Hunger Prevention and Nutrition Assistance Program Application (HPNAP) Application | 2015-2016

Applications are reviewed by small committees consisting of Foodlink staff and agency representatives. Please ensure all information is clear, complete, and legible. HPNAP funds are designed to supplement and/or match a program’s own efforts. Funds should not be viewed as a sole means of support.

General Instructions

- Send seven (7) printed, completed applications (6 copies + original). Each should be collated and stapled.
- Each packet should include the completed
  - A. Application Agreement
  - B. General Application
  - C. Line of Credit Information
  - D. Program Specific Application.
- Agencies with more than one program ID must submit a separate, complete application for each program.
- Do not include blank pages in your completed application.
- Submit only pages that are relevant to your application.
- An incomplete application may disqualify the agency’s request.
- Hot Meal Programs: Please send a copy of the facility department of health inspection certificate.

Operation Support Instructions

- Include E. Operation Support application with overall application (7 copies).
- You may apply for a maximum of two (2) categories, requesting a maximum of $6,000 (more funding may be granted if request includes capital equipment).
- Programs applying for Operation Support must complete appropriate budget proposals and provide documentation as described in application guidelines.

Questions:
Laura Sugarwala
lsugarwala@foodlinkny.org
(585) 328-3380 x 151
A. Application Agreement

Program Name:

Foodlink ID:

HPNAP ID:

This application is a request for:

- Food Line of Credit grant
- Operations Support grant
- Both Food Line of Credit and Operations Support grants

Submission of this application does not guarantee receipt of grant funding. Agencies should not include Operations Support requests in their annual budget. Food Line of Credit and Operation Support requests are contingent on available funds. The NYS Department of Health and Foodlink, Inc. reserve the right to adjust or reject funding requests based on responses submitted.

Person submitting application:

Phone:

I verify that the information provided in this application is true to the best of my knowledge. The agency I represent understands that submission of this application does not guarantee receipt of an award and will not include requests in its annual budget.

Signature:                    Date:

Please note that Foodlink may share information submitted in this application in order to assist your program with building capacity. All information that you have provided to Foodlink will be kept confidential.
B. General Application

Program Name:

County:

Foodlink ID:

HPNAP ID:

1. This emergency food program is:
   (please note: one application per program type)
   _____ Soup Kitchen or Hot Meals
   _____ Food Pantry or Food Cupboard
   _____ Shelter
   _____ Youth Program

2. Physical Site Address

   Street:         City:         Zip:

3. Mailing Address

   Street:         City:         Zip:

4. Contacts

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<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<td>Executive Director</td>
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<td>Contact for this Grant</td>
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<tr>
<td>Other Contact</td>
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5. Please list all zip codes and/or school districts your agency serves:

6. Approximately how many unduplicated (each person is counted only once) people did you serve in 2014?

7. Please give the details of your program listing with 211 or RAP (ie program service days and hours):
8. Please list other Emergency Food Providers in your service area (name and type of program) with whom you coordinate. Describe how you collaborate with these providers.

9. External referrals; please mark any services that you do not provide onsite but refer to another agency:

- Clothing
- Food vouchers
- Child Health Plus/Family Health Plus
- SNAP Prescreening/Application Assistance
- Referral Bulletin Board / Information Station
- Cooking/nutrition education classes
- Other services (please list)

10. Internal services; mark all services that your program directly provides:

- Informational handouts
- Personalized Referrals
- Child Health Plus/Family Health Plus
- SNAP Prescreening/Application Assistance
- Mobile Pantry
- Financial management classes
- Other services (please list)

11. What are your goals for fy 15-16 for distribution of fresh fruits and vegetables at your program? Please be as specific as possible and include percent increase as available.

12. Staff and Volunteers
   Number of paid staff at your program: _____
   Number of volunteers: _____
13. How do you determine client eligibility?

   _____ Client lives in service area  _____ Client self declares need  _____ Client requests other services
   _____ Referrals from DSS/DHS  _____ Other (please describe):

   _____ Client must meet income requirements. If checked, please describe income requirements.

14. What special populations does your program serve (check all that apply)?

   _____ Seniors  _____ Veterans  _____ Children  _____ Young Mothers  _____ Homeless
   _____ Refugees  _____ Migrant Workers  _____ LGBT  _____ HIV/AIDS
   _____ SNAP eligible  _____ Differently-abled
   _____ Clients above 185% poverty  _____ Diabetics
   _____ Other (please describe):

15. How do clients find out about your program?
Impact and/or Uniqueness of Program in the Community

16. How has your program adapted to meet the growing demand for emergency services in the past year? How is the program unique in your service area (ie only program in a community, weekend hours, etc)? What work is done for community outreach, nutritious food options, volunteer training and retention, and to identify sources of income (ie grants, donors)? What new programs or initiatives are in the plan for the coming year? In what ways are you working to shorten food lines and help people get out of the emergency food system? (*Please attempt to respond to all questions; use separate sheets if necessary.*
C. Food Line of Credit

1. Would your program like to apply for HPNAP Food Line of Credit for the 2015-2016 grant year?
   _____ Yes
   _____ No

   ➢ If Yes, please proceed to question 2 and complete the entire section.
   ➢ If No, please proceed to the next section.

2. Please provide information regarding your overall food acquisition during the previous fiscal year (July 1, 2014 – June 30, 2015):

   _____% from Foodlink (purchased, donated, and USDA)
   _____% purchased from retail stores. Store you frequent the most:
   _____% from community donations (including food drives)
   _____% from retail store donation program (Foodlink supported program)
   _____% from RIT perishable food recovery program (Foodlink supported program)
   _____% other (please specify):

3. What was the program’s total food budget for 2014-2015?

4. How would the requested grant funds support or improve your program’s ability to provide food assistance to needy people? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2015-2016 grant year. (Attach additional sheets if needed)
D. Program Specific Application | SHELTER

Foodlink ID:

1. Do you receive a per diem rate (amount) from DSS (Department of Social Services) or DHS (Department of Homeless Services)?  ____Yes  ____No
   a. If yes, what is your per diem rate?
2. Do you receive Child and Adult Care Food Program (CACFP) funding?  ____Yes  ____No
3. Do you offer meals during evening and/or weekend hours?  ____Yes  ____No
4. How many hours per day is the program open to shelter guests?:
5. Number of months per year shelter is in operation:

6. Average number of guests sheltered each month:

7. Average length of stay for shelter guests:

8. Average number of meals served daily to shelter guests:
   _____Breakfast  _____Lunch  _____Snack  _____Dinner

9. Does your shelter serve other populations that are not housed at your facility?
   _____Yes  _____No
   If yes, what is the average number of meals served daily to these guests not housed at your facility?
   _____Breakfast  _____Lunch  _____Snack  _____Dinner

10. Average number of meals served per month from April 1, 2014 – March 31, 2015
    (or other recent 12-month period)
    Total meals served in the year: _____ divided by 12 = _____ Average number meals/month.

11. Days of week and hours of food service:
12. Describe the manner that clients/guests access meals (check all that apply):

   _____ Cook/chef prepares meals on-site for clients/guests to consume.
   _____ Residents plan and prepare meals together.
   _____ Residents and cook/chef plan and prepare meals for clients/guests.
   _____ Residents prepare their own individual meals on-site.
   _____ Meals are consumed off premises.
   _____ Residents have access to food at all times.
   _____ Residents access meals at scheduled meal times.
   _____ Residents receive food from local food pantry.
   _____ Other, describe:

13. Which meals (breakfast, lunch and/or dinner) are you requesting funding for and why?

14. Please attach a recent menu (if available) or please describe an average meal served at your meal program.
E. Operation Support

Grant Request Summary

You may apply for up to 2 categories of Operation Support funding. If you apply for Capital Equipment you may apply for one other category as well. You must rank your requests either (1) highest priority or (2) lower priority. Unranked requests will not be considered. When applying for Operation Support, please thoroughly review the criteria and allowable/non-allowable funding requests. This document is available separately. Requests that do not meet guideline criteria will not be considered.

Operation Support awards are limited, not to exceed $6,000. This amount may be increased up to $8,000 if Capital Equipment is awarded as part of the Operation Support grant. There is no minimum award limit.

*Operation Support grants are awarded on a competitive basis. Awards are contingent on available funds and scaled based on score of application. Submission of an application does not guarantee receipt of an award.*

<table>
<thead>
<tr>
<th>Funding Category</th>
<th>Funding Request</th>
<th>Priority (choose either “1” or “2” for selected categories)</th>
<th>Program funding received in grant year 2014-2015</th>
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<tr>
<td>Staff</td>
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<td>Utilities</td>
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<td>Space</td>
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<td>Food Service Paper Products and Other Supplies (FSPS)</td>
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<td>(formerly “Disposables”)</td>
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<td>Transportation</td>
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<td>Capital (Food Service)Equipment</td>
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<td>Total</td>
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Have you received Operation Support in the past?*  _____Yes  _____No

*First time applicants will be subject to an on-site visit conducted for eligibility verification prior to any funds disbursement.*
E. Operation Support Budget Proposal | STAFF

*** Please answer every question. Incomplete applications may be disqualified. ***

Amount requested $  

Priority of this request:

1. Title of Staff Position:

2. Attach a job description, highlighting duties specific to the food assistance program. Or, list the specific duties this staff person performs for the food assistance program.

3. How many hours per week does the staff person work (total)?
4. How many hours per week does the staff person work on food assistance?
5. What percentage of overall time does this staff person spend on food assistance each pay period?
6. What is the wage rate?

7. Of the total cost to cover the staff position requested, what portion came from each of these sources:

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent or Amount (please be consistent)</th>
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<tbody>
<tr>
<td>HPNAP Grant</td>
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<td>Local donations (individuals)</td>
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<td>Church funds (church budget)</td>
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<tr>
<td>General operating fund</td>
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<td>Other</td>
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</tbody>
</table>
8. How would the requested grant funds support or improve your program's ability to provide food assistance to needy people? Please be specific. List your program's goals to maintain or improve the quality and/or quantity of food assistance during the 2015-2016 grant year.

9. Check which form(s) of documentation your program can provide to verify the use of the grant funds:
   _____ Copies of the payroll register from an outside payroll source.
   _____ Copies of time cards or time sheets showing days and hours worked, and copies of the canceled pay checks
   _____ Copies of 1099 or W-2 forms

10. Who will be responsible for submitting the documentation?

   Name:                        Phone:

   Email address:
E. Operation Support Budget Proposal | UTILITIES

*** Please answer every question. Incomplete applications may be disqualified. ***

Amount requested $_____  Priority of this request: _____

1. Explain clearly how this amount was estimated. For example, was it based on expenses in the past, or did you use estimates of how much it costs to operate a freezer or other equipment?

(Copies of bills are not required for the application, but are required for documentation if you receive a grant for utilities)

2. If only a portion of a utility bill will be charged to the Operations Support grant, explain what percentage of the bill will be charged, and why. For example, does the food pantry occupy a percentage of the space to be heated?

%  

3. Of the total cost to cover the utilities requested, what portion came from each of these sources:

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4. How would the requested grant funds support or improve your program’s ability to provide food assistance to needy people? Please be specific. List your program’s goals to maintain or improve the quality and/or quantity of food assistance during the 2015-2016 grant year.

5. Who will be responsible for submitting the documentation?

Name: 
Phone: 
Email address:
E. Operation Support Budget Proposal | SPACE

*** Please answer every question. Incomplete applications may be disqualified. ***

Amount requested $ _____  
Priority of this request: _____

Important: You must include a copy of the current rental agreement or a letter stating the rent/user fee from the organization that provides the space. Include this information, even if you previously received an Operation Support grant. Only space used for food service, distribution, or food storage are eligible for funding.

1. If only a portion of your rent will be charged to the Operation Support grant, please give a clear explanation for what percentage of your rent will be paid by the OS grant. Please enclose a blueprint or floor plan of the program space in relation to the whole rental unit.

% 

2. If any other funding source(s) currently contribute to funding the cost, please list the source(s).

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<thead>
<tr>
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3. How will the requested grant funds support or improve your program's ability to provide food assistance to needy people? Please be specific. List your program's goals to maintain or improve the quality and/or quantity of food assistance during the 2015-2016 grant year.

4. Who will be responsible for submitting the documentation?

Name: Phone:

Email address:
E. Operation Support Budget Proposal | **FOOD SERVICE PAPER PRODUCTS and OTHER SUPPLIES (FSPS)**

***Please answer every question. Incomplete applications may be disqualified.***

**NEW this year:** Thermal blankets and chest coolers for agency pick up vehicles are eligible to be funded. Agencies will be required to utilize these for pickups from Foodlink. This equipment can be purchased through Foodlink. Thermal blankets cost approximately $200; Coolers cost approximately $125.

**Amount requested $_____**

**Priority of this request: _____**

1. List the **specific** items you plan to buy, the amount of each, and the estimated price per case. (Please attach another sheet if you need more room.)

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Number of Cases or Items</th>
<th>Price per Case or Each</th>
<th>Total Cost</th>
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<td>6.</td>
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</table>

**Total Cost for all items:**

2. If any other source(s) currently contribute to funding the disposables needed for your program, please list the sources and amounts from each.

3. Provide information about how these items will be used and why they are needed. List your program's goals to maintain or improve the quality and/or quantity of food assistance during the 2015-2016 grant year.
4. Who will be responsible for submitting the copies of vendor invoices (or itemized cash register receipts) and copies of cancelled checks to document the use of these funds?

Name: 

Phone: 

Email address: 
E. Operation Support Budget Proposal  | TRANSPORTATION

*** Please answer every question. Incomplete applications may be disqualified. ***

Amount requested $_____  
Priority of this request: _____

1. Please describe how you plan to use the requested funds for transportation. Give specific information about how often, by whom, for what purpose, and total number of miles to be traveled. Note: HPNAP funds cannot be used to deliver food to clients.

2. If any other source(s) currently contribute to funding the food transportation needed for your program, please list the sources and the amounts from each.

3. How will the requested funds support or improve your program's ability to provide food assistance to needy people? How much food (estimate pounds or cases) will you transport?
4. If you are requesting funds to rent a vehicle, please attach the following:
   - Two (2) quotes from separate truck rental companies
   - A copy of your current contract and payment receipts

*Please be aware that Operation Support DOES NOT cover the cost of mileage or gas when renting a truck.*

5. If you are requesting funds for mileage reimbursement, please calculate total estimated number of miles traveled in grant year and multiply miles by .57.

*(Mileage allowance for grant year 2015-2016 is $0.57 cents per mile. Mileage may only be reimbursed for approved travel using personal vehicles.)*

Total estimated miles traveled in 2015-2016 grant year: \( \times .57 = \)

6. To verify transportation costs, the following documentation must be maintained:
   - Records indicating the payment of funds for vehicle rental/lease option
   - Mileage logs showing dates, destination, and odometer reading of mileage incurred on vehicles
   - Records (receipts, invoices, bills of lading, etc.) indicating that the transportation costs charged to the state were required to move food from source to EFP site
   - Receipts dated BEFORE July 1, 2015 will not be accepted
   - Rental Truck receipts must show payment to be accepted

7. Who will be responsible for submitting the documentation?

Name: \hspace{2cm} Phone:

Email address:
E. Operation Support Budget Proposal | CAPITAL EQUIPMENT

*** Please answer every question. Incomplete applications may be disqualified. ***

Amount requested $ _____  Priority of this request: _____

List the equipment item(s) you are requesting and give a brief description of each. Include the brand, model number and total cost. **Attach at least two (2) written quotes from potential vendors for comparable models for each item requested.** Temporary (sale) price quotes will not be accepted, On-line quotes will now be accepted.

Warranty can only be considered if they are part of one package price for the equipment. These expenses cannot be considered if listed separately. Ask the vendors to include warranty in a package price.

Reasonable delivery charges can be funded, if included in the initial grant request.

**IMPORTANT** – Any equipment bought with HPNAP funds must be NEW. No used or second-hand equipment may be purchased with this grant. All equipment will be 100% owned by the State of New York.

HPNAP prefers to fund commercial and industrial grade equipment due to its durability and longevity. You must provide additional rationale for any non-commercial request (attach additional pages if more space is needed).

Funds for equipment grants are limited. Applicants must prioritize their needs and only request essential equipment. If you are applying for funding for more than one equipment item, please prioritize your requests. Prioritize your requests with #1 as the greatest need through #5 (if applicable) as the least. If you are requesting duplicate items, e.g. two (2) freezers, list each separately and prioritize each one.

<table>
<thead>
<tr>
<th>Name &amp; Type of Equipment</th>
<th>Brand &amp; Model #</th>
<th>Total Cost (Quote #1-lowest price)</th>
<th>Brand &amp; Model #</th>
<th>Total Cost (Quote #2)</th>
<th>Priority Number</th>
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</table>
1. Describe why HPNAP funds should be used to purchase each item requested. Please provide an explanation of how the equipment items will support transition to or enhancing client choice activities (for food pantries only). If replacing equipment, explain why the current equipment needs to be replaced. If purchasing additional equipment, explain why the equipment will allow your program to serve more people, and/or enable the program to provide better quality service or greater variety of foods. *(Attach additional pages if more space is needed.)*

2. Explain how your agency will cover any costs for installing, operating, maintaining and securing the requested equipment. If capital improvements become necessary because of the equipment selected, the applicant must explain how these costs will be covered with non-HPNAP funds (for example, any cost of plumbing, electricity, or building alterations).
3. If the applicant has received HPNAP-funded equipment in the past, please list the equipment and year purchased with previous HPNAP awards. Add a separate sheet if necessary.

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Brand</th>
<th>Year purchased with HPNAP award</th>
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4. Please give the address(es) where the requested equipment will be used:

5. Who will be responsible for submitting the copies of vendor invoices or other proof of purchase and copies of cancelled checks to document the use of these funds?
Name: 

Phone: 

Email address: