



HPNAP 11-1-2018 to October 31, 2019
Operation Support Grant Award
Reporting Fax
Coversheet and Reporting Form

1st Half of Operation Support for 50% of expenditures between
November 1, 2018 thru April 30th, 2019 are due no later than **05-10-19.**

Agency Name: _____

Agency PN/CN #: _____ HPNAP ID#: _____

OS Expenditures Categories:

- Staff \$ _____ (W-2 forms, payroll stubs, cancelled paychecks)
- Utilities \$ _____ (Paid Utility Bills, cancelled paid utility company checks)
- Space/Rent \$ _____ (Paid cancelled rent/space checks)
- Disposables \$ _____ (Paid Receipts for all HPNAP allowable disposable items)

Please note that this funding is not a cash donation it is grant funding from HPNAP NYSDOH
Please fill-in your expenditure amount, attach all supporting documentation where applicable and FAX it to ATT: **Pete Braglia 631-273-1375** or U.S mail on or before the due date above. Thank You



2nd Half of Operation Support for 50% of expenditures between
May 1st, 2019 – Sept 16th, 2019 are due no later than **09-30-19.**

Agency Name: _____

Agency PN/CN #: _____ HPNAP ID#: _____

OS Expenditures Categories:

- Staff \$ _____ (W-2 forms, payroll stubs, cancelled paychecks)
- Utilities \$ _____ (Paid Utility Bills, cancelled paid utility company checks)
- Space/Rent \$ _____ (Paid cancelled rent/space checks)
- Disposables \$ _____ (Paid Receipts for all HPNAP allowable disposable items)

Please fill-in your expenditure amount, attach all supporting documentation where applicable and send it to LI Cares via fax or U.S mail on or before the due date above. Thank You

Please note that this funding is not a cash donation it is grant funding from HPNAP NYSDOH

ATT: PETE BRAGLIA FAX TO: 631-273-1375