**Request for Proposal and Application for Suballocation**

**NY State TEFAP Reach and Resiliency Round 2 Grant**

The USDA Food and Nutrition Service (FNS) has announced that New York State is eligible to apply for up to $3,089,697 in TEFAP Reach and Resiliency Grant Round 2 funds to continue the expansion the program’s reach into remote, rural, Tribal, and/or low-income areas that are underserved by the program. This information has been made available to TEFAP eligible recipient agencies (ERAs) through USDA FNS and OGS. USDA FNS also hosted a webinar about this opportunity with ERAs on December 15, 2022, and OGS will host a webinar with New York Food Banks on January 5, 2023. The USDA materials for this grant are accessible at [this link](https://www.fns.usda.gov/tefap/reach-resiliency-grant).

**Scope Period**

According to USDA Food and Nutrition Service, Round 2 funds will be available for approximately a two-year period of performance beginning in July 2023. OGS submitted a letter to the USDA FNS on December 13, 2022, expressing the intent to apply for funds. The amount for which OGS will apply will be based on proposals OGS receives from the Food Banks with which OGS has agreements.

**Food Bank Maximum Allocation**

OGS intends to allocate up to $2,780,727 of TEFAP Reach and Resiliency funds to its Food Bank partners through subgrants based upon approved proposals and retain the remaining 10 percent for administration and oversight. The maximum amount allocable to each Food Bank has been calculated based on the formula in the standing agreement between OGS and the Food Bank and is listed in [Exhibit A](#Exhibit_A).

**Email Intent to Propose**

Food Banks interested in submitting a proposal for up to their maximum amount should email OGS at [OGSDonatedFoods@ogs.ny.gov](mailto:OGSDonatedFoods@ogs.ny.govn) no later than January 6, 2023, expressing their interest. Where Food Banks do not express their interest to submit a proposal by the deadline, OGS will reallocate their maximum amount to the participating Food Banks accordingly and notify all Food Banks of the outcome.

**Proposal to Request Allocation**

New York State Food Banks listed in [Exhibit A](#Exhibit_A) that are interested in receiving a subgrant allocation to expand the TEFAP program’s reach into remote, rural, Tribal, and/or low-income areas that are underserved by the program ***must*** submit a proposal using the template in [Exhibit B](#Exhibit_B) and include relevant attachments. OGS must receive the proposals no later than 4:00 p.m. EST, January 27, 2022. Proposals must be emailed to [OGSDonatedFoods@ogs.ny.gov](mailto:OGSDonatedFoods@ogs.ny.gov).

Incomplete and late applications will not be considered. OGS may request clarifying information from the Food Banks after the deadline.

Food Banks will be required to adhere to all applicable requirements in the materials from the USDA FNS as well as all terms and conditions in their agreements with OGS.

**Notifications of Decisions on Food Bank Proposal**

OGS Notification: OGS will evaluate proposals received from its partner Food Banks to assess feasibility and the extent to which they conform to TEFAP Reach and Resiliency requirements. OGS will notify each Food Bank by March 6, 2023, of OGS’s decision to include or exclude the Food Bank’s proposal into OGS’s single, combined Application for TEFAP Reach and Resiliency Grant funds to the USDA FNS as well as the Food Bank’s maximum budget amount, by category, that OGS included in its Application.

USDA FNS Decision and OGS Notification: Within one week of notification by the USDA FNS of its decision to accept or reject OGS’s Application, OGS will notify each Food Bank of the outcome.

* For proposals accepted by the USDA FNS, OGS will:
  + Amend its agreement with the Food Bank to include the approved proposal and related materials from the USDA FNS and remind the Food Bank about its reporting requirements.
  + Send the Food Bank a TEFAP Reach and Resiliency New York State Claim for Reimbursement form ([Exhibit C](#Exhibit_C)) with the Food Bank’s approved maximum budget.

**Requesting Reimbursement of Allowable Costs**

Food Banks must use the TEFAP Reach and Resiliency [New York State Claim for Reimbursement](#Exhibit_C) form to request reimbursement no more frequently than monthly for *actual costs incurred* under the TEFAP Reach and Resiliency grant.

Any modifications to the approved budget must be approved by OGS prior to costs being incurred. OGS is required to obtain approval from UDSA for budget modifications.

Food Banks must have a reliable system to segregate the accounting and tracking of TEFAP Reach and Resiliency costs from other Food Bank costs.

**Important Excerpts from the USDA FNS TEFAP Reach and Resiliency Grant Materials**

While each Food Bank will be required to adhere to follow the applicable requirements in the USDA FNS TEFAP Reach and Resiliency Grants Fiscal Year 2023 [Request for Application](C://Users/WatrobsR/OneDrive%20-%20New%20York%20State%20Office%20of%20Information%20Technology%20Services/Downloads/RFA%20TEFAP%20Reach%20and%20Resiliency%20Grants.pdf), the following are important excerpts that Food Banks should include in their applications to OGS:

* A detailed assessment of TEFAP’s current reach within the Food Bank’s region, including the identification of any remote, rural, Tribal, and/or low-income areas that are currently underserved by the program (i.e., areas in which TEFAP foods are not easily accessible to all eligible populations, as determined by the State agency). This assessment may be accompanied by attachments (e.g., a map of served/underserved zip codes within the Food Bank region, or a map of the region overlaid with a map of remote, rural, Tribal, and/or low-income areas) if necessary. As an alternative to submitting a detailed assessment, applicants may provide an explanation of how they will utilize grant funds to complete such an assessment to identify remote, rural, Tribal, and/or low-income areas underserved by the Program;
* An explanation of how the above-mentioned assessment was conducted, or how it will be conducted with grant funds;
* A description of how “remote,” “rural,” “Tribal,” and “low-income” were defined in the assessment, or a description of how those terms will be defined in any assessment conducted with grant funds. There are many available definitions of these concepts to draw from, and the description provided should include an explanation of why specific definitions were chosen and how they were adapted to local context, if necessary;[[1]](#footnote-1)
* A description of the applicant’s specific plans for utilizing TEFAP Reach and Resiliency grant funding to work with stakeholders (including but not limited to recipients of TEFAP food, current TEFAP organizations, new and/or future partner TEFAP organizations, other community organizations involved in food security and/or emergency feeding, and local and/or State governmental agencies) to expand TEFAP’s reach in remote, rural, Tribal, and/or low-income areas underserved by the program;
* A description of how applicants consulted with relevant stakeholders and/or utilized available data to form their project plan;
* The expected results of the grant project and a description of how the applicant will monitor and measure progress toward the expected results;
* The name and title of the grant Project Manager(s) or Coordinator(s), and a description of their qualifications to manage or coordinate project activities;
* A list of any partnerships that the Food Bank will enter into to carry out grant activities, or any sub grant processes that will be established, and a description of any sub grant monitoring and oversight processes that will be established; and
* A summary timeline of grant activities.
* Budget, including:
  + Key personnel by name and title
    - Function the personnel will provide
    - Percent of time each key personnel will devote to the project
    - Fringe benefit rate, amount and basis for computation
  + Itemized travel expenses and justification
  + Equipment
  + Supplies
  + Contractual and consultant services
    - Description
    - Justification
    - Itemization of all services

**Reporting Requirements**

Subrecipients will be required to provide OGS with the following reports:

* Monthly claims for reimbursement of *actual costs incurred* during the current month and cumulative costs to date (including the current month) using the prescribed template included in [Exhibit C](#Exhibit_C)
* Quarterly financial reports to OGS no later than 30 days after the close of the quarter (template is in the RFA – OGS will send upon notification of award)
* Semi-annual and annual performance progress reports (template is in the RFA – OGS will send upon notification of award)
  + Progress Summary – Summary of progress each reporting period, highlighting greatest achievement, challenges and how the subrecipient resolved challenges
  + Personnel Info
    - # FTEs
    - Changes in personnel
  + Projected Amendments, both cost and no-cost
  + Expenditures/purchases
  + Deviations from the plan and/or budget
  + Upcoming activities and anticipated changes
  + Program activities:
    - List each objective
  + Activity:
    - Description
    - Anticipated completion date
    - Actual completion date
* Final reporting summary (template is in the RFA – OGS will send upon notification of award)

Exhibit A [Return to Narrative](#Exhibit_A_Returm)

|  |  |
| --- | --- |
| **Food Bank** | **Maximum Allocation** |
| Food Bank for New York City  355 Food Center Drive  Bronx, NY 10474 | $1,776,163.00 |
| Regional Food Bank 965 Albany Shaker Rd Latham NY 12110 | $300,436.00 |
| FeedMore Western New York  91 Holt St  Buffalo, NY 14206 | $212,484.00 |
| Food Bank of Central New York  7066 Interstate Island Rd  Syracuse, NY 13209 | $197,010.00 |
| Long Island Cares  10 Davids Dr  Hauppauge, NY 11788 | $149,342.00 |
| Feeding Westchester  200 Clearbrook Rd  Elmsford, NY 10523 | $77,901.00 |
| Food Bank of the Southern Tier  388 Upper Oakwood Avenue  Elmira, NY 14903 | $67,391.00 |

Exhibit B [Return to Narrative](#Exhibit_B_Return)

## TEFAP Reach and Resiliency Round 2 Grant Application Template

**Section 1**

|  |  |
| --- | --- |
| **NY Food Bank Name:** |  |
| **NY Food Bank address:** |  |
| **Name of Contact Person and Title:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

**SECTION 2 – intentionally blank**

**SECTION 3 Application Project Summary (suggested one page)**

|  |
| --- |
| Below, please provide a high-level summary of your project, including:   * the activities that you will conduct with grant funds; * how those activities will help you expand TEFAP’s reach into remote, rural, Tribal, and/or low-income areas that are underserved by the program (or how grant funds will help you to identify remote, rural, Tribal, and/or low-income areas, for those only using grant funds to conduct an assessment of TEFAP reach); and * the organizations and/or agencies that you will partner with on the project.   Begin your response here 🡪 |

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| **SECTION 4 Project Narrative**   1. As an attachment, please provide a list of all agreements the Food Bank has with another ERA. The list should the name of the other ERA (if applicable), and the street address(es) of any TEFAP distribution sites (as defined in 7 CFR 251.3(c)) that are operated by the ERA. Applicants must submit the list as an Excel attachment that follows the below format:  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name of ERA** | **Is the ERA operating under an agreement with the State agency or another ERA?** | **Other ERA name (if applicable):** | **Street address of ERA distribution site (if applicable)** | **City, State of ERA distribution site (if applicable)** | **Zip code of ERA distribution site (if applicable)** | | *(Example) Summer Sun Food Bank* | *(Example)*  *State agency* | *(Example) N/A* | *(Example) N/A* | *(Example) N/A* | *(Example) N/A* | | *(Example) Falling Leaves Food Pantry* | *(Example) ERA* | *(Example) Summer Sun Food Bank* | *(Example) 47832 Red Maple Lane* | *(Example) Tree Town, VA* | *(Example) 12820* | | *(Example) Falling Leaves Food Pantry - Additional Distribution Site* | *(Example) N/A* | *(Example) N/A* | *(Example) 843 Oak Circle* | *(Example) Tree Town, VA* | *(Example) 12820* | |  |  |  |  |  |  |   2. **n/a**   |  | | --- | | 3. For those TEFAP State agencies that did receive a Reach and Resiliency – Round 1 grant, please provide a brief summary of planned Round 1 project activities and an update on implementation of those activities, indicating how the proposed Round 2 project plan will expand or complement Round 1 activities (if applicable). If Reach and Resiliency – Round 1 grant funds were utilized to conduct an assessment of TEFAP reach within the State/Territory, this update must include a brief description of any interim or final results of the Round 1 assessment, or a description of progress made on the assessment thus far.  Please note that the Round 2 grant will be a separate award from the Round 1 grant, and this information is solely intended to provide context about the operating environment for the proposed Round 2 project  Begin your response here 🡪 |  |  | | --- | | 4. Below, please provide the definitions of “remote,” “rural,” “Tribal,” and “low-income” that were utilized (or that will be utilized) for the proposed Round 2 project and an explanation of why specific definitions were chosen.  Begin your response here 🡪 |  |  | | --- | | 5. Below, please describe your specific plans for utilizing TEFAP Reach and Resiliency Round 2 grant funds to work with stakeholders (including but not limited to recipients of TEFAP food, current TEFAP organizations, new and/or future partner TEFAP organizations, other community organizations involved in food security and/or emergency feeding, and local and/or State governmental agencies) to expand TEFAP’s reach in remote, rural, Tribal, and/or low-income areas underserved by the program. Your response to this question should correlate with the list of proposed activities provided in response to SECTION 5: Activities/Indicators, and should identify the remote, rural, Tribal, and/or low-income areas that will be reached with grant funding.  Begin your response here 🡪 |  |  | | --- | | 6. Below, please describe how you consulted with relevant stakeholders and/or utilized available data to form your project plans as outlined in your response to Question #5.  Begin your response here 🡪 |  |  | | --- | | 7. What are the expected results of the Round 2 grant project activities and how will you monitor and measure progress toward those expected results? Please describe below. Note that your plan to monitor and measure progress should detail how you will track the Indicators listed in Section 5: Activities/Indicators.  Begin your response here 🡪 |  |  | | --- | | 8. Below, please list the name and title of the Round 2 grant Project Manager(s) or Coordinator(s), and a description of their qualifications to manage or coordinate project activities. If someone will be hired for this purpose using grant funds, please indicate so.  Begin your response here 🡪 |  |  | | --- | | 9. If Round 2 grant funds are to be awarded as sub grants, please provide a description of the planned sub grant processes, including (if known) a list of all sub grantees, the amount of grant funds that will be allocated to each sub grantee, and a description of the activities that each sub grantee will carry out with grant funds if not otherwise described above. Your response to this question must also include a discussion of how you will provide monitoring and oversight to all sub grantees.  If sub grantees are not yet identified, your response to this question must include, at minimum, the amount of grant funding that will be allocated to sub grants in total, the eligible entities for the sub grants, the allowable costs of the sub grants, and the estimated number of sub grant awards.  Begin your response here 🡪 |  |  | | --- | | 10. Please list any other partners that the State agency will work with to carry out Round 2 grant activities, that are not considered to be sub grantees.  Begin your response here 🡪 |  |  | | --- | | 11. Please provide below, or as an attachment, if necessary, a summary timeline of Round 2 grant activities. Please note that a more detailed timeline of individual project activities is required for the SECTION 5: **Activities/Indicators**.  Begin your response here 🡪 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SECTION 5: Activities/Indicators (suggested two pages)**  List the Round 2 activities that you plan to conduct to accomplish the grant objective. Provide an estimated timeline for each activity (e.g., when you expect the activity to occur), and insert an indicator(s) for each activity. An indicator is defined as a metric that relates to the grant objective (*Expand TEFAP’s reach into remote, rural, Tribal, and/or low-income areas that are underserved by the program*) and that you anticipate that you will be able to track during the period of performance of the grant. You may insert more than one indicator per activity if necessary. The items listed here should support your response to **SECTION 3: Application Project Summary**, **SECTION 4: Project Narrative**, and **SECTION 6: Budget Narrative**. Please see Section 5 of the RFA for additional examples of activities and indicators. Add more rows as needed. | | | | | | **Expand TEFAP’s reach into remote, rural, Tribal, and/or low-income communities that are underserved by the program** | | | | | | **Activity** | **Estimated Start Date** | **Estimated Completion Date** | **Indicator (may have multiple indicators for one activity)** | **Indicator Target(s)** | | *(Ex.) 1 – Establish TEFAP distribution site in rural Clay County.* | *(Ex.) March 2022* | *(Ex.) March 2023* | *(Ex.) 1.1 – Community meetings held* | *(Ex.) 3 meetings held* | | *(Ex.) 1.2 – ERA agreement signed* | *(Ex.) 1 agreement signed* | | *(Ex.) 1.3 –ERA staff/volunteers trained in food safety and social service delivery* | *(Ex.) 6 staff/volunteers trained* | | *(Ex.) 1.4 – Food distributed through ERA* | *(Ex.) 20,000 lbs. distributed* | | *(Ex.) 1.5 – Eligible recipients accessing TEFAP foods in Clay County* | *(Ex.) 300 recipients served* | | *(Ex.) 2 – Expand TEFAP distribution hours for eligible populations living on Tribal land through mobile distributions.* | *(Ex.) September 2022* | *(Ex.) September 2023* | *(Ex.) 2.1 – Mobile distribution trucks purchased* | *(Ex.) 4 trucks purchased* | | *(Ex.) 2.2 – Eligible recipients accessing TEFAP on Tribal land* | *(Ex.) 5000 recipients served* | | *(Ex.) 2.3 – Eligible recipients satisfied with program access* | *(Ex.) 80% of recipients satisfied* |  |  |  |  | | --- | --- | --- | | **SECTION 6: Budget Narrative**  Use the format below to outline project expenses, providing cost breakdowns for each line item in the Narrative/Justification column such that the expected cost of each item is listed. For example, the total cost of office supplies should include prices for specific items (e.g., pens, pencils, ink, etc.). Use the categories and columns that are relevant for your budget request. Be sure to explain how you calculated each cost and the reason each expense is necessary in the Narrative/Justification column. All dollar amounts should be rounded up to the nearest whole dollar. | | | |  | | | | **A. Personnel– Budget Narrative** | | | | Please use the format provided below to list all personnel to be funded by this grant. You may insert additional rows as needed.  Note: FTE stands for Full-Time Equivalent, which represents what a person would be paid for full-time employment. | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | A1. [Insert Title Here], at X% FTE, salary $XX,XXX per yr |  | [Insert job duties and responsibilities here] | | A2. [Insert Title Here], at X% FTE, salary $XX,XXX per yr |  | [Insert job duties and responsibilities here] | | ***Personnel Subtotal*** |  |  | | **B. Fringe Benefits– Budget Narrative** | | | | Provide the Fringe Benefits cost for all personnel listed in Section A. You may insert additional rows as needed. As a reminder, please provide your organization’s Fringe Benefit Rate Agreement as an attachment  **Organization Fringe Benefit Rate**:\_\_\_\_\_\_\_\_ | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | B1. Personnel A1 Fringe Benefits |  | [List benefits covered] | | B2. Personnel A2 Fringe Benefits |  | [List benefits covered] | | ***Fringe Benefits Subtotal*** |  |  | | **C. Contractual– Budget Narrative** | | | | For all contract work, provide the number of hours the contract is expected to take as well as the anticipated hourly rate (e.g., # hrs. at $XXX per hour). | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | C1. [Insert Service/Personnel Here] |  | [provide a justification for why this service is justified; explain rationale for estimated cost] | | C2. [Insert Service/Personnel Here] |  | [provide a justification for why this service is justified; explain rationale for estimated cost] | |  | |  | | ***Contractual Subtotal*** |  |  | | *Amount of Contractual Not Subject to Indirect Costs* |  |  | | **Are there indirect costs associated with any of the proposed contractual costs?** [Yes/No]  **If yes, provide the total amount of indirect costs associated with contracts in the space below.** $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **D. Travel– Budget Narrative** | | | | For all travel, include origin and destination information as well as the anticipated dates of travel. Provide justifications for each trip and each person traveling. Enter each trip as a separate line item (e.g., flights to two separate conferences should be two line items: one for flights for Conference 1 and one for Conference 2). Examples for how to report each form of travel are included below. GSA per diem rates can be found [here](https://www.gsa.gov/travel/plan-book/per-diem-rates). | | | | **D1. Out-of-State** | **Federal Funds Requested** | **Narrative/Justification** | | Airfare: round trip name of Airport to and from name of Airport, name of Airline, cost as of date, # people at $XXX per person ($XXX base fare + $XX tax and fees) |  |  | | Airline checked baggage fee: # bags at $XX per bag |  |  | | Airport parking: # days x # people at $XX per day |  |  | | Ground transportation: # days x # people at est. $XX per day |  |  | | Lodging: out-of-state rate, date, # nights x # people at $XX per day |  |  | | Lodging tax: out-of-state rate, XX% per day, # nights x # people at $XX.XX per day |  |  | | Mileage: round trip from place of business to destination, type of transportation, # mi. x # people at $0.XXX per mi. |  |  | | Per diem (M&IE): out-of-state rate, full day, # days x # people at $XX per day |  |  | | Per diem (M&IE): out-of-state rate, first & last days of travel, # days x # people at $XX.XX per day |  |  | | ***Out-of-State Travel Subtotal*** |  |  | |  | | | | **D2. In-State Travel**  Follow the format utilized for Out-of-State Travel (Section D1). | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | Airfare: round trip name of Airport to and from name of Airport, name of Airline, cost as of date, # people at $XXX per person ($XXX base fare + $XX tax and fees) |  |  | | Airline checked baggage fee: # bags at $XX per bag |  |  | | Airport parking: # days x # people at $XX per day |  |  | | Ground transportation: # days x # people at est. $XX per day |  |  | | Lodging: in-state rate, date, # days x # people at $X per day |  |  | | Lodging tax: in-state rate, XX% per day, # days x # people at $XX.XX per day |  |  | | Mileage: round trip from place of business to destination, type of transportation, # mi. x # people at $0.XXX per mi. |  |  | | Per diem (M&IE): in-state rate, full day, # days x # people at $XX per day |  |  | | Per diem (M&IE): in-state rate, first & last days of travel, # days x # people at $XX.XX per day |  |  | | ***In-State Travel Subtotal*** |  |  | | ***Combined Out-of-State and In-State Travel Subtotal*** |  |  | | **E. Materials and Supplies – Budget Narrative** | | | | Materials and Supplies are items with a unit cost of less than $5,000. See Section 2.0 of the RFA for restrictions. Requests for supplies must be accompanied by a justification for the need for such items. | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | E1. [Insert item here] |  | [include an itemized list of the supplies requested and prices] | | E2. [Insert item here] |  | [include an itemized list of the supplies requested and prices] | | E3. [Insert item here] |  | [include an itemized list of the supplies requested and prices] | | E4. [Insert item here] |  | [if applicable; include an itemized list of the supplies requested and prices] | | E5. [Insert item here] |  | [if applicable; include an itemized list of the supplies requested and prices] | | ***Materials and Supplies Subtotal*** |  |  | | **F. Equipment** **– Budget Narrative** | | | | Equipment is non-expendable, tangible personal property with a unit cost of $5,000 or more with a useful life of more than one year. See Section 2.0 of the RFA for restrictions. Requests for equipment must be accompanied by a justification of the need for such items. | | | | F1. [Insert Item Here] |  | [provide a justification for why this item is justified; explain rationale for estimated cost] | | F2. [Insert Item Here] |  | [provide a justification for why this item is justified; explain rationale for estimated cost] | | ***Equipment Subtotal*** |  |  | | **G. Other – Budget Narrative** | | | | Provide a description for any other budget items here. As a reminder, any costs for renovations should be included here. | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | G1. [Insert item here] |  | [provide a justification for why this item is justified; explain rationale for estimated cost] | | G2. [Insert item here] |  | [provide a justification for why this item is justified; explain rationale for estimated cost] | | G3. [insert item here] |  |  | | ***Other Subtotal*** |  |  | | **H. Totals – Budget Narrative** | | | | Total Direct Costs (Section H1): The total direct costs should be the sum of all ***bolded*** subtotals listed for Sections A-G. This number represents the total of all costs prior to calculating indirect costs.  Indirect Costs (Section H2): The Indirect Cost Rate should be applied to all appropriate funds as stipulated in your organization’s Indirect Cost Rate Agreement. Be sure to reference the terms of your organization’s Indirect Cost Rate Agreement prior to calculating indirect costs, and include the Indirect Cost Rate Agreement as an attachment to your grant application. If you require assistance, please contact your FNS Regional Office or the Grants Officer listed in Section 7.0 of the RFA.  Total Project Cost (Section H3): In Section H3, the value in your Federal Funds Requested should be the sum of the total direct costs (H1) and the total indirect costs (H2). | | | |  | **Federal Funds Requested** | **Narrative/Justification** | | **H1. Total Direct Costs** |  | [Leave Blank] | | **H2. Indirect Costs** |  | [Insert Indirect Cost Rate applied to your budget here as well as the effective and termination dates of your Indirect Cost Rate Agreement] | | **H3. Total Project Cost** |  |  | |

## APPENDIX D: FNS -906 Grant Program Accounting System & Financial Capability Questionnaire

Purpose

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302 [Standards for Financial and Program Management](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML%20-%20se2.1.200_1205#sg2.1.200.d.sg1). The responses to this questionnaire are used to assist in the Food and Nutrition Service Agency’s (FNS) evaluation of your accounting system to ensure the adequate, appropriate, and transparent use of Federal funds. Failure to comply with the criteria outlined in the regulations above may preclude your organization from receiving an award. This form applies to FNS’ competitive and noncompetitive grant programs. Please submit this questionnaire along with your application package.

Organization Information

**Legal Organization Name**:

**DUNS Number**:

Financial Stability and Quality of Management Systems

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Yes** | **No** |
| 1. **Has your organization received a Federal award within the past 3 years?** | **☐** | **☐** |
|  |  |  |
| 1. **Does your organization utilize accounting software to manage your financial records?** | **☐** | **☐** |
|  |  |  |
| 1. **Does your accounting system identify the receipt and expenditure of program funds separately for each grant?** | **☐** | **☐** |
|  |  |  |
| 1. **Does your organization have a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager?** | **☐** | **☐** |
|  |  |  |
| 1. **Does your organization separate the duties for staff handling the approval of transactions and the recording and payment of funds?** | **☐** | **☐** |
|  |  |  |
| 1. **Does your organization have the ability to specifically identify and allocate employee effort to an applicable program?** | **☐** | **☐** |
|  |  |  |
| 1. **Does your organization have a property /inventory management system in place to track location and value of equipment purchased under the award?** | **☐** | **☐** |

Audit Reports and Findings

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirement** | | **Yes** | **No** |
| 1. **Has your organization been audited within the last 5 fiscal years? *(If the answer is “Yes” and this report was issued under the Single Audit Act please note this in the box below marked “Additional Information” and if not issued under the “*Single Audit Act”, *please attach a copy or provide a link to the audit report in the Hyperlink space below).*** | | **☐** | **☐** |
|  | |  |  |
| 1. **If your organization has been audited within the last 5 fiscal years, was there a “Qualified Opinion” or an “Adverse Opinion”?** | | **☐** | **☐** |
|  | |  |  |
| 1. **If your organization has been audited within the last 5 fiscal years, was there a “Material Weakness” disclosed?** | | **☐** | **☐** |
|  | |  |  |
| 1. **If your organization has been audited within the last 5 fiscal years, was there a “Significant Deficiency” disclosed?** | | **☐** | **☐** |
|  | |  |  |
| **Hyperlink (if available):** |  | | |
| **Additional information including expanding on responses in previous sections:** | | | |
|  | | | |

Applicant Certification

I certify that the above information is complete and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Authorized Representative |  | Date |
|  |  |  |

|  |  |
| --- | --- |
| Name of Authorized Representative: |  |
| Phone Number: |  |
| Email: |  |

## 

Exhibit C [Return to Narrative](#Exhibit_C_Return)

**THE EMERGENCY FOOD ASSISTANCE PROGRAM REACH AND RESILIENCY GRANT**

**NEW YORK STATE CLAIM FOR REIMBURSEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Food Bank Name: |  |  | Month: |  |
| SFS Vendor ID: |  |  | Year: |  |

The above organization requests reimbursement as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Current Costs Claimed** | **Cumulative Costs Claimed (including this month)** | **Total Approved Budget** |
| Personnel and Fringe Benefits |  |  |  |
| Travel |  |  |  |
| Materials/Supplies |  |  |  |
| Equipment |  |  |  |
| Contractual/Consultant Services |  |  |  |
| Other |  |  |  |
| **Total** |  |  |  |

I certify (i) this claim is just, true and correct; (ii) the costs are necessary, reasonable and allowable under 2 CFR Part 200, Uniform Administrative Requirements; meet the criteria for the TEFAP Reach and Resiliency Grant; and were incurred pursuant to the OGS-approved proposal included as an amendment to the agreement between OGS and the organization; (iii) that no part thereof has been paid or will be paid, except as stated therein; and (iv) that the balance therein stated is actually due and owing. I agree to retain all supporting documentation for these costs for the balance of this State fiscal year and six additional full years thereafter; and will provide access to the documentation to OGS, the State Comptroller, the Attorney General, and any other person or entity authorized to conduct an examination.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Food Bank Officer | Title | Date |

**Email completed claims to:** [**OGSDonatedFoods@ogs.ny.gov**](mailto:OGSDonatedFoods@ogs.ny.gov)

1. Numerous Federal definitions of “remote,” “rural,” and “low-income” exist and may be useful to State agencies looking for guidance on definitions to employ in a TEFAP Reach and Resiliency grant project. Please see the following resources for more information: [USDA Economic Research Service (ERS) Frontier and Remote Area Codes](https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/); [U.S. Office of Management and Budget Metropolitan and Micropolitan Statistical Areas](https://www.census.gov/programs-surveys/metro-micro.html); [Census Bureau Rural-Urban Classifications; USDA ERS Rural-Urban Commuting Area Codes](https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html#:~:text=The%20Census%20Bureau's%20urban%20areas,non-residential%20urban%20land%20uses.&text=%E2%80%9CRural%E2%80%9D%20encompasses%20all%20population%2C,included%20within%20an%20urban%20area.); and [Census Bureau American Indian and Alaska Native Geographic Areas](https://www.census.gov/programs-surveys/geography/about/glossary/aian-definitions.html); and Census Bureau. The following data tools may also be of use: [USDA ERS Food Environment Atlas](https://www.ers.usda.gov/data-products/food-environment-atlas/); [USDA ERS Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/); [FNS Summer Food Service Program Rural Designation Map](https://www.fns.usda.gov/sfsp/rural-designation); and [Centers for Disease Control and Prevention Social Vulnerability Index](https://www.atsdr.cdc.gov/placeandhealth/svi/at-a-glance_svi.html). [↑](#footnote-ref-1)