



Dear Partner,

Foodlink is pleased to make available Hunger Prevention and Nutrition Assistance Program (HPNAP) Food and Operating Support (OS) funding to its member agencies.

We updated the applications to streamline the information and provide you with an opportunity to express how your program contributes to our mission: **to leverage the power of food to end hunger and build healthier communities.**

When applying for Food or OS funding we urge you to think strategically about what is needed to **increase capacity, distribute more nutritious food, and sustain your program for the long-term.**

Please remember that the HPNAP calendar has changed to a November through October fiscal year. We expect to allocate these HPNAP dollars by the end of October so that you have no gap in funding. In addition, we will send out two additional applications in the coming months:

- Holiday Distributions: August
- Seed Grants: October

We truly appreciate your partnership and remain committed to providing you with the resources you need to be effective and successful in meeting the needs of our communities.

In Partnership,

A handwritten signature in black ink that reads "Julia Tedesco". The signature is written in a cursive, flowing style.

Julia Tedesco
President & CEO

**Applications must be received by 4 pm
on Friday August 24, 2018**

Hunger Prevention and Nutrition Assistance Program Application (HPNAP) Application | 2018-2019

November 1 2018-October 31 2019

Applications are reviewed by small committees consisting of Foodlink staff and external stakeholders. 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 five (5) printed, completed, signed applications. Each should be collated and stapled.
- 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 a valid facility department of health inspection certificate.*

Operation Support Instructions

- Include **D. Operation Support application** with overall application (5 copies).
- New this grant year, funding categories now have request caps.
 - Capital Equipment requests are capped at **\$6,000**
 - Staff, Utilities, Space, Transportation, FSPS and Pest Control requests are capped at **\$2,500**
- Programs applying for Operation Support must complete appropriate budget proposals and provide documentation as described in application guidelines. Please be sure to read the Operation Support Guidelines document for further instructions.

Send Completed Applications to:
Foodlink
1999 Mt Read Blvd
Rochester, NY 14615
Attention: Member Services

Questions:

Morgan McKenzie mmckenzie@foodlinkny.org (585) 413-4069	Moses Ulom mulom@foodlinkny.org (585) 413-4057
Sheila Williams swilliams@foodlinkny.org (585) 413-4083	Emily Diaz ediaz@foodlinkny.org (585) 413-4054

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Hunger Prevention and Nutrition Assistance Program Application (HPNAP) Application | 2018-2019

Program Name:

Foodlink ID:

HPNAP ID:

County:

This application is a request for:

Food Line of Credit grant only

Operation Support grant only

Both Food Line of Credit and Operations Support grants

Please select the type of emergency program

Soup Kitchen or Hot Meal

Food Pantry

Shelter

A. Application Agreement

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:

Email:

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.

Contact for this Grant (If different than above):

Name	Phone	Email

B. Program Information Sheet

Average Number of Meals/People Served Per Month:

Place an X in the corresponding box indicating the average number of meals or people you serve per month. Please be sure to place it under the correct program type.

Use your Agency Monthly Meal Stat Reports from January 1 2017- December 31 2017 to complete this section. These are available on PWW. For agencies that recently became members, please use all available reports and divide by total number of months.

	PANTRY PEOPLE/MONTH
	800 and above
	400-799
	200-399
	100-199
	1-99

Days /Hours of Operation:

Please indicate the number of hours/days that your program is open for service per month.

PANTRY

	> 60 hours per month
	15-59 hours per month
	5-15 hours per month
	< 5 or by appointment

Does your program have weekend and/or evening hours?

Yes

No

C. General Application

1. Program EIN (Employer Identification Number):

2. Please list all zip codes your agency serves.

3. Based on projected service to meet your agency's needs for the upcoming fiscal year, what do you project for your program's total food budget for 2018-2019?

\$

Impact and Uniqueness Section (Questions 4-6) (10 points):

4. Please describe the service(s) your organization provides that you are most proud of, and that best demonstrate your impact/uniqueness. This may include a specific element of your food distribution, or be something completely separate.

5. Please describe any special features of your program. (For example, do you serve special populations, offer wrap around services, etc.)

6. What has your organization done to share or learn about best practices with other organizations in your area?

Health and Wellness Section (Questions 7-9) (10 points):

7. What percentage of the time do you distribute fresh produce (*place an X in the corresponding box*)?

Never 25% 50% 75% or more

8. What challenges do you face in providing fresh produce more often? Please be specific.

9. Describe your organizations effort to provide nutrition education in the past year. What programs have you worked with? What information have you distributed? What challenges do you face in providing more nutrition education to your clients? Please be specific.

C. Program Specific Application | PANTRY

3. For each day of the week list the hours that your doors are open to actively distribute food to guests.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4. If your Food Pantry does not have the same schedule each week (for example, it is open one week per month), please describe the schedule:

5. How are you enhancing access to and use of nutritious foods?

Place an “x” by all that apply. (10 points- Impact and Uniqueness)

	Offer Client Choice (<i>not</i> pre-packed or pre-determined food items)		Encourage local community (e.g.: through a flier) to donate healthy food items (e.g.: canned vegetables instead of packs of cookies)		Offer delivery to clients if they are require it
	Check with clients if they are receiving SNAP and/or WIC, and if applicable, refer them to how to sign up		Partner with local gardeners or farmers to plant extra vegetables to donate for pantry distribution		Offer low-fat dairy foods (e.g.: 1% milk, cheese, yogurt)
	Offer whole-grain foods (e.g.: oatmeal, brown rice, whole wheat bread)		Provide foods that are compatible with special dietary needs (diabetes, hypertension, food allergies, gluten or dairy intolerance)		Offer lean proteins (e.g.: beans, 90% lean ground beef, fish)

D. Operation Support

Grant Request Summary

You may apply for up to 2 categories of Operation Support funding. 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.

New this grant year, funding categories now have request caps. Please pay close attention to the table below.

Funding Category:	Funding Request Cap:
Capital Equipment	\$6,000
Staff, Utilities, Space, FSPS, Transportation, Pest Control	\$2,500

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.

Funding Category	Funding Request	Priority (choose either "1" or "2" for selected categories)	Program funding received in grant year 2017-2018
Staff	\$		
Utilities	\$		
Space	\$		
Food Service Paper Products and Other Supplies (FSPS)	\$		
Transportation	\$		
Pest Control	\$		N/A
Capital (Food Service)Equipment	\$		
Total	\$	N/A	

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.*

D. Operation Support (15 points)

(Required questions for Operation Support applicants). Please attach another sheet if you need more room.

1. Please explain why this request is a priority for your organization?

2. How will this request impact your ability to serve?

3. Please describe how you will sustain your Operation Support request if this grant is not available next year?

D. Operation Support Budget Proposal | STAFF

Please answer every question. Incomplete applications may be disqualified.

Amount requested: \$ _____

Priority of this request: _____

Hourly rate must be at or above New York State minimum wage.

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	Approx. total hours 2018-2019	Stipend paid for total hours	% of hours charged to grant	Total Funding request

1. Please enclose a job description **or** provide a description of duties below for the requested position. The description must contain information on the position's specific duties and the approximate percentage of time spent on each duty (ex: receiving, stocking, preparation, distribution, etc).

2. Please list current funding sources and amounts covering this position.

D. Operation Support Budget Proposal | UTILITIES

Please answer every question. Incomplete applications may be disqualified.

Amount requested \$ _____

Priority of this request: _____

Food service work or storage area utility costs such as heat, water, and electricity may be funded.

1. Percentage of bills for which you are requesting funding? _____%

2. If your Agency is seeking funding for only a portion of the monthly utilities, clearly explain how this amount was estimated.

3. Please list current funding sources and amounts currently covering utilities:

D. Operation Support Budget Proposal | **SPACE**

Please answer every question. Incomplete applications may be disqualified.

Amount requested \$ _____

Priority of this request: _____

Only space used for food service, distribution, or food 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. Please **attach** a copy of the current rental agreement or a letter stating the rent/user fee from the organization that provides the space.

D. Operation Support Budget Proposal | **FOOD SERVICE PAPER PRODUCTS and OTHER SUPPLIES**

Please answer every question. Incomplete applications may be disqualified.

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.) Please refer the Operation Support Guidelines document to be sure you are requesting approved items.

Item(s)	Number of Cases	Price per Case	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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.

D. Operation Support Budget Proposal | **TRANSPORTATION**

Please answer every question. Incomplete applications may be disqualified.

Amount requested \$ _____

Priority of this request: _____

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.

If you are requesting funds for mileage reimbursement, please calculate total estimated number of miles traveled in grant year and multiply miles by **.545**. (*Mileage may only be reimbursed for approved travel using personal vehicles. The mileage reimbursement rate is determined by New York State at the beginning of each calendar year.*)

Total estimated miles traveled in 2018-2019 grant year: _____ **x .545 =** _____

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.

D. Operation Support Budget Proposal | **PEST CONTROL**

Please answer every question. Incomplete applications may be disqualified.

Amount requested \$ _____

Priority of this request: _____

If requesting pest control assistance, please present documentation to support costs (quotes or pest control company invoices) and show that effective pest control results have occurred due to these preventive services. Only licensed pest control operators will be considered.

1. Please justify how you came to the cost associated for pest control (including the percentage of building used for food storage).

a. Percentage of cost __ _____%

2. Justification of need:

3. Please describe how billing is established (monthly or per occurrence) and the frequency of pest control application.

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

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).