**FeedMore WNY**
## 2021-2022 Operations Support (OS) Grant Application
Funded by New York State Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)
July 1, 2021 – June 30, 2022

### Applications must be postmarked by May 21, 2021

**INTRODUCTION:**
The Hunger Prevention and Nutrition Assistance Program (HPNAP) was established in 1984 to improve the nutritional health status of the state's low-income citizens by reducing hunger, malnutrition, and nutritionally related illness. HPNAP, in partnership with organizations that serve the hungry, is dedicated to improving the health and nutritional status of being in need of food assistance by:

- Providing funding and other support to enhance the accessibility and availability of safe and nutritious food and food related resources;
- Developing and providing comprehensive nutrition education programs;
- Monitoring and assessing customer needs and hunger-related issues to strengthen the program effectiveness;
- Empowering people to increase their independence from food assistance programs.

**ELIGIBILITY:**
Operations Support (OS) grants are based not only on need, but also on eligibility. FeedMore WNY membership is not required to submit at OS application. The following checklist will ensure that your agency is eligible to apply for OS funding.

- Agency must be an established emergency feeding relief organization (food pantry, soup kitchen, shelter, or youth snack program) which has been in operation for at least six (6) consecutive months.
- Agency site must be headquartered and operate in FeedMore WNY's designated service area of Cattaraugus, Chautauqua, Erie, or Niagara counties.
- Have a 501(c)3 status or be sponsored by a 501(c)3. Sites that are members of this food bank have already met this requirement. Non-members of FeedMore WNY must attach a copy of their organization's 501(c)3.
- Soup Kitchens ONLY: Must attach a current copy of your DOH Food Service Permit or completed DOH Food Service Permit application.

The following organizations are **not** eligible to apply for OS:

- For-profit organizations.
- Organizations that only distribute USDA Commodity (TEFAP) foods.
- Organizations that do not provide food commodities at no cost to individuals in need of short-term hunger relief.
- Emergency food relief organizations with existing direct New York State Department of Health contracts.

**FUNDING CATEGORIES:**

Operations Support awards provide funding to agencies currently providing emergency food to low income and/or food insecure New Yorkers. **Submission of an Operations Support application does not guarantee that your funding request(s) will be granted – you may get your full request, a partial sum, or be declined.** OS funding is designed to supplement an organization's current operating funds; funds may not be used as start-up costs for new activities or new staff positions. Agencies may request up to $4,000 in total or up to $6,000 if you are requesting food service equipment. Funding is awarded for one or a combination of the following seven (7) expenditure categories:

A. Staff Costs: Only **direct service** workers may be funded. Positions must have been previously funded at the same wage rate for at least the past six (6) months.
   a. **Allowable**: All persons actually engaged in the serving or storing of food such as cooks, kitchen help, pantry volunteers, and food service or storage area cleanup persons.
   b. **Not Allowable**: Administrative personnel such as bookkeepers and directors, or non-food workers such as maintenance workers**.**
B. Utilities: Only for food service work or storage area utility costs.
   a. **Allowable**: Food service work or storage area utility costs such as heat, water, electricity, oil, or propane.
   b. **Not Allowable**: Trash and recycling removal, sewer charges, telephone costs, and costs associated with other than food service or storage areas.
C. Space Costs: Only for costs for currently occupied space for direct emergency food service or storage areas.
   a. **Allowable**: Rent, user's fee for Shelter, Food Pantry, or Soup Kitchen. Space shared with other programs is to be prorated to compute the portion used for emergency food service.
   b. **Not Allowable**: Costs for administrative offices rent or user's fee, mortgage payments, or any payment in excess of actual charges to the direct food service or storage area**.**
D. Food Service Disposables and Other Supplies:
   a. **Allowable**: Non-durable/disposable supplies necessary to the provision of emergency food may be funded. This includes, but is not limited to paper/plastic bags, disposable plates, cups, and dinnerware, plastic wrap, aluminum foil, cardboard boxes, and food containers.
   b. **Not Allowable**: Supplies that are not necessary to the provision of food, such as office supplies, toilet paper, and cleaning materials**.**
   *PLEASE NOTE: Disposable food safety and sanitation supplies such as aprons, gloves, and hand soap are available at no charge from FeedMore WNY. HPNAP provides separate supplemental funding for these supplies.*
E. Transportation:
   a. **Allowable**: Costs for the transportation of food from source to the direct food service site may be funded. This may include payments to rent or lease vans for the rent/lease option or mileage reimbursement to staff or volunteers who utilize their own personal vehicles up to the federal reimbursement rate per mile for the mileage option.
   b. **Not Allowable**: Costs for delivering food from the direct food service site to client recipients. Costs associated with transportation of agency/organization's vehicle.
F. Food Service Equipment: An emergency feeding relief organization may request funding for <u>new</u>, preferably commercial grade, food service equipment items essential to their emergency food operations. The purchase of equipment for food pantries that would like to transition to or enhance a client choice model of operation (such as tables, shelving, or shopping carts) is acceptable. Equipment purchased with any amount of HPNAP funds are the property of the New York State Department of Health.
   a. **Allowable**: Refrigerators, freezers, stoves and ovens, metal shelves, metal storage cabinets, 3-compartment sinks, hand washing sinks, hand trucks, and exhaust hoods and fire suppression systems (if required by codes in the specific facility) which are necessary to maintain the current operation of an emergency feeding site. The OS grant covers reasonable delivery fees.
   b. **Not Allowable:** Disposable items, used or reconditioned equipment, office equipment, computer hardware, air conditioners, heating units, fans, dehumidifiers, vehicles, wooden or plastic shelving or cabinets, custom-made appliances/equipment, small electrical appliances, or small kitchen utensils. The OS grant will **not** fund building alterations, wiring, or plumbing work, or any installation charges. The agency is responsible for paying alteration and installation costs.

*PLEASE NOTE: Grantees must adhere to all stipulations in the food service equipment/Operations Support Award Notification letter. If the grantee stops providing emergency food assistance during the useful life of the equipment (usually up to ten (10) years), the grantee must notify FeedMore WNY and the equipment may be transferred to another EFRO. The grantee is responsible for the maintenance and upkeep of the equipment. The equipment is property of New York State Department of Health and FeedMore WNY must be notified prior to any disposal or transfer of equipment.*

    G. Pest Control: Pest control expenses may be covered for food safety benefits.
        a. **Allowable:** Routine pest control maintenance of areas associated with the storage, preparation, or serving of food.
        b. **Not allowable:** Extermination of vermin (e.g. raccoons, squirrels, etc.).

**ADMINISTRATION and DOCUMENTATION:**
**Award Funding:**
Successful applicants will be issued an Award Notification letter and Agency Agreement. The award notification and agency agreement will contain the terms and conditions of the grant and specify an award amount. Upon accepting the grant conditions, the direct food service site receiving awards - "grantees" - will receive the full-year grant award in one check. Funds must be used only on the approved allowable items, as requested in their grant application and stipulated in the Award Notification letter.

**Grant Cycle:**
All Operations Support expenditures must take place during the July 1, 2021 – June 30, 2022 funding period. The grantee is responsible for paying any amount greater than the awarded amount for any line item of an OS award. In the event that the actual expenditures are less than the awarded amount, the grantee organization must return the unexpended funds by June 1, 2022 to FeedMore WNY. Agencies will have 20 days after the end of the grant period (until July 20, 2022) to return all unexpended funds to FeedMore WNY for extenuating circumstances.

**Documentation:**
Each grantee organizations must maintain full documentation of how OS funds were spent. The grantee must maintain these records for seven (7) years after the end of the grant period. These records are to be accessible to authorized FeedMore WNY/Resource Grant Distribution or Department of Health staff upon request.

Programs that receive awards must submit complete and timely documentation. Failure to provide timely and accurate documentation may prevent your program from obtaining future OS funding. Each grantee must submit a year-end report containing receipts and documentation showing they spent 100% of the award on approved services or items.

Grantee is required to submit the following relevant documentation, along with the cover form(s) enclosed with the awarded check **by June 1, 2022**. Documentation will not be accepted without this form. Your agency's grant reference number indicated on the award notification letter should be on all correspondence to assure proper verification.
- **Disposables** – copies of vendor invoices OR register receipts with allowable items identified AND copies of payment printouts or bank-canceled checks
- **Equipment** – copies of vendor invoices AND paid receipt(s) or bank-canceled check if paid by check
- **Staff** – copies of payroll registers, such as ADP OR time cards/time sheets AND copies of bank-canceled pay checks
- **Space** – copies of bank-canceled rent checks OR paid rent receipts for payment of rent or lease
- **Transportation** – mileage log showing dates, destinations, odometer readings, and mileage traveled endorsed by agency supervisor AND copies of bank-canceled checks or signed receipts used to reimburse driver and/or travel log showing rental dates and destinations AND copies of rental vendor receipts or bank-canceled check for vehicle rental
- **Utilities** – copies of utility bills showing billing period AND copies of payment printouts or bank-canceled checks
- **Pest Control** – copies of pest control bills showing billing period AND copies of payment printouts or bank-canceled checks

**APPLICATION SUBMISSION:**

Signed applications and supplemental documentation must be received or postmarked no later than May 21, 2021. Please complete the application and required sections in its entirety. Failure to answer all the questions completely or lack of provision of requested attachments may result in a lower score or disqualified application.

Every site (agency location with its own service) must submit its own grant application. For Section B, Agency Impact Statement, be sure to provide information that is specific to the operation and services of the agency at that location. For example, each agency location will have unique services and challenges to address the needs in the community where they are located. Do not copy any portion of Section D if sending more than one application as doing so will result in an automatic denial.

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**Please mail or hand-deliver one (1) single-sided and ten (10) printed, collated, stapled, double-sided sets of the completed application to the following by May 21, 2021:**
Bonnie E. O'Brien
FeedMore WNY
91 Holt Street
Buffalo, NY 14206

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NOTE: An incomplete application form and/or failure to follow grant directions will result in a lower score and may disqualify the agency's request. For additional information and technical assistance in completing the OS application, contact Bonnie O'Brien at bobrien@feedmorewny.org or 716-822-2005 x3035. Please note technical assistance will be limited to clarification of questions and guidance on supportive documentation. Receipt of technical assistance does not guarantee grant approval.

The New York State Department of Health and FeedMore WNY reserve the right to reject applications or lower funding allocations based on completeness and quality of proposals submitted.

# 2021-2022 Operations Support Grant
## DOCUMENTATION POLICY

Programs must provide documents as scheduled through the grant year. Failure to provide timely and accurate documentation as scheduled will result in the loss of partial or full funding for the 2022-2023 grant year and may prevent your program from obtaining future OS funding.

## DOCUMENTATION IS ENCOURAGED TO BE SUBMITTED AS SOON AS YOU ARE ABLE TO FULLY DOCUMENT THE SPENDING OF YOUR AWARD.

## Important Dates to Remember: Please Keep For Your Records!

| Task | Due Date |
|---|---|
| Total of eleven (11) sets of OS applications received by FeedMore WNY | May 21, 2021 |
| HPNAP Advisory Committee will review all OS grant applications | On or about June 22, 2021 |
| Award & denial letter notifications sent to OS applicants | On or about July 1, 2021 |
| Awarded amount, as approved, is sent out with documentation forms | On or about July 31, 2021 |
| 2021-2022 Year-End Operations Support Documentation Due | June 1, 2022 |
| All unspent 2021-2022 Operations Support funds must be returned to FeedMore WNY | June 1, 2022 |

**All documentation requirements must be mailed to:**
Bonnie O'Brien
FeedMore WNY
91 Holt Street
Buffalo, NY 14206

# 2021-2022 Operations Support Grant
## Application Checklist

**General**:
- ❑ Agency is an established emergency feeding relief organization (food pantry, soup kitchen, or shelter/youth program), which has been in operation for at least six (6) consecutive months.
- ❑ Agency has a 501(c)3 status or is sponsored by a 501(c)3. (Sites that are members of FeedMore WNY have already met this requirement and are not required to provide a copy. Non-members of FeedMore WNY must attach a copy of their organization's 501(c)3.)
- ❑ Pantry is open to serve clients a minimum of **four** hours per week (non-emergency hours).
- ❑ All application sections pertaining to agency request(s) filled in completely.

**Budget Proposal - Staff**:
- ❑ Job duties are directly related to food service including that of meal planning, meal preparation, placing orders, picking up orders, stocking shelves, etc. (please list all duties associated with position)

**Budget Proposal - Utilities**:
- ❑ Request for funding is for food service work or food storage area utility costs (heat, water, electricity, oil, propane).

**Budget Proposal - Space**:
- ❑ Request for funding is for costs for currently occupied space for direct emergency food service or storage areas.
- ❑ Current (2021-2022) lease or rental agreement or a letter stating the rent/user fee from the organization that provides the space is provided.

**Budget Proposal - Disposables**:
- ❑ Request for funding is for non-durable/disposable supplies necessary to the provision of emergency food.

**Budget Proposal -Transportation**:
- ❑ Request for funding is for transporting of food only by volunteers to agency; not for deliveries to clients.
- ❑ If requesting truck rental, two (2) quotes from separate rental companies attached.

**Budget Proposal - Equipment:**
- ❑ Two (2) equipment vendors' quotes are provided for NEW equipment (used/refurbished equipment not eligible).
- ❑ Equipment is commercial or written justification is provided for purchasing non-commercial equipment.

**Budget Proposal – Pest Control**
- ❑ Request for funding is for pest control maintenance of areas associated with storage, preparation, or serving of food.
- ❑ One-year pest control company cost printout from previous year (2020) is provided.

# DO <u>NOT</u> RETURN PAGES 1-6 WITH YOUR APPLICATION.

**more food. more good.**

**FeedMore WNY**
**2021-2022 Operations Support (OS) Grant Application**
Funded by New York State Department of Health
Hunger Prevention and Nutrition Assistance Program (HPNAP)
July 1, 2021 – June 30, 2022

# Food Pantry Application

## General Agency Information

1. Program Name:_____Agency ID# _____

    Address: _____

    City:_____Zip Code:_____County: _____


2. Name of Parent/Sponsoring Organization (if any): _____

    Address: _____

    City:_____Zip Code:_____County: _____

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

    Name:_____ Position: _____

    Phone:_____Email:_____

    Mailing Address: _____

    City:_____Zip Code:_____County: _____

4. a. When did your emergency feeding relief organization begin operating (month/year): _____

    b. Has it been in operation for at least six (6) consecutive month?        Yes ☐   No ☐

5. Is your Emergency Feeding Relief Organization a member of FeedMore WNY?        Yes ☐   No ☐

## SECTION A: Agency Service Level (35 points)

> Did your agency receive a 2020-2021 HPNAP Food Grant?     ___ Yes     ___ No
> If "Yes", we will use the same numbers that are submitted monthly to FeedMore WNY via PWW.
> If "No" please complete the following service statistics:
> Partial bags, such as bags containing bread and produce only or service statistics from mass distributions, should not be considered.
>
> Average Number of Children (0-17) Served Per Month: _____
>
> Average Number of Adults (18-64) Served Per Month: _____
>
> Average Number of Seniors (65+) Served Per Month: _____

## SECTION B: Days of Operation (5 points)

1. How often is your pantry open?  This is the total number of days per months the pantry doors are open to actively distribute food to guests (**not** the office hours of the organization.)  (Check only one.)

   ___ 3 or more days per week          ___ 2 days per month

   ___ 1 to 2 days per week          ___ 1 day per month

   ___ 3 days per month          ___ By appointment

2. If by appointment only, list the average number of days and hours per day your agency serves clients per month.

   _____

## SECTION C: Provision of Nutritious Food (4 points)

1. How often is fresh produce available for your food pantry clients? (Check only one.)

   ___ Always, whenever the pantry is open

   ___ Most of the time

   ___ Sometimes

   ___ Rarely

   ___ Never

2. 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, whenever the pantry is open

   ___ 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 how you operate the food pantry for which you are requesting funds on a day-to-day basis. (5 points)

Part 2: Describe the population you serve and the factors in your community that cause a need for your services. (5 points)

Part 3: How do you ensure that you provide safe, high quality, nutritious foods to clients on a consistent basis? (5 points)

Part 4: Describe any challenges you have experienced in operating your food pantry in the past year or any challenges you anticipate in the upcoming year.  How have you overcome those challenges; what are your plans for overcoming the future challenges?  (10 points)

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

### Summary of Requested Funds
### Total Funds Requested May Not Exceed $4,000 Total, or if Equipment is Requested, $6,000

Part 1:

| Funding Category | Amount of Request | Priority (1st, 2nd, 3rd) |
|---|---|---|
| Staff (page 7) | | |
| Utilities (page 8) | | |
| Space (page 9) | | |
| Disposables (page 10) | | |
| Transportation (page 11, page 12) | | |
| Equipment (page 13) | | |
| Pest Control (page 14) | | |
| **Total Request=** | | |

*Note: You must complete a Budget Proposal page for each funding category requested.*
*(See pages 7-14)*

Part 2: How will the Operations Support grant funds requested above support or improve your program's ability to provide food assistance and nutritional support to those in need during the 2021-2022 grant year.  Be specific. (20 points)

**By signing this document, I acknowledge that all information is true and accurate.**
**Note: Providing false information is grounds for automatic denial.**

Contact Person (Print Name): _____

Signature:_____ Date: _____

Executive or Associate Director (Print Name): _____

Signature:_____ Date: _____

*If you do not have an Executive or Associate Director, only one signature is necessary.*


**APPLICATION SUBMISSION:**
- ❏ Application is typed and signed.
- ❏ Do NOT send copies of the instructions section (pages 1-6).
- ❏ Only include budget proposal pages that are being requested.
- ❏ One (1) single-sided and ten (10) printed, collated, stapled, double-sided sets of the completed and signed application must be received by Friday, May 21, 2021.
- ❏ Mail or hand-deliver the completed application to:
  Bonnie E. O'Brien
  FeedMore WNY
  91 Holt Street
  Buffalo, NY 14206
- ❏ Applications will NOT be accepted electronically.
- ❏ This year's application must be used; older applications will be disqualified.


NOTE:  An incomplete application form and/or failure to follow grant directions will result in a lower score and may disqualify the agency's request.  The New York State Department of Health and FeedMore WNY reserve the right to reject applications or lower funding allocations based on completeness and quality of proposals submitted.

# Budget Proposal: Staff

1. Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

2. Title of Staff Position: _____

3. List the specific duties this staff person performs. **If operation of the food assistance program is only part of the position, <u>list only those tasks related to food assistance</u>, or attach the job description, highlighting the duties directly related to direct food service.  Direct food service includes meal planning, meal preparation, placing orders, picking up orders, stocking food on shelves, etc.** *Note: Hourly rate must be at or above New York State minimum wage.*

4. 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 Direct Food Service (duties listed above)** | X____ |
| **Subtotal** | |
| **Weeks Worked per Year** | X____ |
| **Yearly Food Service Wage Total:** | |

5. Has this position been funded at the same wage for at least the past six (6) months?     Yes ☐     No ☐

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

| Funding Source | Amount Funded |
|---|---|
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify) | |
| **Total:** | |

Check which form(s) of documentation your program will provide to document use of grant funds:
___ Copies of the payroll register, such as ADP OR
___ Copies of time cards or time sheets showing days and hours worked AND copies of bank-canceled paychecks

# **Budget Proposal: Utilities**

1.  Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

2.  Complete table below to estimate annual utility costs (e.g. heat, water, electricity, oil, propane) for this feeding program:

| | |
|---|---|
| **Total of Utility Bills for 2020** | |
| **Percentage of Building this Food Pantry Occupies** | X_____% |
| **Total:** | |

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

| Funding Source | Amount Funded |
|---|---|
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify): | |
| **Total:** | |

# Budget Proposal: Space

> **You must provide a copy of the current (2021-2022) lease or rental agreement or a letter stating the rent/user fee from the organization that provides the space.**

1. Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

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

| Yearly Rent | |
| --- | --- |
| **Percentage of Rented Space this Food Pantry Occupies** | X_____% |
| **Total:** | |

3. Please list other funding sources currently covering space costs.

| Funding Source | Amount Funded |
| --- | --- |
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify): | |
| **Total:** | |

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

___ Copies of bank canceled rent checks OR
___ Paid rent receipts for payment of rent or lease

# Budget Proposal: Disposables

1. Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

2. Complete the table below to list the <u>specific</u> items you plan to buy, the amount of each, and the estimated price per case. Allowable items for food pantries include paper bags, plastic bags, reusable grocery bags, thermal blankets, and food handling gloves. **Food pantries are not eligible to claim items used to serve meals or repack foods.** *Please make sure the quantity of supplies requested is reasonable given the number of meals you serve.*

| Item & Units Per Case | Vendor | Case Cost | Number of Cases Needed | Total Cost |
|---|---|---|---|---|
| *EXAMPLE: Paper Plates 9" – 1x1000* | *Chudy Paper* | *$37.00* | *4* | *$148.00* |
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| | | | | |
| | | | **Total:** | |

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

| Funding Source | Amount Funded |
|---|---|
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify): | |
| **Total:** | |

Check which form(s) of documentation your program will provide to document use of grant funds:
___ Copies of vendor invoices OR
___ Register receipts with allowable items identified AND copies of payment printouts or bank canceled checks

# Budget Proposal: Transportation – Option 1: Mileage

1. Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

2. Is this funding request for the transportation of food to your emergency feeding site completed by staff or volunteers in their own personal vehicles?     Yes ☐     No ☐
   *If no, your request is not eligible for funding.*

3. Please complete the following table to estimate mile costs per year.  Mileage can only be claimed for picking up an order from a retail outlet and/or a donation site.

| Miles to Retail Outlet(s) from Agency=____ | Number of trips to Retail Outlet(s) per year X____ | Retail Outlet Miles = ____ |
|---|---|---|
| Miles to Donation Site(s) from Agency=____ | Number of Trips to Donation Site(s) per Year X____ | Donation Site Miles=____ |
| **Total Miles for the Year** _____ **X $0.575 per mile = Total Request** | | _____ |

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

| Funding Source | Amount Funded |
|---|---|
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify): | |
| **Total:** | |

# Budget Proposal: Transportation – Option 2: Vehicle Rental

<div style="border:1px solid black">

**You must provide two (2) quotes from separate rental truck companies.**

</div>

1. Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

2. Please complete the following table to estimate mile costs per year.  You may apply for mileage for transportation of HPNAP food to your emergency feeding site completed by staff or volunteers in their own personal vehicles.  Mileage can only be claimed for picking up an order from a retail outlet and/or a donation site.

| **Rental Cost:** _____ | **Number of trips to Retail Outlet and/or Donation Site per year X____** | **Total Rental Request=_____** |
|---|---|---|

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

| **Funding Source** | **Amount Funded** |
|---|---|
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify): | |
| **Total:** | |

# Budget Proposal: Equipment

**You must provide a written quote from two (2) vendors for a comparable unit (i.e. similar style and size) for each requested item.**

1. Amount Requested: _____ (Total of ALL requests must not exceed $6,000)

2. Complete the table below: List the equipment item(s) requested, a brief description of each, the unit cost for each item, 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 $6,000.  If requesting non-commercial equipment, written justification must be provided.

| Item | Vendor | Brand & Model | Quantity | Unit Cost & Delivery Charges Total |
|------|--------|---------------|----------|------------------------------------|
|      |        |               |          |                                    |
|      |        |               |          |                                    |
|      |        |               |          |                                    |
|      |        |               |          |                                    |
|      |        |               |          |                                    |
|      |        |               |          |                                    |
|      |        |               |          |                                    |
|      |        |               | **Total:** |                                  |

3. How would this equipment aid in increasing food distribution or food safety?

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

# Budget Proposal: Pest Control

> **You must provide one-year pest control company cost printouts from the previous year (2020).**

1. Amount Requested: _____ (Total of ALL requests must not exceed $4,000)

2. Complete table below to estimate annual pest control costs for this feeding program:

| | |
|---|---|
| **Total of Pest Control Costs for 2020** | |
| **Percentage of Building this Food Storage, Preparation and/or Service Occupies** | X_____ % |
| **Total:** | |

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

| Funding Source | Amount Funded |
|---|---|
| FeedMore WNY HPNAP Operations Support Grant | |
| Other FeedMore WNY Grants | |
| Other Government Grants | |
| Corporate/Foundation Grants | |
| Local Donations (Individuals) | |
| Agency Funds (Budget) | |
| Other (Please Specify): | |
| **Total:** | |