

**NYC DSS Human Resources Administration  
Community Food Connection (CFC)  
ADMINISTRATIVE EXPENSE REIMBURSEMENT GRANT APPLICATION  
FISCAL YEAR 2023 (JULY 2022 -JUNE 2023)**

EFAP/EFRO ID # <b>8</b> _____	Program Type: Food Pantry (FP) ____	Soup Kitchen (SK) ____
Food Program Name: _____		
Food Program Address: _____		
_____		
City	State	Zip
Mailing Address (if different) _____		
_____		
City	State	Zip

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

**Please check the category(s) that are applicable to your organization’s request for reimbursement.  
(Check all that apply)**

**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.

**CAPITAL EQUIPMENT, REPAIRS, FOOD SAFETY AND SANITATION SERVICES:**

**Allowable expenses: equipment, repairs, and services directly related to the operation of the food program. Examples:** Metal Shelving; Dunnage Racks; Stainless Steel Worktable; Hand Washing Sink; Conveyors; Hand Trucks; Garbage Cans; Licensed Exterminating Services; Private Carting/trash removal; Refrigerator; Freezer; 3 –Compartment Sink, Stove, Oven (**Soup Kitchen Only**); Shopping baskets /Shopping Carts (**Food Pantry Only**)

**Documentation: Applicable vendor invoices, receipts, and contracts.**

- All invoices, receipts, and contracts must be provided by the vendor and include the company’s/contractor’s 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.

**FOOD SERVICE PRODUCTS, DISPOSABLES, ADMINISTRATIVE SUPPLIES:**

**Allowable expenses: Food Service Products; Cooking utensils; Cleaning and Office Supplies, and Personal Protective Equipment (PPE) directly related to the operation of the food program.**

**Examples:** Paper Bags, Disposable Plates, Tablecloths, Napkins, Cups, Eating Utensils/ Cutlery, Plastic/Foil Wrap, Pots, Pans, Gloves, Thermometers, Hair Coverings, Plastic Bags, Garbage/Recycling Bags, Metal Garbage Cans, Recycling Bins, Cleaning Solutions, Mops, Brooms, Sponges, Office Supplies, Hand Sanitizer, Masks, Face Shields/Goggles, Aprons and Gowns, Partitions

**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.
- Documentation must be clear, legible, and dated within the funding period.

**Transportation**

**Allowable expenses: Cost directly related to picking up, transporting, and/or distributing emergency food. Examples:** Vehicle Rental, Gas, Tolls

**Personnel/ Staffing:**

**Allowable expenses: Paid Staff that are engaged in the direct operation of the food program; Volunteers that were engaged in the direct operation of the food program.**

**Documentation:**

**1. Paid Staff:**

**a. A notarized statement that contains the following information:**

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

**b. Proof of payment dates and amounts.**

**2. Volunteers: a notarized statement that contains the following information:**

- Emergency Food Program Name
- EFAP/EFRO ID Number
- Name of Volunteer
- Description of Duties/Tasks
- Amount Paid
- Signature of Volunteer
- Signature of Program Coordinator

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**My signature confirms that the information provided in this application packet is true and accurate to the best of my knowledge and that I understand that there is no guarantee that my full request will be approved.**

**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)

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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**

<b>1. 1099 Address:</b>	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country
<b>2. Account Administrator Address:</b>	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country
<b>3. Billing, Ordering &amp; Payment Address:</b>	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: _____	_____

## The City of New York Substitute Form W-9 Instructions

The City of New York, like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The City uses Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid Backup Withholding as mandated by the IRS.\* We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States (Rev. Proc. 84-65 §11.01). You are required to give us the information.

Any vendor or other payee who wishes to do business with the City of New York must complete the Substitute Form W-9.

### **Part I: Vendor Information**

1. **Legal Business Name:** An organization should enter the name in IRS records, IRS Letter CP575 or IRS Letter 147C. For individuals, enter the name of the person who will do business with the City of New York as it appears on the Social Security card, or other required Federal tax documents. *Do not abbreviate names.*
2. **DBA (Doing Business As):** Enter your DBA in designated line, if applicable.
3. **Entity Type:** Mark the Entity Type of the individual or organization that will do business with the City of New York.

### **Part II: Taxpayer Identification Number and Taxpayer Identification Type**

1. **Taxpayer Identification Number:** Enter your nine-digit TIN. See the table and Special Note below for instructions on the type of taxpayer number you should report.
2. **Taxpayer Identification Type:** Mark the appropriate option.  
The following table gives the Taxpayer Identification Type that is appropriate for each Entity Type.

Entity Type	Taxpayer Identification Type
<ul style="list-style-type: none"> <li>▪ Church or Church-Controlled Organization</li> <li>▪ Personal Service Corporation</li> <li>▪ Non-Profit Corporation</li> <li>▪ Corporation / LLC</li> <li>▪ Government</li> <li>▪ Individual/Sole Proprietor <i>who has employees other than him or herself</i></li> <li>▪ Trust</li> <li>▪ Joint Venture</li> <li>▪ Partnership / LLC</li> <li>▪ Single Member LLC <i>who has employees other than him or herself</i></li> <li>▪ Estate</li> </ul>	Employer Identification Number
<ul style="list-style-type: none"> <li>▪ City of New York Employee</li> <li>▪ Individual/Sole Proprietor <i>who does not have employees other than him or herself</i></li> <li>▪ Single Member LLC <i>who does not have employees other than him or herself</i></li> </ul>	Social Security Number
Resident Alien/Non-Resident	Individual Tax Identification Number
Non-United States Business Entity	N/A
Custodian account of a minor	The minor's Social Security Number

### **Part III: Vendor Addresses**

1. List the locations for tax reporting purposes, administrative and where payments should be delivered.

### **Part IV: Backup Withholding and FATCA Exemptions**

If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

**Backup Withholding Exemption Codes:** Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. ***If you do not fall under the categories below, leave this field blank.***

The following codes identify payees that are exempt from Backup Withholding:

- 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2: The United States or any of its agencies or instrumentalities

\* Backup Withholding - According to IRS Regulations, ACS must withhold 28% of all payments if a vendor or payee fails to provide ACS its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN.

## The City of New York Substitute Form W-9 Instructions

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- 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities
- 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5: A corporation
- 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7: A futures commission merchant registered with the Commodity Futures Trading Commission
- 8: A real estate investment trust
- 9: An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10: A common trust fund operated by a bank under section 584(a)
- 11: A financial institution
- 12: A middleman known in the investment community as a nominee or custodian
- 13: A trust exempt from tax under section 664 or described in section 4947

**FATCA Exemption Codes:** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. ***If you are only submitting this form for an account you hold in the United States, leave this field blank.***

The following codes identify payees that are exempt from FATCA Reporting:

- A:** An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B:** The United States or any of its agencies or instrumentalities
- C:** A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D:** A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E:** A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F:** A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G:** A real estate investment trust
- H:** A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I:** A common trust fund as defined in section 584(a)
- J:** A bank as defined in section 581
- K:** A broker
- L:** A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M:** A tax exempt trust under a section 403(b) plan or section 457(g) plan

### **Part V: Certification**

Please sign and date form in appropriate space. Provide preparer's name, telephone number, and e-mail address. Preparer should be employed by organization.

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\* Backup Withholding - According to IRS Regulations, ACS must withhold 28% of all payments if a vendor or payee fails to provide ACS its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN.