OPERATIONS SUPPORT/CAPITAL EQUIPMENT APPLICATION 2021-22

10 copies of your application must be received with one copy of your signed 2- Page Coversheet by Friday, May 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 (1st, 2nd 3rd?)**
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 or grab-n-go (Bag Meal)	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.

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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)

☐	Interior posters	☐	Exterior signage	☐	Newspapers
☐	Brochures	☐	Radio	☐	Social media (Facebook, Twitter, etc.)
☐	Church bulletins	☐	Television	☐	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)

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

<u>FOR SOUP KITCHENS and SHELTERS ONLY</u>

1. How many meals did your program serve between January 1, 2020 and December 31, 2020?

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)	Soup Kitchens ONLY, % of meals served grab-n- go style
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)

☐	Interior posters	☐	Exterior signage	☐	Newspapers
☐	Brochures	☐	Radio	☐	Social media (Facebook, Twitter, etc.)
☐	Church bulletins	☐	Television	☐	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)

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

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 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 2020?

HPNAP Food Grant	$
Money Spent at Food Bank outside of HPNAP Food Grant	$
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 ($12.50 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? (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 $_____

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? (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, 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)

Item(s)	**Amount**	**Unit Cost**	**Line cost**
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? (5 points)

BUDGET PROPOSAL: **TRANSPORTATION** Amount requested $_____

Costs for the transportation of food from source to agency may be funded. This may include payments to rent or lease vans, (rent/lease option) or mileage reimbursement at up to $0.56 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 ($0.56)**	**Full cost**
				$0.56	
				$0.56	
				$0.56	
				$0.56	

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 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. **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 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.