

**FeedMore WNY**  
**2021-2022 Seed 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 individuals 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.

HPNAP Seed Grants are start-up grants intended to be used as a "seed" to implement a new or enhanced service to an agency or Emergency Food Relief Organization (EFRO). Seed Grants encourage the development of projects that support innovative ways of confronting emergency food and/or nutrition needs of people who are food insecure.

**ELIGIBILITY:**

Seed Grants are based not only on need, but also on eligibility. The following checklist will ensure that your agency is eligible to apply for Seed Grant funding.

- Applicants are not required to have current FeedMore WNY membership or Contractor membership.
  - If an applicant does not have Contractor membership, by accepting Seed Grant funds, if approved, the applicant agrees to Contractor monitoring and reporting.
  - If an applicant does not have Contractor membership, accepting Seed Grant funds, if approved, does not automatically grant Contractor membership nor future membership.
- Applicants must operate under their own or an organization's 501c3 and/or incorporation as a nonprofit organization.
- If applicant is not an EFRO, some aspect of their agency or program's *current* community based work must be to assist low-income, homeless, and/or food insecure individuals.
- Organizations holding direct contracts with HPNAP (food pantries, soup kitchens, food recovery operations, and special nutrition initiatives) are eligible to apply for Seed Grant funding if the funding is requested to support a NEW project that is not already receiving HPNAP funds.

**SEED GRANT FUNDS:**

Seed Grants award a maximum of \$30,000 to reach agency and are ONE-TIME, NON-RENEWABLE awards. EFRO's or agencies can apply for Seed Grant funding annually if the project description is unique (i.e. different site, different service or target population, or different service plan from a past Seed Grant project.)

## **FUNDABLE PROJECTS:**

Seed Grant fundable proposals include the following categories. FeedMore WNY may specify specific preferred projects that applicants can decide to apply for. **Please note, submission of a Seed Grant application does not guarantee that the total funding request(s) will be granted.**

### **A. Resource Enhancement and Community Partnerships:**

- a. Projects that increase or enhance emergency food resources or create a diversified resource base through community partnerships.
- b. Examples of community partnerships include projects to develop and/or utilize food growers, farmers' markets, community and urban garden programs, or other community resources.

### **B. Organizational Capacity and Effectiveness:**

- a. Projects that increase organizational capacity and effectiveness to provide emergency food services and access to healthy foods.
- b. Examples are projects that provide resources, technical assistance and/or training to emergency food relief organizations for fundraising, bookkeeping, volunteer services or other areas specific to emergency food services.

### **C. Link to Services:**

- a. Projects that can link emergency food providers and their clients to services that could reduce dependence on emergency food.
- b. Examples include projects to expand outreach referral services to connect at risk individuals to medical care, social services, technology, or training programs to create links and increase personal resources.

## **APPLICATION REVIEW AND SCORING:**

A committee of emergency feeding program representatives, individuals involved in food insecurity efforts, and FeedMore WNY staff reviews applications and makes funding decisions. Applications are scored on the following criteria:

### **PART I: Agency Information (10 Points Total)**

Reviewers will evaluate for a clear and complete description of the organization's mission and services to the target population.

### **PART II: Project Overview (50 Points Total)**

Reviewers will score clarity and completeness of the explanation of the proposed project, the need for the project within the community, goals for the project, and the targeted population to be served.

### **PART III: Work Plan (25 Points Total)**

Work plan will be evaluated for clarity, feasibility, and appropriateness of goals, activities, and timelines.

### **PART IV: Project Budget (15 Points Total)**

Budget will be evaluated for completeness, justification of expenses, and realistic use of funds.

## **APPLICATION GUIDANCE:**

Section III of the application requests you to outline goals and activities for this project. Please make these as clearly defined as possible. To help clarify this section, please refer below.

**Goals:** The goals of your project should reflect what you intend to accomplish by receiving this award. Each goal should be listed on the table in a separate place. These goals should be simple, measurable, and meaningful to your project.

**Activities:** Outline the steps you will take to accomplish your goal(s). Each goal can have more than one activity. Activities must be specific and measurable. On the chart, please keep all activities for the same goal in the same box. You may use additional sheets, if necessary.

**Who is Responsible for each Activity:** The individual who is responsible for each activity should be placed in this column next to the activity for which they are responsible. Please note that only those individuals who will be completing the outcomes for the project are eligible for personnel funding.

**Timeline for Activities:** Each outcome should have a timeline; indicate a MONTH by which you predict each activity to be completed. These timelines should be realistic and appropriate.

#### **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 Seed Grant 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 a Seed Grant award. In the event that the actual expenditures are less than the awarded amount, the grantee organization will have 20 days after the end of the grant period (until July 20, 2021) to return all unexpended funds to FeedMore WNY.

##### **Documentation:**

Each grantee organizations must maintain full documentation of how Seed Grant funds were spent (e.g. cancelled checks, invoices, etc.) . The grantee must maintain these records for seven (7) years after the end of the grant period and these records are to be accessible to authorized Food Bank/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 Seed Grant funding. Each grantee must submit a mid-year report containing receipts and documentation **by December 1, 2021**. A year-end report containing receipts and documentation proving 100% of the award was spent **by June 1, 2022**.

#### **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.

**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 Seed Grant application, contact Bonnie O'Brien at [bobrien@feedmorewny.org](mailto: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 Seed 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 Seed Grant 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!**

| <b>Task</b>   | <b>Due Date</b>           |
|---|---------------------------|
| Eleven (11) sets of Seed Grant applications received by FeedMore WNY    | May 21, 2021              |
| HPNAP Advisory Committee will review all Seed Grant applications        | On or about June 22, 2021 |
| Award & denial letter notifications sent to Seed Grant applicants       | On or about July 1, 2021  |
| Full award, if approved, is sent out with documentation forms           | On or about July 31, 2021 |
| Awardee mid-year progress and expenditure report due.                   | December 1, 2021          |
| 2021-2022 Year-End Seed Grant Documentation Due                         | June 1, 2022              |
| All unspent 2021-2022 Seed Grant 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

**DO NOT RETURN PAGES 1-5 WITH YOUR APPLICATION.**



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

more food. more good.

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2021-2022 Seed Grant Application**

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July 1, 2021 – June 30, 2022

**Contact Information:**

Organization Name: \_\_\_\_\_ Agency ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Seed Grant Program Name: \_\_\_\_\_

Program/Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Seed Grant Contact Person (regarding the administration and documentation for this grant):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**VERIFICATION OF APPLICATION:**

I agree that the information provided in this application is accurate to the best of my knowledge. I have read the Seed Grant conditions and guidelines and agree that, if funded, I will adhere to these conditions and guidelines.

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.*

**SECTION A: AGENCY INFORMATION (10 points)**

1. What is your organization's mission? To help you in answering this question, provide the following information: Who you are, what you do, who you serve, and why you exist. *(Limit to space provided.)*

2. Describe your agency's food assistance program(s). *(Limit to place provided.)*

**SECTION B: PROJECT OVERVIEW (50 points)**

1. Explain the unmet need you wish to address with Seed Grant funding, including the targeted population and geographic area your project will support. *(Limit to space provided.)*

2. Provide a detailed statement of the project that will address the unmet need. *(Limit to space provided.)*

3. How will the targeted population benefit from the Seed Grant Project? *(Limit to space provided.)*

4. How will you continue to financially support this project when HPNAP Seed Grant funds are no longer available?  
Please provide a detailed and specific description or plan for continued funding. *(Limit to space provided.)*

**SECTION C: WORK PLAN (25 points)**

Please detail the steps or activities you will take to accomplish each goal.

| <b>GOALS</b> | <b>ACTIVITIES</b><br><i>These must be quantitative &amp; measurable. There may be more than one deliverable per goal.</i> | Who is <b>RESPONSIBLE</b> for each activity?<br><i>Individual must be listed here to be eligible for personnel funding.</i> | <b>TIMELINE</b> for activities |
|--------------|---|---|--------------------------------|
| 1.           |   |   |                                |
| 2.           |   |   |                                |
| 3.           |   |   |                                |
| 4.           |   |   |                                |

**SECTION D: PROJECT BUDGET**

Provide an itemized budget and indicate the total amount requested for the entire funding period using the chart below.

| <b>Category of Expense</b><br><i>Note: Please complete only categories necessary for your project.</i>  | <b>Funding Requested</b>   |
|---|--|
| <p><b>Personnel Services:</b><br/>           Include the title of each person working on the Seed Grant project. Individuals must be responsible for carrying out activities outlined in the work plan.<br/>           Staff 1: _____<br/>           Staff 2: _____<br/>           Staff 3: _____</p>   | <p>1. \$ _____<br/>           2. \$ _____<br/>           3. \$ _____</p> |
| <p><b>PERSONNEL SERVICES SUBTOTAL</b></p>   | <p>(a) \$ _____</p>  |
| <p><b>Other Than Personnel Services:</b><br/>           Use the categories listed below. DO NOT add any categories. Include only the TOTAL amounts requested in each category (if any). List the specific items within each category on the next page.</p> <p><b>FOOD</b> \$ _____</p> <p><b>MATERIALS &amp; SUPPLIES</b> \$ _____</p> <p><b>TRAVEL/TRANSPORTATION</b> \$ _____<br/>           Rental, lease, or mileage only. Purchase of vehicle is not allowed.<br/>           To calculate mileage costs, multiply total miles traveled by \$0.575.</p> <p><b>BUILDING OPERATION</b> \$ _____<br/>           (Space or Lease)</p> <p><b>EQUIPMENT</b> \$ _____</p> <p><b>CONSULTANTS</b> \$ _____</p> <p><b>OTHER (Explain):</b> \$ _____</p> |  |
| <p><b>OTHER THAN PERSONNEL SERVICES (OTPS) SUBTOTAL</b></p>   | <p>(b) \$ _____</p>  |
| <p><b>GRAND TOTAL FUNDING REQUESTED (a + b)</b></p>   | <p>\$ _____</p>  |

**BUDGET DETAIL AND JUSTIFICATION: PERSONNEL SERVICES**  
**(Only complete if you are requesting personnel funding)**

|  |  |
|--|--|
| <b>STAFF 1</b>   |  |
| <i>Position Title</i>  |  |
| <i>Hourly Rate</i>   |  |
| <i>Time Spent on Seed Grant Project</i>  |  |
| <i>Total Personnel Expenditures</i><br><i>(Hourly Rate x Time Spent on Seed Grant Project)</i> |  |
| <i>Describe Duties Related to Seed Grant Project:</i>  |  |
|  |  |

|  |  |
|--|--|
| <b>STAFF 2</b>   |  |
| <i>Position Title</i>  |  |
| <i>Hourly Rate</i>   |  |
| <i>Time Spent on Seed Grant Project</i>  |  |
| <i>Total Personnel Expenditures</i><br><i>(Hourly Rate x Time Spent on Seed Grant Project)</i> |  |
| <i>Describe Duties Related to Seed Grant Project:</i>  |  |
|  |  |

|  |  |
|--|--|
| <b>STAFF 3</b>   |  |
| <i>Position Title</i>  |  |
| <i>Hourly Rate</i>   |  |
| <i>Time Spent on Seed Grant Project</i>  |  |
| <i>Total Personnel Expenditures</i><br><i>(Hourly Rate x Time Spent on Seed Grant Project)</i> |  |
| <i>Describe Duties Related to Seed Grant Project:</i>  |  |
|  |  |

## BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES

Detail projected expenditures within each category for which you are requesting funding, as outlined in budget.

**FOOD:** (List each item, cost per item, number to be purchased, and total cost. Briefly describe the reason each item is needed for the project.)

**MATERIALS & SUPPLIES:** (List each item, cost per item, number to be purchased, and total cost. Briefly describe the reason each item is needed for the project.)

**TRAVEL/TRANSPORTATION:** (Detail the proposed expenditure and purpose for the travel or transportation.)

**BUILDING OPERATION:** (Describe the expense and why it is needed for the project.)

**EQUIPMENT:** (List each item, cost per item, number to be purchased, and total cost. Briefly describe the reason each item is needed for the project.)

**CONSULTANTS:** (Provide a description of consultant duties and qualifications, rate of pay, and total hours necessary to complete duties. Please also describe why a consultant is necessary to perform these duties.)

**OTHER:** (Describe the expense and why it is needed for the project.)