



FeedMore WNY
100 James E Casey Dr
Buffalo, NY 14206
feedmorewny.org

more food. more good.

2020-2021 Hunger Prevention and Nutrition Assistance Program (HPNAP) Food Grant Application for Emergency Food Programs (EFP)

*The HPNAP Food Grant is administered by FeedMore WNY for the New York State Department of Health HPNAP. The HPNAP Committee, an independent review board, will review all applications and allocate all funds. **HPNAP funds are intended to supplement and/or match a program's own efforts.** Funds should not be viewed as a sole means of support.*

Check type of agency (check only one):

- Food Pantry
- Soup Kitchen (Meal Program)
- Emergency Shelter

Guidelines:

- Completed HPNAP Food Grant applications must be postmarked by **June 5, 2020**.
- **Grant applications should be downloaded and saved as a PDF file.** No handwritten applications will be accepted. An electronic version of this application is available online at www.foodbankwny.org/agencyresource/grantapplications.aspx.
- Only one signed copy of this application is required. Do not submit multiple copies.
- **Mail or email** your completed application to:

Caryn Hufford
Nutrition Resource Manager
FeedMore WNY
91 Holt St.
Buffalo, NY 14206
chufford@feedmorewny.org

Eligibility:

- Applicants must be a member of FeedMore WNY.
- The agency must have been in operation a minimum of six months.
- Food pantries must be open at least four hours every week (emergency hours not included).
- All monthly reports must be up to date with Feedmore WNY as of May, 2020.

Technical Assistance:

- A computer is available at FeedMore WNY if needed.
- For additional assistance contact Caryn Hufford by phone (716-852-1305) or by email (chufford@feedmorewny.org).

Notification of Award or Denial:

Agencies will be notified the status of their application by July 1, 2020.

Auto Renewal Notification:

This grant, once approved, will exist in perpetuity and will renew automatically each year. It can be cancelled by either party (FeedMore WNY, member agency) at any time due to agency closure, breach of membership agreement, change in government funding or any other reason. Such requests must be made in writing by the member agency or communicated in writing by FeedMore WNY.

The grant renews each year on July 1. Annual allocations may change based on the amount of funding provided or the number of eligible agencies applying. Once approved, grant dollars will be distributed on a quarterly basis. The quarterly allocations will generally be consistent throughout a grant year though there may be rare exceptions, such as the closure of agencies during a crisis, when grant dollars may be re-adjusted mid-year.

Changes to any of the member agency information in this application should be communicated promptly to FeedMore WNY.

If a member agency misses the deadline for this grant or does not qualify for this grant, they are welcome to apply for the next grant year.



Did you download and “save as” your application?



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HPNAP Food Grant Application

General Information:

Agency Name: _____

Agency Number: _____

Name of Executive Director/Administrator: _____

Phone: _____ Email: _____

Site address: _____

City: _____ Zip code: _____

Mailing address (if different): _____

City: _____ Zip code: _____

Person to contact regarding administration of this grant: _____

Phone: _____ Email: _____

Service Information:

Does your agency receive CACFP? Yes No

Indicate the hours of operation of your agency each week during a typical month (do not include emergency hours):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Example</i>		9:00-1:00		8:00-12:00			9:00-3:00
Week 1							
Week 2							
Week 3							
Week 4							

Pantry only: is your pantry Client Choice? Yes No

If yes, please indicate the model used:

- Table
- Walkthrough
- Inventory
- Window
- Supermarket

If no, would you like to transition to client choice? Yes No

Other:

From what other sources do you obtain food? Check all that apply:

Retailers Purchase on own Other: _____

How much money was budgeted by your organization in the current fiscal year to purchase food NOT provided by FeedMore WNY? \$ _____

Do you attend local networking or collaboration meetings to coordinate with surrounding Emergency Food Providers? Yes No

Over the past year, have you attended the Food Bank's Annual Agency Conference and county meeting? Yes No

Is your agency current on monthly reports? Yes No

By signing this agreement I certify that this agency will comply with the policies and procedures of Feedmore Western New York and those set by the Hunger Prevention and Nutrition Assistance Program (HPNAP).

Sign: _____ Date: _____



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