



FOOD WASTE REDUCTION AND DIVERSION REIMBURSEMENT PROGRAM APPLICATION

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 and not-for-profits that generate, haul or recycle 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)

Funded by the New York State Department of Economic Development, this program is open to NYS not-for-profit organizations established under Sections 501(c), 501(e), 501(f), 501(k), 501(n) or 521(a) of the Federal Tax Code 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, haulers or recyclers (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, transportation, recycling, 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, de-packager, windrow turner, grinder), management equipment (e.g. collection totes), software system purchases (e.g. inventory management system, food waste tracking software), and food life-extension equipment (e.g. food storage bins, refrigeration equipment). 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, leased equipment, retroactive upgrades that occurred before June 1, 2017, new leased/purchased facilities or buildings, anaerobic digesters, subscription-based services or softwares, 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](#). 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

Upon application approval, RIT will provide the Entity a contract that documents the approved project and all NYS and RIT requirements that must be met for the Entity to be reimbursed. Upon fulfillment of these requirements, RIT will reimburse the Entity up to 44% of the total eligible project cost, in most cases not to exceed \$100,000. The dollar limit will be noted in the project reimbursement contract. 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 project reimbursement contract must be met for the Entity to be reimbursed. Additionally ongoing metrics reporting regarding the food waste diverted may be required through May 31, 2022.

Scoring

All applications that meet minimum criteria will be funded, pending funding availability. This is not a competitive grant.

Questions? Contact Ava Labuzetta via email at allp2i@rit.edu or call: 585-475-7038

As you work through this application, we encourage you to check out our [extensive library of resources](#) 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:

- [Food Waste Essentials eBook](#) (e.g. food waste basics, onsite equipment information, food donation guidance, etc.)
- [Food waste generation estimator](#)
- [Organic Resource Locator](#)
- [NYS Hauler Listing](#)
- [Food donation guidance](#)

For questions about this program, contact [Ava Labuzetta](#) at allp2i@rit.edu | [585-475-7038](tel:585-475-7038)

APPLICATION

Applicant Information

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

3. Organization/Business address

County

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. Phone

e. Email

f. Website

5. 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. If your organization/business generates food waste, answer 6.a. If your organization/ business recycles food waste, answer 6.b. If your organization/business hauls food waste, answer 6.c.
- a. 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)
 - a.i. Of the total amount of food waste (provided in Question 6.a.), how much is currently sent to landfill or incineration?
If equipment is already installed, skip question.
Landfilled/ Incinerated (tons/week)
 - b. How much food waste does your organization/business recycle on average per week at the location the equipment will be used?
 - c. How much food waste does your organization/business haul to a food waste recycling site on average per week?

Note: If you are applying for several locations, supply the combined total amount of food waste generated, recycled, or hauled and attach documentation showing how the total breaks down by location. If you are unsure how to answer question, review methods in Question 7

7. How did you obtain your answer to Question 6? Select a method below and attach supporting documentation confirming the number provided in Question 6. (e.g. screenshot from online calculator, spreadsheet from audit, hauler bills showing lb collected, weights of collected or recycled food waste). **Include attachment(s) with application submission.**

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. [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. [NYSP21's estimator tool](#), [Massachusetts RecyclingWorks estimator](#), and [ReFED's estimates](#).)

Routine food waste weighing for billing purposes.

Other

Please elaborate on your selection.

8. Describe the food waste that will be/is being managed as a result of this purchase (e.g. What is the general makeup? Is some or all of it packaged? Where is it coming from?)

Project Information (maximum points 30)

9. Have you already made the equipment purchase for which you are applying for reimbursement? Y N

If yes, complete a - e.

a. When was the equipment purchased?

b. Does any other entity have a lien or other security interest in the equipment?

Y N **If yes, contact program coordinator before proceeding.**

c. Is the equipment installed and operating?

Y N

d. When was the equipment installed?

e. Was 100% of your food waste sent to landfill or incineration prior to the equipment install?

Y N NA **If no, explain.**

10. Indicate the amount of food waste per week that will no longer be sent to landfill or incineration **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 diverted from landfill or incineration due to the purchase you made.

Important: The Organization/Business applying must meet the metric commitment documented in 10.a. within the time commitment document in 10.b. to be reimbursed by RIT.

a. _____ tons/week will no longer be sent to landfill or incineration.

Describe how you will document/demonstrate that you've met this metric commitment. This proof will be required at the time of reimbursement.

- b. 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 metric provided in 10a.? (Include time needed to order, deliver and install equipment, etc.)

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

1 month

3 months

6 months

If more than 6 months, state number of months.

Purchase Information (maximum points 20)

11. Fill in the table with information about the costs for which you are applying for reimbursement.

Purchase		Description	Cost	Lead time	Purchased through an M/WBE? If yes, include vendor name and type (MBE or WBE)
1	Equipment	e.g. Food Dehydrator M250	e.g. \$23,000	e.g. 5 weeks	
	Supporting Service 1	e.g. Installation (electrical and plumbing)	e.g. \$7,300	e.g. no	e.g. no
	Supporting Service 2	e.g. n/a			
2	Equipment	e.g. 10 totes (55 gallon)	e.g. \$2,000	e.g. 10 days	e.g. no
	Supporting Service 1	e.g. n/a			
	Supporting Service 2				
3	Equipment				
	Supporting Service 1				
	Supporting Service 2				
Total Eligible Project Cost			e.g. \$32,300		

12. Price quotes are required to be attached to your application for all eligible project costs that you are applying for reimbursement for (e.g. purchase and install costs). Quote requirements are as follows:

*If eligible project cost is **under** \$25K, attach the price quote from selected vendor and provide it with the application. If eligible project cost **exceeds** \$25K, three quotes for this cost component must be provided with the application. Indicate the vendor selected.*

If you are unable to meet the quote requirements, explain why.

13. Describe if, to your knowledge, this equipment has been installed and utilized for the same or similar purposes by like Organizations/Businesses.

14. Are you required by local, state, or federal law to maintain a registration or permit for this equipment purchase? (check boxes for yes/no) If yes, please provide the permit number and what entity the registration/permit is with.
Y N

15. 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

16. Will you be using any other non-Entity funding for any part of these project costs? Y N

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.

17. Will you be using this equipment for any additional purposes outside of what is described in this application?

18. Will any other Organizations/Businesses be utilizing and/or benefiting from the equipment's installation?
Y N **If yes, explain in more detail.**

Plan Information (maximum points 40)

19. Describe your plan for achieving the food waste metric described in Question 10.

Note: If you answered yes to Question 9c, skip questions 19a - b.

- a. Describe how you intend to use the equipment purchase to achieve your food waste metric.
(Describe your plan, how you will use the equipment, incremental interim goals/date where applicable, etc.)

- b. What supporting systems are in place to aid implementation and sustainment of changes as a result of the equipment purchase(s)? Examples will differ depending on your business type, but may include: dedicated storage for food waste containers, corporate goals related to food waste and/or donation, organics hauling or recycling services, proven track record of collecting and/or recycling food waste, or a sustainability team that will oversee the process.

20. If the purchased equipment generates end products and/or effluent (e.g. dehydrated food waste, gray water, compost, etc.), describe what is done with those resulting end product(s) or effluents (e.g. land applied, hauled away to a compost facility, given away or sold for landscaping, sent down the drain to local wastewater treatment facility, etc.).

Additional Information

21. How did you hear about this program?

Email

Friend/ colleague

TV

Social media

Other

If other, please describe.

Application Review Checklist

Complete the checklist below before submitting your application. Incomplete applications will not be reviewed.

All questions answered in application

If submitting an application for multiple locations, total food waste breakdown by location is attached (Question 6)

Proof of food waste generated, hauled, or recycled is attached (Question 7)

Project quotes for all eligible costs are attached
(Note: 3 quotes are required for all costs over \$25k) (Question 12)

I certify that, to the best of my knowledge and belief, the information provided in this application is true and correct.

Type Full Name

Date

Return application to: Ava Labuzetta via email at allp2i@rit.edu