**DSHA Community Development Block Grant Program**

**CARES Act CV**

Food Purchase Policy

During the COVID19 crisis, grantees and subrecipients are allowed to purchase food and supplies for homeless programs and food programs. The following policy outlines how food may be purchased. CDBG funds for food purchases will be provided only on a reimbursement basis.

Grantees and subrecipients are to make every effort to obtain the best price to ensure that costs are reasonable and necessary. For this grant and purpose, recipients must comply with the micro-purchase requirements found in Title 2 of the Code of Federal Regulations Part 200 which requires each purchase to be less than $3,000. Purchases must be made from several vendors/suppliers. Itemized receipts are required for reimbursement.

The following items are not eligible for reimbursement:

* Liquor/Wine/Beer
* Delivery/carryout meals

Grantees and subrecipients may not use CDBG funds to purchase gift cards to distribute.

For each invoice, the service provider must attach Purchase Tracking form which provides information on the number of meals prepared with food purchased with CDBG funds.

Purchase of laundry detergent, cleaning supplies and paper goods are allowable purchases under supplies. Separate invoices must be maintained for these items.

DSHA reserves the right to determine if costs are not reasonable and necessary and require repayment of funds.

NOTE: This policy does not apply to continuation of established food delivery programs for seniors and the disabled.

**DSHA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**PURCHASE TRACKING FORM**

**Complete this form for each purchase of food using grant funds. Attach the original receipt and retain with the CDBG Financial Files.**

**DATE OF PURCHASE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*MM/DD/YYYY*

**PURCHASING ORGANIZATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURCHASER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Last*

**VENDOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name* *Location*

**PURCHASE AMOUNT:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEMS PURCHASED – (List or Attach Itemized Receipt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESTIMATED # OF MEALS TO BE PROVIDED WITH THIS PURCHASE:** \_\_\_\_\_\_\_

**For CDBG Grantee Use:**

**Date invoice approved for reimbursement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reimbursed by CDBG payment request #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**