2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Staff Costs

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.
- The hours worked must fall after July 1, 2016.

STAFF COSTS: Required forms of documentation are: copies of payroll registers (such as ADP); OR time cards, supported by copies of bank-canceled payroll checks.

List the name of the person who does the direct food service_____
List the date and amount of each pay check issued to this person for the period worked July 1, 2016 through June 30, 2017.

PAY DATE:	AMOUNT
sub total	

PAY DATE:	AMOUNT
TOTAL:	

Total Pay $_____ X ____% Food Service Work = _____ OSP Expenses.

% Food Service Work is the percentage indicated on your signed budget form, taken from your application.

Arrange copies of documents in the order listed above, place the summary form on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Space Costs

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.

SPACE COSTS: Provide copies of bank-canceled rent checks or paid receipts.

Organization Name that rent payments were made to _____

CHECK NUMBER	CHECK DATE:	AMOUNT OF CHECK
	TOTAL:	

Total Paid $_____ X _____% Space Used for Food Service = $_____OSP Expenses.

% Space Used for Food Service is the percentage indicated on your signed budget form, taken from your application.

Arrange copies of documents in the order listed above, place this summary sheet on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Utility Costs

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.
- Utility expenses must be **incurred** after July 1, 2016.

UTILITY COSTS: Required forms of documentation are copies of utility bills AND copies of bank-canceled checks verifying payment of the bills (a subsequent bill showing payment can also be accepted).

List the date of each utility bill, the amount of each utility bill, and the check number used to pay it for the period of July 1, 2016 through June 30, 2017. If you are submitting documents for more than one utility company, fill out an itemized list for each company.

Utility company:_____

BILLING DATE:	AMOUNT	CHECK NUMBER
Total:		

Utility Company:_____

BILLING DATE:	AMOUNT	CHECK NUMBER
Total:		

Total paid $_____ X_____% Utilities Used For Food Service = $_____OSP Expenses.

% Utilities Used for Food Service is the percentage indicated on your signed budget form, taken from your application.

Arrange all documents for each utility company in the order listed above, place summary sheet on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Food Service Paper Products and Other Supplies

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.

FOOD SERVICE PAPER PRODUCTS AND OTHER SUPPLIES COSTS: Required documentation includes copies of vendor invoices or register receipts with allowable items checked and copies of bank-canceled checks if paid by check.

Invoice Date	Vendor	Check Number	**Total charge for OSP items only**
			$

OSP Items Include:

- disposable plates
- disposable cups
- plastic utensils
- plastic wrap
- aluminum foil
- foil baking/roasting pans
- foil steam table pans
- disposable food containers
- paper bags, plastic bags, reusable grocery bags used to pack food for food pantry clients
- Thermal blankets

*** Food Pantries may only claim grocery bags for packing pantry bags, as well as thermal blankets.**

Arrange all documents in the order listed above, place summary sheet on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Food Service Equipment

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.

EQUIPMENT COSTS: Required documentation includes a copy of vendor invoice and paid receipt or bank-canceled check if paid by check.

NAME OF VENDOR	ITEM	MODEL #	SERIAL #	QUANTITY	COST

Arrange all documents in the order listed above, place summary sheet on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Transportation, Option 1: Mileage

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.

OPTION # 1: Transportation Mileage Costs. You may only be reimbursed for mileage for transportation of HPNAP food to your emergency feeding site. Mileage can **only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site.

For Mileage documentation, include a log showing dates, destinations, odometer readings and mileage traveled. The log must be signed by the driver and endorsed by the agency supervisor authorizing the expense. Copies of bank-canceled checks or signed receipts must be provided as proof of payment. (Receipts for tolls may be reimbursed but not gas receipts.)

Total Miles_____ X $0.54 Per Mile= $_____Total Mileage

Plus Total of Tolls _____ = $_____ Total Cost for Transportation**.**

DATE:	PAID TO:	CHECK #.	AMOUNT
		TOTAL	

Arrange all documents in the order listed above, place summary sheet on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.

2016-2017 Operations Support (OSP)

Documentation Summary Sheet for: Transportation, Option 2: Rental Costs

Agency Name:_____

Food Bank ID Number_____ County_____

Name of Person Who Prepared this Report:_____ Phone or email_____

- Complete this sheet for documenting staff costs and attach it to the required documentation. This form must be returned with required documentation no later than May 31, 2017.
- Anticipated payments are not allowable. If you need the month of June to fully expend the grant, you must contact Kerry Leary prior to May 31, 2017.
- The eligible time period is July 1, 2016 through June 30, 2017.

OPTION #2: Transportation Rental Costs. You may only be reimbursed for rental costs from a vehicle rental company for transportation of HPNAP food to your emergency feeding site. Rental costs **can only** be claimed for picking up an order from the Food Bank Warehouse and/or a Food Bank Delivery site.

For Rented Vehicles provide a list of the dates, destinations, rental charges and toll receipts PLUS copies of paid receipts or bank-canceled checks if paid by check.

Rental Date	Destination	RENTAL AMOUNT	GAS	TOLLS	TOTAL FOR EACH TRIP
		TOTALS:			

Totals: $_____+ _____ + _____ = Total Cost $_____
Rental Total Toll Total Gas Total

Arrange all documents in the order listed above, place summary sheet on top and staple everything together.

Return to Kerry Leary at the Regional Food Bank of NENY, 965 Albany Shaker Rd Latham, NY 12110.