

**Emergency and
Intervention Services**

Steven Banks
Commissioner

Dear EFAP Provider,

Daniel W. Tietz
Chief Special
Services Officer

We, at the Emergency Food and Nutrition Assistance Program, are pleased to announce the available funding for the Emergency Food Assistance Program's (EFAP) Administrative Expense Reimbursement Grant. This reimbursement is for non-food related expenses. The funding period is **Fiscal Year 2015 (July 2014 through June 2015)**. If your program was not an active EFAP member during the funding period, it is not eligible to apply for this grant.

Marie B. Philip
Deputy Commissioner

150 Greenwich Street
New York, NY 10007

The application contains detailed instructions. If you have more than one type of program, you must submit a separate application for each.

929 221 7290

Completed applications should be accompanied by all receipts, invoices, bills, and statements that document the submitted claim. In addition, you must submit a signed and dated Substitute Form W-9, which is also posted with this application. **Failure to provide any required or necessary documentation will void your claim.**

Completed applications must be mailed and postmarked by March 4, 2016. Please do not attempt to hand deliver the application. It will not be accepted. There will be no exceptions.

All applications must be signed, dated, and returned to:

NYC/HRA-Emergency Food and Nutrition Assistance Program

150 Greenwich Street, 43rd Floor

New York, New York 10007

Please follow all instructions carefully. If you have any questions, please contact Laura Peete at 929-221-7151.

All awards will be based on the appropriation of funding, the submitted application, and eligibility criteria. No particular amount of reimbursement is guaranteed.

We, at EFAP, continue to value your diligent efforts in feeding hungry New Yorkers. We look forward to continuing our partnership with you.

Sincerely,

LaMaunda Maharaj

LaMaunda Maharaj

NYC Human Resources Administration

Emergency Food & Nutrition Assistance Program

**NYC Human Resources Administration
EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP)
ADMINISTRATIVE GRANT APPLICATION
FISCAL YEAR 2015
(JULY 2014 - JUNE 2015)**

If you have more than one type of program you must submit a separate application for each

EFAP/EFRO ID #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Program Type: Food Pantry (FP)	<input type="checkbox"/>	Soup Kitchen (SK)	<input type="checkbox"/>	<input type="checkbox"/>
Food Program Name: _____									
Food Program Address: _____									
_____ City State Zip									
Mailing Address (if different) _____									
_____ City State Zip									

I. UTILITIES: Allowable expenses: Electricity, Gas, Oil/Heat, Water, and Internet Service.

Documentation: Monthly Billing Statements or a breakdown from the utility company.

- All bills and breakdowns must be on utility company letterhead. Customer payment records are not accepted.
- The address on the documentation must be the same as the program's distribution address.
- Only months within the funding period with a corresponding bill will be credited.
- There will be no credit for arrears.
- Documentation must be clear, legible, and dated within the claim period.
- Do not submit duplicate or multiple bills for the same/overlapping period.
- Internet

II. CAPITAL EQUIPMENT, REPAIRS, FOOD SAFETY AND SANITATION SERVICES: Allowable expenses: equipment, repairs, and services directly related to the operation of the food program.

Documentation: Applicable vendor invoices, receipts, and contracts.

Examples of allowable items:

Metal Shelving, Dunnage Racks, Stainless Steel Worktable, Hand Washing Sink, Conveyor, Hand Truck, Metal Garbage Cans
Licensed Exterminating Services, Private Carting/trash removal, Refrigerator, Freezer
Soup Kitchen Only - 3 -Compartment Sink, Stove, Oven Food Pantry Only - Shopping baskets /Shopping Carts

- All invoices, bills, receipts, contracts must be provided by the vendor and include the company/contractor name, license # if applicable, date and description of the item or service.
- Documentation must be clear, legible, and dated within the funding period.
- Do not submit receipts or invoices for items or services that have already been reimbursed by another funder or source.

EFAP/EFRO ID # _____

III. FOOD SERVICE PRODUCTS, DISPOSABLES, ADMINISTRATIVE SUPPLIES: Allowable expenses: Distribution, cleaning, and office supplies directly related to the operation of the food program.

Documentation: Applicable vendor invoices, and receipts.

- Register receipts must clearly show the date of purchase and the name of the item.
- If the receipt lists the purchase of multiple items, only those clearly identifiable as eligible will be considered. identify the eligible items.
- Documentation must be clear, legible, and dated within the funding period.

Examples of allowable items:

Paper Bags, Disposable Plates, Tablecloths, Napkins, Cups, Eating Utensils, Cutlery, Plastic/Foil Wrap, Cooking Utensils, Pots, Pans, Gloves. Thermometers, Hair Coverings, Plastic Bags, Garbage/Recycling Bags, Metal Garbage Cans, Recycling Bins, Cleaning Solutions, Mops, Brooms, Sponges. Office Supplies, Copy Machine and Printer Toner, Copy Paper, Pens, Pencils.

IV. Personnel/ Staffing: Allowable expenses: Paid Staff (Not Volunteers) that are utilized for the direct operation of the food program.

Documentation: A notarized statement that contains the following information:

- Name of emergency Food Program
- EFAP/EFRO ID Number
- E.I.N. Number
- Name of Staff Person
- Social Security Number (Last 4 digits)
- Title
- Description of Duties/Tasks
- Payment Dates and Amount
- Signature of Staff Person
- Signature of Employer

**If you have any questions regarding the application, required documentation or eligible items, contact
Laura Peete
EFAP Coordinator**

Contact Person _____ Phone _____

Signature _____ Date _____

***COMPLETED APPLICATIONS MUST BE SIGNED, DATED AND
POSTMARKED NO LATER THAN MARCH 4, 2016***

HAND DELIVERED APPLICATIONS WILL NOT BE ACCEPTED



TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C -or- Social Security Administration Records, Social Security Card)

2. If you use DBA, please list below:

3. Entity Type (Check one only):
- | | | | | | |
|---|---|---|--|--|---------------------------------|
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Corporation/ LLC | <input type="checkbox"/> Government | <input type="checkbox"/> City of New York Employee | <input type="checkbox"/> Individual/ Sole Proprietor | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership/ LLC | <input type="checkbox"/> Single Member LLC (Individual) | <input type="checkbox"/> Resident/Non-Resident Alien | <input type="checkbox"/> Non-United States Business Entity | <input type="checkbox"/> Estate |

Part II: Taxpayer Identification Number & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

--	--	--	--	--	--	--	--	--	--

2. Taxpayer Identification Type (check appropriate box):

- Employer ID Number (EIN)
 Social Security Number (SSN)
 Individual Taxpayer ID Number (ITIN)
 N/A (Non-United States Business Entity)

Part III: Vendor Addresses

1. 1099 Address:	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country
2. Account Administrator Address:	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country
3. Billing, Ordering & Payment Address:	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)

Exemption Code for Backup Withholding _____

Exemption Code for FATCA Reporting _____

Part V: Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, and
- I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and
- I am a US citizen or other US person, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign

Here:

_____	_____	_____
Signature	Phone Number	Date
_____	_____	_____
Print Preparer's Name	Phone Number	Contact's E-Mail Address:

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: _____	Contact Person: _____
Contact's E-Mail Address: _____	Telephone Number: () _____
Payee/Vendor Code: _____	_____