

NYS Department of Health  
**Hunger Prevention and Nutrition Assistance Program**  
**OPERATIONS SUPPORT/CAPITAL EQUIPMENT**  
**2-PAGE COVERSHEET 2020-21**

**One copy of this signed 2- Page Coversheet must be received with 10 copies of your application by Friday, June 19th, 2020, 4:00 pm.  
Please mail or hand deliver. Do NOT fax.**

<b>Agency Name</b>	<b>Agency Number</b>
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**Summary of Requested Funds**

Funding Category	Amount of Request	Priority (1 <sup>st</sup> , 2 <sup>nd</sup> 3 <sup>rd</sup> ?)
Staff	\$	
Utilities	\$	
Space	\$	
Disposables	\$	
Transportation	\$	
Capital Equipment	\$	

<b>Total Request*</b>	\$	<b>*CANNOT exceed \$14,000</b>
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**I verify that all of the information provided in the accompanying application is accurate to the best of my knowledge. (Two signatures are required.)**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Contact Person)*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(2<sup>nd</sup> Person: Executive Director or Assistant – MUST be different than Contact Person)*

**PART A: TELL US ABOUT YOUR PROGRAM**

<b>Name of Emergency Food Program:</b>	
<b>Site Address:</b>	
<b>Executive Director:</b>	<b>Year Pantry, Kitchen or Shelter Started:</b>

If your program is not a food bank member, please attach documentation that your program has 501(c)(3) federal tax-exempt status (or its equivalent) or has a 501(c)(3) sponsoring organization. The organization submitting a 501(c)(3) is legally and fiscally responsible for the administration of this grant.

<b>Name of contact person:</b>	
<b>The contact person is responsible for the administration of the grant and for submitting relevant documentation.</b>	
<b>Address:</b>	
<b>Phone:</b>	<b>Email address:</b>

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