

OPERATIONS SUPPORT/CAPITAL EQUIPMENT APPLICATION 2020-21

**10 copies of your application must be received with
one copy of your signed 2- Page Coversheet by Friday, June 19th, 4:00 pm.
Please mail or hand deliver. Do NOT fax.**

| |
|---|
| Agency Number (Do not include name of agency) |
|---|

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 |
|-----------------------|----|--------------------------------|

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 cover sheets & applications for a grant request.

| Program | Description | Instructions |
|--------------|--|---|
| Food Pantry | Distributes food for people to prepare and eat at home | Complete pages 2 & 3. Remove page 4. |
| Soup Kitchen | Serves meals to be eaten on-site | Go to page 4. Remove pages 2 and 3. |
| Shelter | Temporary shelter for homeless or victims of domestic violence | Go to page 4. Remove pages 2 and 3. |

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, 2019 to December 31, 2019. Descriptions of the distribution types are below. **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 | | |

- 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: | |
|-----------------------------------|--|

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 2019, 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 5.**

FOR SOUP KITCHENS and SHELTERS ONLY

1. How many meals did your program serve between January 1, 2019 and December 31, 2019?

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? _____

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 point. Do not identify your agency name in responses.

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

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)

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.?

| |
|--|
| |
|--|

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. | |

5. What was the total amount of money your program spent on food in 2019?

| | |
|---|-----------|
| HPNAP Food Grant | \$ |
| Money Spent at Food Bank outside of HPNAP Food Grant (ex. from fundraising, donations, county grants) | \$ |
| Money Spent Elsewhere (Aldi, Wegmans, etc) | \$ |
| Total | \$ |

BUDGET PROPOSAL: STAFF

Amount requested \$ _____

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**.

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 (\$11.80 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 | Hours per week | Hours per week to be charged to grant | Hourly rate | Number of weeks | 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? **Be specific!** (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 |
| | Three or more days per week | \$2,000.00 |
| | Twenty-four hour shelter | \$1,200.00 |

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? **Be specific!** (5 points)

BUDGET PROPOSAL: SPACE

Amount requested \$ _____

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.

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? **Be specific!** (5 points)

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

Non-durable/disposable supplies necessary to the provision of emergency food may be funded. This includes, but is not limited to *paper/plastic bags, re-usable grocery bags*, disposable plates, cups and dinnerware, plastic wrap, aluminum foil, cardboard boxes, and food containers. Some durable non-disposable items may also be funded. Items must be necessary for the provision, safe handling, and safe transport of emergency food. Requests for non-durable items must include a written specific justification for the need of such items. Supplies that are 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 available for free from your regional food bank.*

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.

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? **Be specific!** (5 points)

BUDGET PROPOSAL: TRANSPORTATION

Amount requested \$ _____

Costs for the transportation of food from source to agency may be funded. Pick-ups from Food Bank are not eligible for reimbursement. Requests may include payments to rent or lease vans, (rent/lease option) or mileage reimbursement at up to \$0.575 per mile for the mileage option. Costs for delivering food from agency to program recipients are **not fundable**. For each destination (ex. Tops Supermarket), describe the purpose, destination, number of trips, mileage per round trip, and full cost.

| Purpose | Destination | Number of trips | Mileage per round trip | Cost per mile (\$0.575) | Full cost |
|----------------|--------------------|------------------------|-------------------------------|--------------------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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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? **Be specific!** (5 points)

You must enclose two signed, written price quotes from 2 different vendors that are valid for six months for each equipment item. Internet quotes are only acceptable with vendor signature or from official vendor email address. The quotes should 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. Delivery fees can be included in quotes. **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 14

BUDGET PROPOSAL: CAPITAL EQUIPMENT (2nd page)

2. Please list **ALL** food service equipment currently in operation at your program **that are similar** to your request (ex. if you are requesting a freezer, list all freezers currently on-site). Please note if equipment was purchased with HPNAP capital equipment funds. Only complete this table if you are applying for equipment.

| Equipment Item | Brand | HPNAP or non-HPNAP |
|-----------------------|--------------|---------------------------|
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.