

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.

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

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).
- Soup Kitchens/Shelters/Youth Programs ONLY: Attach a current copy of your Department of Health (DOH) Food Service Permit or completed DOH Food Service Permit application. If agency does not have a DOH certificate, please state reason why not, in writing.
- 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 NOT RETURN PAGES 1-6 WITH YOUR APPLICATION.



FeedMore WNY
91 Holt Street
Buffalo, NY 14206
feedmorewny.org

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

Shelter & Youth Service Program 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 administration and documentation 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 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)

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, list only those tasks related to food assistance, 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:	

Yes No

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 Storage, Preparation and Service 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 Storage, Preparation and Service 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 specific 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
<i>EXAMPLE: Paper Plates 9" – 1x1000</i>	<i>Chudy Paper</i>	<i>\$37.00</i>	<i>4</i>	<i>\$148.00</i>
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

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

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= _____
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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 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:	