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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:

<b>Hourly Wage Rate</b>	
<b>Hours per Week Worked</b>	X ____
<b>Subtotal</b>	
<b>Percentage of Time Spent on Direct Food Service (duties listed above)</b>	X ____
<b>Subtotal</b>	
<b>Weeks Worked per Year</b>	X ____
<b>Yearly Food Service Wage Total:</b>	

5. Has this position been funded for at least the past six (6) months? Yes  No 
  - a. If YES, what is the current wage rate? \_\_\_\_\_

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)	
<b>Total:</b>	

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:

<b>Total of Utility Bills for 2020</b>	
<b>Percentage of Building this Soup Kitchen Occupies</b>	X _____%
<b>Total:</b>	

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):	
<b>Total:</b>	

## 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:

<b>Yearly Rent</b>	
<b>Percentage of Rented Space this Soup Kitchen Occupies</b>	X _____%
<b>Total:</b>	

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):	
<b>Total:</b>	

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>
<b>Total:</b>				

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):	
<b>Total:</b>	

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.

<b>Miles to Retail Outlet(s) from Agency= _____</b>	<b>Number of trips to Retail Outlet(s) per year X _____</b>	<b>Retail Outlet Miles = _____</b>
<b>Miles to Donation Site(s) from Agency= _____</b>	<b>Number of Trips to Donation Site(s) per Year X _____</b>	<b>Donation Site Miles= _____</b>
<b>Total Miles for the Year _____ X \$0.575 per mile = Total Request</b>		<b>_____</b>

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):	
<b>Total:</b>	

## 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.

<b>Rental Cost:</b> _____	<b>Number of trips to Retail Outlet and/or Donation Site per year X</b> _____	<b>Total Rental Request=</b> _____
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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):	
<b>Total:</b>	

## 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
<b>Total:</b>				

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:

<b>Total of Pest Control Costs for 2020</b>	
<b>Percentage of Building this Food Storage, Preparation and/or Service Occupies</b>	X _____ %
<b>Total:</b>	

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):	
<b>Total:</b>	