



## 2016 CLIENT CHOICE EQUIPMENT

### GRANT APPLICATION INSTRUCTIONS:

If you are interested in receiving equipment, please fill out the following application. The application will be reviewed and equipment awarded by the HPNAP Advisory Committee.

WHERE TO APPLY AND SEND YOUR APPLICATION:

To: Laura Lynn Iacono RD, CDN Nutrition Resource Manager

*The application is due no later than:*

***-Friday February 26th, 2016 by 3:00pm***

*- Long Island Cares Inc., The Harry Chapin Food Bank*

*-10 Davids Drive Hauppauge, NY 11788*

### ELIGIBILITY REQUIREMENTS:

- Agency must be a member in good standing of Long Island Cares.
- Agency must attend a Client Choice Workshop listed below:

**Tuesday, January 26th – 9:30a-10:30a – Hauppauge OR**

**Tuesday, January 26th – 2:00-3:00pm- Freeport**

- Agency must allow Long Island Cares staff to perform a site visit to assess the operating style and space available for your client choice pantry. A second site visit will also be performed *after* the equipment is delivered to assess progress of your client choice initiative.
- If your agency is awarded equipment and does not initiate client choice programming within 6 weeks of receiving equipment, the equipment will be forfeited back to Long Island Cares and awarded to another agency.



*2016 Client Choice Equipment Grant Application*

**1. Name of Emergency Food Pantry Program:**

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Agency ID #: \_\_\_\_\_

Site Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zip Code:

\_\_\_\_\_

County:

\_\_\_\_\_

**Contact Person**

Name and Position Title:

\_\_\_\_\_

\_\_\_\_\_

Daytime (8:00a – 5:00p) Telephone Number (+area code):

\_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**2.** Is your agency currently a “Client Choice” food pantry?

☐ Yes      ☐ No

**2a.** If your agency is a client choice pantry, please describe how it operates. For example, do your clients choose items from an inventory list? Are items set out on a table, or do clients walk through the pantry selecting their own items?

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**2b.** How will receiving equipment help you to expand or upgrade your client choice pantry?

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**2c.** If you are not currently a client choice pantry, please explain how receiving equipment will help you convert to a client choice pantry.

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**2d.** What model of client choice pantry will you be using?

- ☐ Window – clients stand outside pantry area and point to foods they would like
- ☐ Table – clients choose foods set up on tables
- ☐ Walk Through – clients walk through the pantry and choose their foods
- ☐ Supermarket- clients choose food from shelves arranged according to food groups

☐ Inventory List- clients choose from a list of foods/food groups you have on hand that week in your food pantry.

**2e.** What type & quantities (list number) of equipment do you **currently have now** in use in your food pantry?

\_\_\_rolling cart(s) \_\_\_Glass door Fridge \_\_\_Glass door Freezer  
\_\_\_Shelves \_\_\_Tables \_\_\_\_\_other equipment please name/list

**3.** You may request the following types of equipment depending on your type of client choice model in your food pantry. (Folding Table, Single glass door refrigerator, Single glass door freezer, wire shelving or a utility roll cart)

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**4.** Please fill in the days & hours your clients are served at your food pantry. Do not include time spent packing pantry bags.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**4a.** If the schedule is not the same each week, please explain:

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**5.** Please give a brief narrative describing the history and operation of your agency's feeding program. Please feel free to use additional pages as necessary, and to attach any agency information such as a mission statement, brochures, etc.

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**6.** Please describe the space available in your pantry (the total area in square feet). Please make sure that your pantry space can accommodate the equipment you are requesting. Be as specific as possible to assist the advisory committee.

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7. Please describe in detail how your agency will start or expand Client Choice offerings. Make sure that you identify the type of client choice model you will be offering, changes in worker duties, hours of food distribution, etc.:

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**NOTE:** PLEASE ANSWER QUESTIONS 8 & 9 BELOW TO ENABLE US TO PROCESS YOUR APPLICATION.

8. Please check the box below for which *mandatory* Client Choice Workshop that your agency will attend:

- ☐ Tuesday, January 26th – 9:30-10:30am @ LI Cares Hauppauge
- ☐ Tuesday, January 26th – 2:00-3:00pm @ LI Cares Freeport

- \*9. Please request & fill out a day and time during the months of January – February (Mon – Fri between the hours of 9:30a – 3:30pm) that would be best for us to visit your site: \_\_\_\_\_. A LI Cares representative will contact you to confirm your request above and site visit.