NYS Department of Health
Hunger **P**revention and **N**utrition **A**ssistance **P**rogram (HPNAP)
Operations Support/Capital Equipment Application 2017-2018
(Please type or clearly print all responses.)

Emergency Shelter Application

General Agency Information.

1.　　Name of Emergency Food Program: _____

　　　Site Address: _____

　　　_____

　　　Zip Code: _____County:_____

　　　Food Bank ID Number: _____

2.　　Person to be contacted regarding the <u>administration of and documentation for this grant</u>:

　　　Name: _____ Position: _____

　　　Mailing Address: _____

　　　_____

　　　Phone(s): _____ Email: _____

3.　　a.　　When did your emergency food program begin operating?

　　　　　Month _____　　　Year _____

　　　b.　　Has it been in operation for at least 6 months? YES _____NO_____
　　　　　If "No," stop here. Your agency is not eligible for an OSP Grant this year.

SECTION A: Agency Service Level (35 points)

Did your agency receive a 2016-2017 HPNAP Food Grant?　　　___ Yes　　　___ No	
If "No," please complete the following service statistics:	
Average Number of Children (0-17) Served Per Month:	_____
Average Number of Adults (18-64) Served Per Month:	_____
Average Number of Elderly (65+) Served Per Month:	_____
(NOTE: If your agency is currently a HPNAP Food Grant recipient, we will use the same numbers that were on the Local Agency Monthly Reports submitted to the Food Bank.)	

SECTION B: Days of Operation (5 points)

    a. Average number of days per month that your shelter is open for guests to spend the night _____

    b. Number of months per year shelter is in operation _____

SECTION C: Provision of Nutritious Food (4 Points)

    a. How often is fresh produce served? (Check one)

        ____ Always

        ____ Most of the time

        ____ Sometimes

        ____ Rarely

        ____ Never

    b. How often do you make other foods of high nutritional quality available to your clients (e.g. low-fat dairy, whole grain cereals and breads, lean proteins and/or frozen fruit and/or vegetables)?

        ____ Always

        ____ Most of the time

        ____ Sometimes

        ____ Rarely

        ____ Never

SECTION D: Scope of Food Services (25 points total)

**DO NOT EXCEED SPACE PROVIDED FOR EACH QUESTION IN SECTION D.
ANYTHING BEYOND SPACE PROVIDED WILL NOT BE READ.**

Part 1: Describe the population you serve and/or factors in the community that cause a need for your
services. (5 Points)

Part 2: Describe how you operate the feeding program for which you are requesting funds. (5 Points)

Part 3: How do you ensure that you provide quality food services to clients on a consistent basis?
   (5 Points)

Part 4: Describe any challenges you have experienced operating your emergency shelter in the past year or
           anticipate in the upcoming year.   (10 Points)

SECTION E: Operations Support Budget Proposal (31 points total)

Summary of Requested Funds
Total Funds Requested May Not Exceed $3,000.

Part 1:

Funding Category	Amount of Request	Priority (1st, 2nd 3rd)
Staff (Page 7)	$	
Utilities (Page 8)	$	
Space (Page 9)	$	
Food Service Paper Products and Other (Page 10)	$	
Transportation (Page 11-Mileage, Page 12-Rental)	$	
Capital Equipment (Page 13)	$	
Total Request **(Total of ALL requests may not exceed $3,000)**	$	

Note: You must complete a Budget Proposal page for each funding category requested. (See pages 7 through 13)

Part 2: (20 points)
How will the Operations Support (OSP) grant funds requested above support or improve your program's ability to provide food assistance and nutritional support to needy people during the 2017-2018 grant year (be specific).

To verify that all information provided in this application is accurate, this application must be signed by the following:

Executive or Associate Director (Print Name) _____

(Signature) _____ Date: _____

Contact Person (Print Name) _____

(Signature)_____ Date: _____

- **Three (3)** collated and stapled copies of the completed application must be received by April 14, 2017

- **Per HPNAP policy, no late applications will be accepted.**

- **Send OSP applications to:**

    Kerry Leary/OSP
    Regional Food Bank
    965 Albany Shaker Road
    Latham, NY 12110

- **DO NOT send copies of the instruction section**

- **Only include the budget proposal pages that are being requested.**

NOTE: An incomplete application and/or failure to follow grant directions will result in a lower score and may disqualify your request. The New York State Department of Health and Regional Food Bank of Northeastern New York reserve the right to reject applications or decrease funding allocations based on completeness and quality of proposals submitted.

Budget Proposal Pages Follow

Budget Proposal: Staff

Amount requested $_____ (Total of ALL requests may not exceed $3,000)

Title of Staff Position: _____

List the specific duties this staff person performs. **If operation of the food assistance program is only part of the position, list only those tasks related to food assistance, or attach the job description, highlighting the duties directly related to direct food service. Direct food service duties include meal planning, meal preparation, placing orders, picking up orders, stocking food on shelves, etc.**

Complete Table below to estimate staffing costs for this feeding program:

Hourly wage rate	$
Hours per week worked	X
Subtotal	=$
Percentage of time spent on this food service	X %
Subtotal	=$
Weeks Worked Per Year	X
Yearly Food Service Wage	=$

Check which form(s) of documentation your program will provide to document use of grant funds:

____ Copies of the payroll register.

____ Copies of time cards or time sheets showing days and hours worked, **AND** copies of the bank-canceled

paychecks.

<u>Budget Proposal: Utilities</u>

Amount requested $_____ (Total of ALL requests may not exceed $3,000)

Complete table below to estimate annual utility costs for this feeding program:

Table A

Total of Utility Bills for 2016	$
Percentage of building this **Feeding Program** occupies	X %
Total	$

Do you have any additional oil or propane utility bills? If so, please complete table below to estimate annual costs.

Table B

Total of Utility Bills for 2016	$
Percentage of building this **Feeding Program** occupies	X %
Total	$

Table A Total   _____
Table B Total   + _____
Total   = _____

Budget Proposal: Space

1. Amount requested $_____ (Total of ALL requests may not exceed $3,000)

2. Complete table below to estimate space costs for this feeding program:

Yearly Rent	=$
Percentage of Rented Space **this** Feeding Program occupies	X %
Total	=$

Budget Proposal: Food Service Paper Products and Other Supplies

1. Amount requested $_____ (Total of ALL requests may not exceed $3,000)

2. List the <u>specific</u> items you plan to buy, the amount of each, and the estimated price per case. Allowable items include paper bags, plastic bags, reusable grocery bags, thermal blankets, disposable plates, napkins, cups, dinnerware, plastic wrap, aluminum foil, cardboard boxes, food containers, disposable tablecloths, food handling gloves, disposable aprons, hairnets, garbage bags, and disposable foil steam pans.

3. Please make sure quantity of supplies ordered is reasonable given the number of meals you serve.

(You must complete this list.)

Food pantries are not eligible to claim items used to serve meals or repack foods

ITEM	UNITS PER CASE	CASE COST	NUMBER OF CASES NEEDED	TOTAL COST
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		Total	$

<u>Budget Proposal: Transportation</u>

Please choose <u>OPTION 1 or OPTION 2 but **NOT BOTH.**</u>

1. Amount Requested: $_____ (Total of ALL requests may not exceed $3,000)

<u>Option #1: Mileage:</u>

- You may apply for mileage for transportation of HPNAP food to your <u>emergency feeding site</u>. Mileage **can only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site.

- To claim this transportation expense a mileage log will have to be maintained and submitted as part of the documentation of this expense. The log must include dates, destinations, odometer readings and total number of miles traveled for each food pick up. The driver and the agency supervisor authorizing the expense must sign the log.

Complete table to estimate miles driven per year:

1	Miles to Food Bank from Agency (round trip)_____	Number of trips to Food Bank per year X _____	Food Bank Miles =_____
2	Miles to Food Bank Delivery Site from Agency (round trip)_____	Number of Trips to Food Bank Delivery Site a Year X_____	Food Bank Delivery Site Miles =_____
	TOTAL MILES FOR THE YEAR		=_____

Complete table to estimate mileage costs per year:

Mileage	Total miles for the year _____x $0.535 per mile	=$_____
Tolls	Round trip Toll cost $_____ X _____ number of trips per year	=$_____
	TOTAL OF MILEAGE AND TOLLS	=$_____

<u>**Budget Proposal: Transportation**</u>

<u>**Option #2: Vehicle Rental**</u>

1. Amount Requested: $_____ (Total of ALL requests may not exceed $3,000)

2. You may apply for money to rent a vehicle from a <u>vehicle rental company</u> to transport HPNAP purchased food to your program. Transportation costs **can only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site. Gas costs can only be claimed if it is required for the vehicle to be refueled before returning.

Rental Cost	Rental Cost $_____	Number of trips to Food Bank and/or Food Bank Delivery Site per year X _____	=$_____
Gas	Gas Cost $ _____	Number of trips to Food Bank and/or Food Bank Delivery Site per year X _____	=$_____
Tolls	Round Trip Toll cost $_____	Number of trips to Food Bank and/or Food Bank Delivery Site per year X _____	=$_____
TOTAL RENTAL, GAS, AND TOLLS			=$_____

Budget Proposal: Capital Equipment

You must provide a written quote from 2 different vendors.

1. Amount requested: $_____ (Total of ALL requests may not exceed $3,000)

2. List the equipment item(s) requested, a brief description of each, the unit cost for each item using the lowest vendor quote (including delivery charge, if applicable), and the total cost for each item. Include the brand and model number if available. Please ensure that equipment requests are listed in priority order and do not exceed a total of $3,000.

Quantity	Item	Description, Brand and Model	Unit Cost + Delivery Charges	Total
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			Total	$

3. How will your agency cover any costs for installing, operating, maintaining and securing the requested equipment?