

NYS Department of Health  
Hunger Prevention and Nutrition Assistance Program  
**REQUEST FOR HIGH PRIORITY CAPITAL EQUIPMENT**  
**11/1/19-6/30/20**

The Food Bank of the Southern Tier has reserved a small amount of HPNAP funds to cover urgent, high priority capital equipment needs for HPNAP agencies during the grant extension period 11/1/2019 through 6/30/2020.

High Priority Capital Equipment items are:

- Refrigerator
- Freezer
- Range/Stove
- Shelving
- Hand wash sink
- 3-compartment sink
- Exhaust hood and fire suppression system (if required by code in the specific facility)

Any HPNAP agency is welcome to apply for funds by completing the attached 3-page request form. Please complete and email your application along with price quote attachments to Matthew Griffin at [matthew.griffin@foodbankst.org](mailto:matthew.griffin@foodbankst.org). You can also mail your request to FBST, 388 Upper Oakwood Avenue Elmira, NY 14903.

**Requests must be received by Monday, 12/2/2019, 4pm to be considered.**

A HPNAP review committee will identify agencies with highest priority needs and make award decisions. If an agency recommended for an award is currently not receiving HPNAP Operations-Support- Capital Equipment (OSCE) funds, the Food Bank will provide a full application for the agency to complete before receiving the award. All HPNAP agencies will also have an opportunity to apply for HPNAP OSCE funds in the Spring, 2020 for the contract period July, 2020- June, 2021.

For more information, please contact Matthew Griffin, at [matthew.griffin@foodbankst.org](mailto:matthew.griffin@foodbankst.org) or 607-796-6061.

## REQUEST FOR HIGH PRIORITY CAPITAL EQUIPMENT 11/1/19-6/30/20

|                    |                      |
|--------------------|----------------------|
| <b>Agency Name</b> | <b>Agency Number</b> |
|--------------------|----------------------|

|   |                       |
|---|-----------------------|
| <b>Name of contact person:</b>  |                       |
| <b>The contact person is responsible for the administration of the grant and for submitting relevant documentation.</b> |                       |
| <b>Address:</b>   |                       |
| <b>Phone:</b>   | <b>Email address:</b> |

**I verify that all of the information provided in this request form is accurate to the best of my knowledge.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Contact Person)

**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. 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:**

| <b>Equipment Item</b> | <b>Brand &amp; Model Number</b> | <b>Quantity</b> | <b>Vendor</b>      | <b>Unit Cost</b> | <b>Line Cost</b> |
|-----------------------|---------------------------------|-----------------|--------------------|------------------|------------------|
| Freezer<br>2-door     | True T-49F                      | 1               | Smith's Appliances | \$3,200          | \$3,200          |

**Please fill out your request in the table below.**

| <b>Equipment Item</b> | <b>Brand &amp; Model Number</b> | <b>Quantity</b> | <b>Vendor</b> | <b>Unit Cost</b> | <b>Line Cost</b> |
|-----------------------|---------------------------------|-----------------|---------------|------------------|------------------|
|                       |                                 |                 |               |                  |                  |
|                       |                                 |                 |               |                  |                  |
|                       |                                 |                 |               |                  |                  |
|                       |                                 |                 |               |                  |                  |
|                       |                                 |                 |               |                  |                  |
|                       |                                 |                 |               |                  |                  |

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?

**BUDGET PROPOSAL: CAPITAL EQUIPMENT (continued)**

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. You can review all grant requirements by accessing the Instruction Booklet for HPNAP Operations Support-Capital Equipment Grants also found on the Food Bank's website.**