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## FOOD WASTE REDUCTION AND DIVERSION REIMBURSEMENT PROGRAM APPLICATION FUNDED BY NYS DEPARTMENT OF ECONOMIC DEVELOPMENT

The Food Waste Reduction and Diversion Reimbursement Program is an innovative partnership between New York State (NYS) and Rochester Institute of Technology (RIT) focused on incentivizing the reduction of food waste in the State. The program provides reimbursement to NYS businesses, municipalities, or not-for-profits that generate large amounts of food waste to offset the cost of select technologies and equipment that promise to reduce or divert that food waste from landfill or incineration.

## **PROGRAM REQUIREMENTS**

## **Eligible Applicants (Entity)**

This program is open to NYS municipalities, non-profit organizations and for-profit businesses that are registered to conduct business in New York pursuant to New York Business Corporation Law section 1304, and are large food waste generators (greater than 1 ton/week).

## **Eligible Equipment**

Eligible equipment includes an equipment purchase, made after June 1, 2017, by an Entity for the purpose of reducing, donating and/or diverting excess food and food scraps (food waste) from landfill or incineration, such as donation to food banks and pantries, use as animal feed, preparation for diversion, on-site management, etc.

Entity must be able to document the amount of excess food and food scraps reduced, donated, and/or diverted as a result of using the eligible equipment.

Examples of eligible equipment include, but are not limited to: processing equipment (e.g. compactor, dehydrator), management equipment (e.g. collection totes), and food life-extension equipment (e.g. food storage bins). The cost of installation is eligible for reimbursement and may be included in the total equipment cost, provided it is installed by the equipment vendor or another entity other than the eligible applicant.

## Non-Eligible Equipment/Expenses

Capital Equipment expenses not eligible for funding include, Entity salaries or employee costs, trucks, leased equipment, retroactive upgrades that occurred before June 1, 2017, new leased/purchased facilities or buildings, and land purchases. No other company may have a lien or security interest in the purchased equipment. Other restrictions may apply.

## **Equipment Ownership**

The Entity will own the equipment purchased under this program.

## **MWBE** Procurement

As a requirement of the funding supporting this program, the Entity is required to make a good faith effort to utilize NYS certified Minority and Woman Owned Business Enterprise (MWBE) vendors for any eligible equipment purchases made under the program. Potential vendors may be identified by using the NYS MWBE Directory (https://ny.newnycontracts. com). Proof of effort may be required. Applications that include eligible equipment and capitalized service costs from MWBE vendors will be scored more favorably.

#### **Restriction of Applicant Funding Sources**

Entity may **not** purchase eligible equipment using other NYS or federal funds. In addition, applicant may not use borrowed funds to purchase eligible equipment.

## **Equipment Reimbursement**

RIT will provide the Entity a contract that documents all agreed upon parts of the application and Project, all NYS requirements, and all RIT requirements and processes that must occur for the Entity to be reimbursed. Upon fulfillment of the program requirements, RIT will reimburse applicant for up to 44% of the total eligible project costs with an absolute dollar limit noted in the RIT approval letter. In no event will any individual reimbursement be greater than \$100,000. Funds used for reimbursement are NYS monies and are subject to review by RIT and NYS. The project equipment must remain in service at the project location(s) in New York State for the purpose defined in the application until May 31, 2022. Preliminary metrics requirements noted in the RIT approval must be met for the Entity to submit a reimbursement request. Additionally ongoing metrics reporting regarding the food waste diverted may be required through May 31, 2022.

## Scoring

It is the intent that applications that meet eligibility criteria will be funded, subject to availability of NYS Department of Economic Development funding.

Return application to: Andy Harlan via email at axhasp@rit.edu or fax: 585-475-5250

As you work through this application, we encourage you to check out our <u>extensive library of resources</u> aimed at supporting businesses and non-profits with food waste reduction and diversion. Several of our tools may be beneficial to you as you work through the process of source separating food scraps, evaluating technologies, finding a hauler, etc. for this application. Check them out here:

- Step-by-step guide to food waste management
- Food waste generation calculator
- Guidance for working with haulers
- About on-site food waste management systems
- Food donation guidance

For questions about this program, contact Andy Harlan at axhasp@rit.edu | O: 585-475-5385 | C: 585-626-5758

## **APPLICATION**

## **Applicant Information**

- 1. Organization/Business name
- 2. Brief description of Organization/Business

#### 3. Organization/Business address

Is the Organization/Business registered to perform business in NYS? Y N

Is the Organization/Business a certified M/WBE in NYS? Y N

Provide the Organization/Business's employer identification number

- 4. Organization/Business contact
  - a. Name
  - b. Title
  - c. Address Check if address is same as #3
  - d. County
  - e. Phone
  - f. Email
  - g. Website
- Location that the equipment will be (or is currently) installed. Note: this must be a valid street address in NYS.
  Check if address is same as #3

## **Baseline Information (maximum 10 points)**

- 6. How much food waste does your organization/business generate on average per week at the location the equipment will be used? Provide the total amount food waste generated, including anything that is currently diverted or donated. (tons/week)
- 7. Indicate the approximate proportions of total food waste (provided in Question 6) that are currently going to the each of the following.

Donated (tons/ week)

Diverted (tons/week)

Landfilled/ Incinerated (tons/week)

Other (tons/week)

If other, please describe.

8. How did you obtain your answer to Question 6? Select an option and provide a description.

Note: methods that yield measured numbers rather than estimated values will receive a higher score.

Performing a food waste audit using a reputable method (e.g. NYSP2I's self-assessment tool box, EPA's food waste assessment guide, etc.).

Using food waste data reported by your organics hauler, food rescue organization, and/or food waste management software (e.g. LeanPath).

Using an established estimator tool based on number of employees, building square footage, etc. (e.g. NYSP2I's estimator tool, Massachusetts RecyclingWorks estimator, and ReFED's estimates.)

Other

Please elaborate on your selection.

9. Food waste composition - check all that apply and add additional comments where necessary to provide a clear understanding of your food waste composition.

Question	Yes	No	Additional Comments
Do you serve meals at this location? <i>If yes:</i>			
Are the majority dine in?			
Are the majority grab-and-go?			
Are all of the meals served at one dining location (cafeteria, café, counter, etc.)?			
Do you provide disposable flatware and/or tableware? If yes:			
Is the disposable-ware the majority of tableware provided to customers?			
Is the majority of the food prepped at this location?			
Describe the type(s) of food prep that occurs at this location	made from		pre-chopped but soups, pasta dishes, etc. are -site, canned goods (tomatoes, beans, etc.) are e
Is the majority of your food waste pack- aged? <i>If yes</i> :			
Describe packaging type(s)/size(s)	e.g. 64 oz.	rigid plastic	containers, 16 oz. soup cans, 6 oz. bags of lettuce

Additional comments you would like to make about your food waste:

## Project Information (maximum points 30)

10. Have you already made the equipment purchase for which you are applying for reimbursement?

If yes:

- a. When was the equipment purchased?
- b. Does any other entity have a lien or other security interest in the equipment?
- c. Is the equipment installed and operating?
- d. When was the equipment installed?
- e. Do you have waste metrics prior to installation available?
- 11. Indicate the amount of food waste you will prevent, donate and/or divert per week as a result of the purchase for which you are applying. If you are applying for reimbursement for equipment already installed and operational, provide the amount of food waste currently being prevented, donated and diverted.

# The tonnage provided here will be used by RIT to determine when the Organization/Business is eligible for reimbursement; see note below for more details.

- Prevented tons/week
- Donated tons/week
- Diverted tons/week

Upon approval of your application and full execution of a contract to implement this project, how long will it take the Organization/Business to achieve the prevented/donated/diverted metrics provided in this question above? (Include time needed to order, deliver and install equipment, etc.) Note: Reimbursement timeline set forth in the resulting contract will be based, in part, on the amount of time needed to meet the food prevented/donated/diverted metric as described in this question and/or approved by RIT.

Immediately (select only if equipment is already installed and fully operational)

- 1 month
- 3 months
- 6 months
- 6+ months
- 12. Is the proposed project a pilot project? i.e. Is this project going to serve as a model for similar projects at other locations? Y N

If applicable, please describe.

## Plan Information (maximum points 40)

13. Describe your plan for achieving the amount of prevented, donated and/or diverted food waste described in Question 11.

## Note: If you are applying for reimbursement on a piece of equipment that is already operational (answered yes to Question 10.c.), skip 13.a.-e.

- a. Describe how you intend to use the equipment purchase to achieve your goals described in the question above.
- b. Key personnel (including any outside support, services or contractors to be utilized) participating in installation, running and maintaining the equipment, project management, data management, grant administration, etc. Include roles and responsibilities in your description.
- c. What is your plan for achieving food waste reduction goals, including incremental interim goals and dates where applicable.
- d. What supporting systems, i.e. infrastructure and resources, are in place to aid implementation and sustainment of changes as a result of the equipment purchase(s)? Examples may include: dedicated storage for food waste containers, corporate goals related to food waste and/or donation, or a sustainability team that will oversee the process.
- e. What outside services will you be contracting with (if applicable) for the handling or management of your food waste (e.g. an organics hauling service, an organics recycling service, etc.).

## Purchase Information (maximum points 20)

- 14. Describe the purchase for which you are applying for reimbursement, by providing the following:
  - a. Description of the equipment and eligible related supporting services for which you are applying for reimbursement.
  - b. Describe if, to your knowledge, this equipment has been installed and utilized for the same or similar purposes by like-Organizations/Businesses.
  - c. Provide a price quote from the proposed equipment vendor, including purchase cost and installation (if applicable), and attach actual price quote to the application. If installation will be provided by a separate entity than the purchase itself, provide an installation quote as well. Installation by your own employees, while allowed, is not a reimbursable expense under this program.
  - d. If applicable, what is the lead time on receipt of the equipment?

15. Will your eligible equipment or related services be purchased from or through a certified New York State M/WBE? Y N

If yes - indicate the equipment or related services to be purchased from an M/WBE, the name of the M/WBE vendor, vendor type (MBE, WBE or both), and that they are listed in the NYS Directory. (https://ny.newnycontracts.com)

- 16. Was the equipment purchased in accordance with Organization/Business's purchasing procedures that are fair and open to competition and guard against favoritism and conflicts of interest? Y N
- 17. Price quote(s) are required from the proposed equipment vendor, including purchase cost and installation (if applicable). Based on the criteria below, attach actual price quote(s) to the application. If installation will be provided by a separate entity than the purchase itself, provide an installation quote as well. Installation by your own employees, while allowed, is not a reimbursable expense under this program.
  - a. Is the eligible project cost under \$25K? Y N (If yes, attach the price quote from selected vendor and provide it with the application)
  - b. Does any eligible project cost exceed \$25K? Y N
    (If yes, three quotes for this cost component must be provided with the application. Indicate the vendor selected.)

If you are unable to provide three quotes explain why.

- 18. Will you be using any other non-Entity funding for any part of these project costs? Y N
  - a. If yes please indicate the funding source and amount. **Note:** project expenses cannot be paid for by any other federal or New York State funded program.
- 19. Will you be using this equipment for any additional purposes outside of food waste reduction/diversion/donation as described above?
- 20. Will any other Organizations/Businesses be utilizing and/or benefiting from the equipment's installation?

#### **Additional Information**

21. How did you hear about this program?

Email

Friend/ colleague

ΤV

Social media

Other

If other, please describe.