetables</i> Program or Cornell Cooperative Extension	<input type="checkbox"/>	Order fresh produce from the Food Bank
<input type="checkbox"/>	Placing Foods to Encourage (fresh produce, lean meats, beans, etc) at the front of the pantry	<input type="checkbox"/>	Encourage local gardeners or farmers to plant extra vegetables for pantry distribution	<input type="checkbox"/>	Order low-fat dairy foods such as string cheese, yogurt and 1% milk from the Food Bank
<input type="checkbox"/>	Offer whole-grain foods such as oatmeal, brown rice and whole-wheat bread	<input type="checkbox"/>	Provide foods that are compatible with special dietary needs (diabetes, hypertension, food allergies, gluten or dairy intolerance)	<input type="checkbox"/>	Order lean proteins such as beans, 90% lean ground beef, and fish from the Food Bank

Other methods:

6. In 2017, did someone from your pantry regularly attend your county’s hunger coalition meetings?

___ Yes ___ No

7. Please list the reasons why your pantry does or does not attend county coalition meetings:

1.
2.
3.

****Please continue to page 6.**

FOR SOUP KITCHENS and SHELTERS ONLY

1. How many meals did your program serve between January 1, 2017 and December 31, 2017?

Total meals served in the year: _____ ÷ 12 = _____ average number meals per month

2. What days and times are you open for service?

Day of the Week	Hours Open	Meals Served (Breakfast, Lunch, Dinner)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. How do you publicize your services to people in need? Place an “x” by all that apply. (3 points- Impact and Uniqueness)

<input type="checkbox"/>	Interior posters	<input type="checkbox"/>	Exterior signage	<input type="checkbox"/>	Newspapers
<input type="checkbox"/>	Brochures	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Social media (Facebook, Twitter, etc.)
<input type="checkbox"/>	Church bulletins	<input type="checkbox"/>	Television	<input type="checkbox"/>	Other (please describe below)

Other methods:

4. How are you enhancing low-income people’s access to and use of nutritious foods?

Place an “x” by all that apply. (3 points- Impact and Uniqueness)

<input type="checkbox"/>	Use fresh fruits and vegetables in some meals or snacks	<input type="checkbox"/>	Provide 1% or skim milk and other low-fat dairy foods on a regular basis	<input type="checkbox"/>	Use whole grains in some meals
<input type="checkbox"/>	Cook food by steaming, baking, or stir-frying rather than boiling and frying	<input type="checkbox"/>	Work with a dietitian or nutritionist to look over menus	<input type="checkbox"/>	Use lean proteins such as beans, 90% lean ground beef and fish
<input type="checkbox"/>	Providing foods suitable for a gluten or dairy intolerance	<input type="checkbox"/>	Other – please describe below	<input type="checkbox"/>	

Other methods:

5. SHELTERS: Do you receive a per diem rate (amount) from Department of Social Services (DSS) or Department of Homeless Services (DHS)? Yes__ No__ If Yes, what is your per diem rate? _____

****Shelters & Kitchens: Please enclose a copy of your current Department of Health food service permit.**

Questions for All Applicants

Answer the following questions in the context of your program, not your umbrella organization. Please keep your answers brief and to the point.

1. Provide a **short** biography of your pantry, kitchen, shelter (how it got started, what organizations are involved, and what the mission is). **1200 Character Limit.**

2. How have you shared your strengths with and/or learned from the strengths of other hunger relief agencies? (Ex. Exchanged site visits or a particular best practice) **1200 Character Limit.**

3. Describe **the special features** of your food pantry or meal program that have positive effects on people in need. What are the impacts you see as a result? (6 points- Impact and Uniqueness). For example, do you invite Cooperative Extension to provide food samples? Do you offer special senior distribution? Do you have evening or weekend hours to accommodate those who work 9 a.m. – 5 p.m.? **1200 Character Limit.**

4. Besides other hunger relief agencies, what groups does your program work with & what do you work together on? (3 points- Impact and Uniqueness)

Group	What you work on together
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

BUDGET PROPOSAL: STAFF

Amount requested \$ _____

1. Please provide the following information for each position. An example is provided below.

Enclose a job description for each position (5 points). The description must contain information on the position's specific duties and the approximate percentage of time spent on each duty. Hourly rate must be at or above New York State minimum wage (\$10.40 per hour).

Title of Staff Position	Hours per week	Hours per week to be charged to grant	Hourly rate	Number of weeks	Funding Request

Title of Volunteer Position	Approx. total hours 2018-19 FY	% of hours charged to grant	Stipend for approx. total hours	Funding Request

2. Please list current funding sources and amounts covering each position.

3. How will requested funds improve your program's ability to serve people in need? (5 points)

4. If seeking funds for a paid staff position, check which form of documentation your program can provide to document use of grant funds:

- Copies of payroll register Copies of W-2 form
 Copies of pay stubs

BUDGET PROPOSAL: UTILITIES-PART A

Electricity for Operating Refrigerators and Freezers

Your funding request for Part A is based on the types and amounts of refrigerators and freezers in use at your agency. Use the table below to calculate your request. We have provided an example below.

Example:

Equipment	Number in Use	Yearly cost per unit	Total Cost
Two-door refrigerator	2	\$250	\$500

Equipment	Number in Use	Yearly cost per unit	Total Cost
Refrigerator/Freezer Combination		\$150	
One-door refrigerator		\$75	
Two-door refrigerator		\$250	
Three-door refrigerator		\$300	
Walk-in refrigerator		\$550	
One-door upright freezer		\$125	
Chest freezer		\$75	
Two-door freezer		\$700	
Three-door freezer		\$840	
Walk-in freezer		\$950	

PART A Total:

\$

BUDGET PROPOSAL: UTILITIES-PART B

Lighting and Climate Control

For Part B, your program will have a fixed funding request based on the number of days per month you are open. For example, if you are open two times per month, your funding request will be \$400.00. Food pantries may only count days they are open for regular distribution. Do not count on-call emergency days. Twenty-four hour shelters have a fixed funding request of \$1,200.00.

In the table below, please place an “X” by the row that matches how many days you are open per month.

(X)	Number of days open	PART B: Fixed funding request for year
	One day per month	\$200.00
	Two days per month	\$400.00
	Three days per month	\$600.00
	One to two days per week	\$1,000.00
	Twenty-four hour shelter	\$1,200.00
	Three or more days per week	\$2,000.00

PART B Total:

\$

Total Utility Request (Part A+ Part B):

\$

1. Please list other funding sources your program uses to cover utility costs.

2. How will requested funds improve your program’s ability to serve people in need? (5 points)

BUDGET PROPOSAL: SPACE

Amount requested \$ _____

Please enclose a copy of the current rental agreement (5 points). If your program occupies a percentage of the rental space, please enclose a blueprint or sketched floor plan of the program space in relation to the whole rental unit. Only program areas connected with food service, distribution, or storage are eligible for funding.

Monthly rental cost	Percentage of rental cost to be charged to grant	Monthly rental cost to be covered by grant	Charge to grant for 12 months
Example: \$500.00	30%	\$150.00	\$1800.00

1. Please list other funding sources currently covering space costs.

2. How will requested funds improve your program's ability to serve people in need? (5 points)

BUDGET PROPOSAL: FOOD SERVICE PRODUCTS & DISPOSABLES Amount requested: \$ _____

List the specific disposable items you plan to buy, the quantity of each item, the unit cost, and the estimated line cost. (5 points)

<u>Item(s)</u>	<u>Amount</u>	<u>Unit Cost</u>	<u>Line cost</u>
Example: Paper plates	4 packages	\$3.50	\$14.00

1.

2.

3.

4.

5.

6.

Total Cost for all items: _____

1. Please list any other funding sources and amounts currently covering costs for disposables.

2. How will requested funds improve your program's ability to serve people in need? (5 points)

BUDGET PROPOSAL: TRANSPORTATION

Amount requested \$ _____

For each destination (ex. Tops Supermarket), describe the purpose, destination, number of trips, mileage per round trip, and full cost. The reimbursement per mile is \$0.545.

Purpose	Destination	Number of trips	Mileage per round trip	Cost per mile (\$0.545)	Full cost

1. Describe the kind and amount of food you project to pick up as a result of your trips. (For example, 300 pounds of produce will be procured).

2. List any other funding sources and amounts currently covering costs for transporting food.

3. How will requested funds improve your program's ability to serve people in need? (5 points)

BUDGET PROPOSAL: CAPITAL EQUIPMENT

Amount requested \$ _____

You must enclose two signed, written price quotes from 2 different vendors that are valid for six months for each equipment item you are requesting. Internet quotes are only acceptable with vendor signature or from official vendor email address. The quotes must be for equipment with the same brand and model number. In the table below, only list information from the vendor that has the lowest price quote per item, following the example provided. Fill out equipment requests in order of priority. A list of vendors is in your instruction booklet. **Capital Equipment warranties may be considered as an allowable expense, if the warranty is shown to be standard and at a reasonable cost for the type of equipment.**

Example:

Equipment Item	Brand & Model Number	Quantity	Vendor	Unit Cost	Line Cost
Freezer 2-door	True T-49F	1	Smith's Appliances	\$3,200	\$3,200

Please fill out your request in the table below.

Equipment Item	Brand & Model Number	Quantity	Vendor	Unit Cost	Line Cost

Total Cost:

\$

1. How will this equipment help you better serve people in need? If requesting refrigerators or freezers, what will be stored in them? (5 points).

*Please continue to page 15

BUDGET PROPOSAL: CAPITAL EQUIPMENT (2nd page)

2. Please list all the food service equipment currently in operation at your program, including refrigerators, freezers, stoves/ranges, dishwashers, and other capital equipment. Please note if equipment was purchased with HPNAP capital equipment funds.

Equipment Item	Brand	HPNAP or non-HPNAP

2. Are you replacing old equipment? If so, what are you replacing?

Note: Your agency must cover any costs for installing, operating, maintaining and securing the requested equipment.