

**FeedMore WNY**  
**2023-2024 Seed Grant Application**  
Funded by New York State Department of Health  
Hunger Prevention and Nutrition Assistance Program (HPNAP)  
July 1, 2023 – June 30, 2024

**Applications must be received or postmarked by May 31, 2023 at 4:00pm**

**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 organization 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 organization is eligible to apply for Seed Grant funding.

- Applicants are not required to have current FeedMore WNY partnership 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 501(c)3 and/or incorporation as a nonprofit organization. **Non-partners of FeedMore WNY must attach a copy of their organization's 501(c)3, or if sponsored by a 501(c)3, a memorandum of understanding or agreement between program and sponsor.**
- If applicant is not an EFRO, some aspect of their organization 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, dining sites, 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 each organization 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 PROJECT PROPOSAL PRESENTATION:**

All Seed Grant applicants must be prepared to present their proposal to the HPNAP Advisory Committee on, or about June 23, 2023. These presentations must succinctly describe the organization's mission, food assistance program, proposed Seed Grant project, and any other information that would assist the HPNAP Advisory Committee in having a better understanding of the proposed project. The presentations may be in verbal and/or visual formats. Applications will be scored on the following criteria:

### **PART I: Organization 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 (20 Points Total)**

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

### **PART IV: Project Budget (20 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. Any reallocation of funds within, or to any other line item of a Seed Grant award must require review by FeedMore WNY by submission of a Budget Modification Request.

### **Grant Cycle:**

All Seed Grant expenditures must take place during the July 1, 2023 – June 30, 2024 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, 2024) 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 an interim report detailing the current project completion status with expenditure receipts and documentation **by January 31, 2024**. A year-end report detailing the outcomes of the project with expenditure receipts and documentation proving 100% of the award was spent **by May 15, 2024**.

Programs are required to submit the following relevant expenditure documentation, along with the cover form(s) enclosed with the awarded check. 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.

- **Personnel** – copies of payroll registers, such as ADP; OR time cards/time sheets AND copies of bank-canceled pay checks
- **Food** – copies of paid vendor invoices OR register receipts with approved items identified AND copies of payment printouts or bank-canceled checks
- **Materials and Supplies** – copies of paid vendor invoices OR register receipts with approved items identified AND copies of payment printouts or bank-canceled checks
- **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
- **Building Operation** – copies of bank-canceled rent checks OR paid rent receipts for payment of rent or lease
- **Equipment** – copies of paid vendor invoices AND paid receipt(s) or bank-canceled check if paid by check
- **Consultants** - copies of Contract of Service/Letter of Agreement and demonstrated payment

**APPLICATION SUBMISSION:**

Signed applications and supplemental documentation must be received by 4:00pm on May 31, 2023 or postmarked no later than that date. 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 (organization 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:**

Peter J. Hubbard  
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 organization's request. For additional information and technical assistance in completing the Seed Grant application, contact Peter J. Hubbard at [phubbard@feedmorewny.org](mailto:phubbard@feedmorewny.org) or 716-822-2005 x3613. 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.**

## **2023-2024 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 2023-2024 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>
Total of eleven (11) sets of OS applications postmarked or received by FeedMore WNY	May 31, 2023
HPNAP Advisory Committee will review all Seed Grant applications & presentations	On or about June 23, 2023
Award & denial letter notifications sent to Seed Grant applicants	On or about July 01, 2023
Full award, if approved, is sent out with documentation forms	On or about July 31, 2023
Awardee interim progress and expenditure report due.	January 31, 2024
2022-2023 year-end Seed Grant Documentation Due	June 01, 2024
All unspent 2022-2023 Seed Grant funds must be returned to FeedMore WNY	June 01, 2024
Final site visit evaluations of funded Seed Grant projects will be scheduled.	On or about July 01, 2024

**All documentation requirements must be mailed to:**

Peter J. Hubbard  
FeedMore WNY  
91 Holt Street  
Buffalo, NY 14206

## **2023-2024 Seed Grant Application Checklist**

### **General:**

- ☐ Applicants must operate under their own or an organization's 501(c)3 and/or incorporation as a nonprofit organization. **Non-partners of FeedMore WNY must attach a copy of their organization's 501(c)3, or if sponsored by a 501(c)3, a memorandum of understanding or agreement between program and sponsor.**
- ☐ Applicant is an EFRO (food pantry, dining site, or shelter/youth program). If applicant is not an EFRO, some aspect of their organization or program's current community based work must be to assist low-income, homeless, and/or food insecure individuals.
- ☐ Funding requested by organizations holding existing direct contracts with HPNAP (food pantries, dining sites, food recovery operations, and special nutrition initiatives) is to support a NEW project that is not already receiving HPNAP funds.
- ☐ All application sections pertaining to organization request(s) are filled in completely.

### **Budget Proposal - Personnel:**

- ☐ Duties are directly related to Seed Grant project.
- ☐ Individuals responsible for carrying out activities are detailed in the work plan.
- ☐ Requested funding does not exceed one-third of the overall budget.

### **Budget Proposal - Food:**

- ☐ Itemized list of food items required is provided.

### **Budget Proposal – Materials & Supplies:**

- ☐ Any item over \$500 must be listed under the equipment category.

### **Budget Proposal – Travel/Transportation:**

- ☐ Request for funding is directly related to Seed Grant project.
- ☐ For rental/lease, two (2) quotes from separate rental truck companies are provided.

### **Budget Proposal – Building Operation:**

- ☐ Request for funding is for costs for currently occupied space for Seed Grant project.
- ☐ Current (2022-2023) lease or rental agreement or a letter stating the rent/user fee from the organization that provides the space is provided.

### **Budget Proposal -Equipment:**

- ☐ Two (2) equipment vendors' quotes are provided for NEW equipment (used/refurbished equipment not eligible).

### **Budget Proposal - Consultants:**

- ☐ Duties are directly related to Seed Grant project.

**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 2023-2024 Seed Grant Application

Funded by New York State Department of Health  
Hunger Prevention and Nutrition Assistance Program (HPNAP)  
July 1, 2022 – June 30, 2023

### **General Information:**

1. Organization Name: \_\_\_\_\_ Agency ID#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
2. Executive Director: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Seed Grant Program Name: \_\_\_\_\_  
Program/Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
4. Seed Grant Contact Person (regarding the administration and documentation for this grant):  
Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
5. Please list current funding sources and the actual amounts covering this organization.

Funding Source	Amount Funded
FeedMore WNY HPNAP Operations Support Grant /Seed Grant	
Other FeedMore WNY Grants	
Other Government Grants	
Corporate/Foundation Grants	
Local Donations (Individuals)	
Other (Please Specify)	
Total:	

### **SECTION A: Organizational Information (10 points)**

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

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

1. Indicate the type of project for which you are requesting grant funding.
- ☐ Organizational Capacity and Effectiveness
  - ☐ Resource Enhancement & Community Partnerships
  - ☐ Linkage to Services

2. Provide a detailed statement of your organization’s proposed project. *(Limit to space provided.)*

3. Explain the unmet need you wish to address with Seed Grant funding, including specific details of the targeted population and geographic area your project will support (e.g. demographic data, poverty rates, etc.). *(Limit to space provided.)*



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

5. 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.)*

6. Indicate the timeline for your Seed Grant project. *Please remember that your project can only be funded for one year. Fill in the DAY, MONTH, and YEAR for project start and DAY, MONTH, and YEAR for project end.*

Start: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
End: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

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

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

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

**SECTION D: PROJECT BUDGET SUMMARY (25 points)**

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

Category of Expense <i>Note: Please complete only categories necessary for your project.</i>	Funding Requested
<b>Personnel Services (page 7):</b> 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. <b>Must not exceed 1/3 of the overall budget.</b> Staff 1: _____ Staff 2: _____ Staff 3: _____	1. \$ _____ 2. \$ _____ 3. \$ _____
<b>PERSONNEL SERVICES SUBTOTAL</b>	(a) \$ _____
<b>Other Than Personnel Services:</b> Use the categories listed below. DO NOT add any categories. Include only the TOTAL amounts requested in each category (if any).  <b>FOOD (page 8)</b> \$ _____  <b>MATERIALS &amp; SUPPLIES (page 9)</b> <i>Any item amount over \$500 must be listed under equipment.</i> \$ _____  <b>TRAVEL/TRANSPORTATION (page 10-11)</b> <i>Rental, lease, or mileage only. Purchase of vehicle is not allowed.</i> <i>To calculate mileage costs, multiply total miles traveled by \$0.585.</i> \$ _____  <b>BUILDING OPERATION (page 12)</b> <i>(Space or lease)</i> \$ _____  <b>EQUIPMENT (page 13)</b> \$ _____  <b>CONSULTANTS (page 14)</b> \$ _____	
<b>OTHER THAN PERSONNEL SERVICES (OTPS) SUBTOTAL</b>	(b) \$ _____
<b>GRAND TOTAL FUNDING REQUESTED (a + b)</b>	\$ _____

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

**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.*

**APPLICATION SUBMISSION:**

- ☐ Application is typed and signed.
- ☐ Do NOT send copies of the instructions section (pages 1-6).
- ☐ Only include budget detail and justification 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 4:00pm on May 31, 2023, or postmarked by that date.
- ☐ Mail or hand-deliver the completed application to:  
Peter J. Hubbard  
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 organization's request. The New York State Department of Health and FeedMore WNY reserve the right to reject applications or reduce funding allocations based on completeness and quality of proposals submitted.

## BUDGET DETAIL AND JUSTIFICATION: PERSONNEL SERVICES

1. Total Amount Requested: \_\_\_\_\_
2. Complete the following tables for each staff working on the Seed Grant that you are requesting funding for. *Individuals must be responsible for carrying out activities outlined in the work plan.*

<b>STAFF 1</b>	
<i>Position Title</i>	
<i>Hourly Rate</i>	
<i>Time Spent on Seed Grant Project</i>	
<b>Total Personnel Expenditures for Staff 1 (Hourly Rate x Time Spent on Seed Grant Project)</b>	
<i>Describe Specific 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>	
<b>Total Personnel Expenditures for Staff 2 (Hourly Rate x Time Spent on Seed Grant Project)</b>	
<i>Describe Specific 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>	
<b>Total Personnel Expenditures for Staff 3 (Hourly Rate x Time Spent on Seed Grant Project)</b>	
<i>Describe Specific Duties Related to Seed Grant Project:</i>	

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

**BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES – FOOD**

1. Total Amount Requested: \_\_\_\_\_
2. Complete the table below to list the specific items you plan to buy, the amount of each, and the estimated price per case.

Item & Units Per Case	Vendor	Case Cost	Number of Cases Needed	Total Cost
EXAMPLE: Produce Boxes (apples)– 1x50 bags	Desiderios	\$37.00	4	\$148.00
			Total:	

3. Describe the reason these items are needed for the project.

[illegible]

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

**BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES**  
**MATERIALS & SUPPLIES**

1. Total Amount Requested: \_\_\_\_\_
2. Complete the table below to list the specific items you plan to buy, the amount of each, and the estimated price per case.

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. Describe the reason these items are needed for the project.

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

**BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES**  
**TRAVEL/TRANSPORTATION - MILEAGE**

1. Total Amount Requested: \_\_\_\_\_

2. Please complete the following table to estimate mile costs per year.

Miles to and from Seed Grant Related Site from Agency=_____	Number of trips to Site per year X_____	Site One Miles = _____
Miles to and from Seed Grant Related Site from Agency=_____	Number of trips to Site per year X_____	Site Two Miles = _____
Miles to and from Seed Grant Related Site from Agency=_____	Number of trips to Site per year X_____	Site Three Miles = _____
Total Miles for the Year _____ X \$0.655 per mile = Total Request		_____

3. Detail the proposed expenditures and purpose for the travel or transportation.

4. Will you be able to provide FeedMore WNY with mileage logs 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 to document use of grant funds? Yes ☐ No ☐



**BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES**  
**TRAVEL/TRANSPORTATION – VEHICLE RENTAL**

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

1. Total Amount Requested: \_\_\_\_\_
2. Please complete the following table to estimate rental costs.

Rental Cost: _____	Miles to and from Seed Grant Related Site per year X _____	Total Rental Request= _____
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3. Detail the proposed expenditures and purpose for the travel or transportation.

4. Will you be able to provide FeedMore WNY with travel logs showing rental dates and destinations AND copies of rental vendor receipts or bank-canceled checks to document use of grant funds? Yes ☐ No ☐

**BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES**  
**BUILDING OPERATION**

**You must provide a copy of the current (2022-2023) lease or rental agreement or a letter stating the rent/user fee from the organization that provides the space.**

1. Total Amount Requested: \_\_\_\_\_

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

<b>Yearly Rent</b>	
<b>Percentage of Rented Space this Program will Occupy</b>	X _____%
<b>Total:</b>	

3. Describe the expense and why it is needed for the project.

4. 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 DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES**  
**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. Total Amount Requested: \_\_\_\_\_
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. Describe the reason each item is needed for the project.

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

5. Will you be able to provide FeedMore WNY with copies of paid vendor invoices AND paid receipt(s) or bank-canceled check if paid by check to document use of grant funds? Yes ☐ No ☐

**BUDGET DETAIL AND JUSTIFICATION: OTHER THAN PERSONNEL EXPENSES**  
**CONSULTANTS**

1. Total Amount Requested: \_\_\_\_\_
2. Title of Consultant Position: \_\_\_\_\_
3. Describe specific duties this consultant will perform and qualifications.

4. Complete table below to estimate consultant costs for this project:

<b>Rate of Pay</b>	
<b>Total Hours Necessary to Complete Duties</b>	X_____
<b>Consultant Total:</b>	

5. Title of Consultant Position: \_\_\_\_\_
6. List the specific duties this consultant will perform and qualifications.

7. Complete table below to estimate consultant costs for this project:

<b>Rate of Pay</b>	
<b>Total Hours Necessary to Complete Duties</b>	X_____
<b>Consultant Total:</b>	

8. Describe the reason the consultants are needed for the project.

9. Will you be able to provide FeedMore WNY with copies of Contract of Service/Letter of Agreement and demonstrated payment to document use of grant funds? Yes ☐ No ☐