

NSLPE APPLICATION
FFY 2017

(3) 2017 NSLPE EQUIPMENT ASSISTANCE GRANT APPLICATION (PLEASE FOLLOW INSTRUCTIONS on page 4)

SECTION 1: SFA GENERAL INFORMATION				
*NAME OF SCHOOL FOOD AUTHORITY (SFA)		*SFA AGREEMENT #	VENDOR # (Opt.)	
*ADDRESS		DUNS #	*TIN (FED. ID) #	
*CONTACT PERSON		*CONTACT TITLE		
*EMAIL ADDRESS		*PHONE		
SECTION 2: SFA PARTICIPATION DATA				
*NAME OF SITE		*TOTAL ENROLLMENT OF SITE	*GRADES AT SITE	-
ELIGIBILITY DATA (AS OF OCTOBER 31, 2017)			PARTICIPATION SY17-18	
*# FREE ELIGIBLES AT SITE		*# REDUCED-PRICE ELIGIBLES AT SITE		*LUNCH ADA AT SITE
*# PAID ELIGIBLES AT SITE		*% FREE & REDUCED ELIGIBLES AT SITE		*LUNCH ADP AT SITE
SECTION 3: FOOD SERVICE OPERATIONS				
* FOOD PREP METHOD				
<input type="checkbox"/> SELF-PREP <input type="checkbox"/> VENDED <input type="checkbox"/> FSMC <input type="checkbox"/> OTHER				
*IF OTHER THAN SELF-PREP, PROVIDE COMPANY NAME AND DETAILS OF SERVICE:				
SECTION 4: PERFORMANCE GRANTS INFORMATION				
*DATE OF LAST ADMINISTRATIVE REVIEW		*CORRECTIVE ACTION REQUIRED?	<input type="checkbox"/> NO <input type="checkbox"/> YES	*FISCAL ACTION TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES
EXPLAIN:				
*HAVE ANY CLAIMS BEEN DENIED FOR PAYMENT IN PAST THREE YEARS: <input type="checkbox"/> NO <input type="checkbox"/> YES				
*IF YES, CHECK REASON:		*DID SFA EXERCISE ONE-TIME EXCEPTION (OTE) OPTION?		
<input type="checkbox"/> CLAIM FILED LATE <input type="checkbox"/> MEALS DISALLOWED BY STATE AGENCY <input type="checkbox"/> OTHER		<input type="checkbox"/> NO <input type="checkbox"/> YES *IF YES, DATE OF OTE:		
SFA COMMENTS, IF RELEVANT:				
SECTION 5: NSLPE GRANT ELIGIBILITY CHECKLIST				
* A. NSLPE GRANT AMOUNT REQUESTED WITH THIS APPLICATION		\$		
* B. DID SFA RECEIVE ARRA EQUIPMENT ASSISTANCE GRANT FUNDS?		* C. DID SFA RECEIVE NSLPE EQUIPMENT ASSISTANCE GRANT FUNDS IN PAST?		
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES * IF YES, IN WHAT YEAR(S)?		
* D. WILL EQUIPMENT REPLACE EXISTING EQUIPMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES				
IF YES, HOW OLD? _____ YRS EXPLAIN CONDITION, IF PERTINENT:				
IF NO, EXPLAIN LACK OF EQUIPMENT:				
* E. DOES SFA HAVE A CAPITALIZATION THRESHOLD FOR EQUIPMENT OTHER THAN \$5,000?				
<input type="checkbox"/> NO <input type="checkbox"/> YES		*IF YES, AT WHAT AMOUNT DO YOU LIST EQUIPMENT AS AN ASSET ON FINANCIAL STATEMENTS? \$		
* F. WITHIN WHAT TIME FRAME CAN EQUIPMENT BE PURCHASED AND INSTALLED? <input type="checkbox"/> 3 MOS. <input type="checkbox"/> 6 MOS. <input type="checkbox"/> 9 MOS.				
* G. WILL EQUIPMENT HELP PROMOTE SMARTER LUNCHROOM STRATEGIES?				
<input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:				
* H. HAS STATE/LOCAL FUNDING FOR EQUIPMENT PURCHASES BEEN AVAILABLE TO THE SFA?				
<input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:				

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SECTION 6: NSLPE GRANT FUNDS - PROPOSED USAGE																
EQUIPMENT REQUEST #1																
*DESCRIPTION/SPECIFICATIONS:			*INSTALL AT WHICH SITE?		*PROPOSED COST											
			*# STUDENTS TO BENEFIT													
*EQUIPMENT VENDOR BIDS (*ATTACH BID SHEETS TO APPLICATION):																
VENDOR	TIME FRAME	UNIT COST	SHIPPING/DELIV	INSTALL/DISPOSE	TAX	TOTAL										
						\$ -										
						\$ -										
						\$ -										
THIS EQUIPMENT SUPPORTS EFFORTS TO (CHECK ALL THAT APPLY):																
<input type="checkbox"/> *IMPROVE QUALITY OF FOODSERVICE MEALS BY: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> PROVIDING MORE FRESH FRUIT AND/OR VEGETABLE AT MEALS</td> <td style="width: 50%; border: none;"><input type="checkbox"/> MOVING AWAY FROM VENDED MEALS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> COOKING FROM SCRATCH</td> <td style="border: none;"><input type="checkbox"/> ALLOWING FOR MORE LOCAL FOODS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> REPLACING FRIED WITH STEAMED/BAKED GOODS</td> <td style="border: none;"><input type="checkbox"/> OTHER EXPLAIN:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> OTHER EXPLAIN:</td> <td style="border: none;"></td> </tr> </table>							<input type="checkbox"/> PROVIDING MORE FRESH FRUIT AND/OR VEGETABLE AT MEALS	<input type="checkbox"/> MOVING AWAY FROM VENDED MEALS	<input type="checkbox"/> COOKING FROM SCRATCH	<input type="checkbox"/> ALLOWING FOR MORE LOCAL FOODS	<input type="checkbox"/> REPLACING FRIED WITH STEAMED/BAKED GOODS	<input type="checkbox"/> OTHER EXPLAIN:	<input type="checkbox"/> OTHER EXPLAIN:			
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<input type="checkbox"/> OTHER EXPLAIN OTHER:																

(ATTACH ADDITIONAL EQUIPMENT SHEETS AS NEEDED)

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SECTION 7: NSLPE GRANT FUNDS - PROPOSED USAGE NARRATIVE	
PROVIDE ADDITIONAL NARRATIVE TO SUPPORT FUNDING USAGE IN SECTION 6, ABOVE. MAKE COPY OR ATTACH EXTRA NARRATIVE SHEET IF SUBMITTING MORE THAN ONE EQUIPMENT REQUEST.	
<input type="checkbox"/>	* EMPHASIZED FOCUS AREA: IMPROVE QUALITY OF FOOD SERVICE MEALS DESCRIBE GOALS FROM SFA'S WELLNESS POLICY.
* PROVIDE ADDITIONAL DETAILS FOR FOCUS AREA ON IMPROVING MEAL QUALITY, IF NECESSARY	
<input type="checkbox"/>	FOCUS AREA 2: IMPROVE FOOD SAFETY IN SCHOOL MEALS DATE OF SFA'S LAST DOH INSPECTION WAS CORRECTIVE ACTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____
DO YOU HAVE A FOOD SAFETY PLAN THAT FOLLOWS HAACP PRINCIPLES? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE HOW EQUIPMENT WILL IMPROVE COMPLIANCE IN YOUR FOOD SAFETY HACCP PLAN.	
<input type="checkbox"/>	FOCUS AREA 3: IMPROVE ENERGY EFFICIENCY OF FOOD SERVICE OPERATION DESCRIBE EQUIPMENT TO BE REPLACED. INCLUDE CURRENT CONDITION AND AGE OF EQUIPMENT, IF APPLICABLE DESCRIBE HOW EQUIPMENT IS ENERGY EFFICIENT. INCLUDE ESTIMATED COST SAVINGS IN DOLLARS EXPECTED FROM THE PURCHASED EQUIPMENT.
<input type="checkbox"/>	FOCUS AREA 4: EXPAND STUDENT PARTICIPATION IN THE NSLPE. PROVIDE ADDITIONAL DETAILS FOR FOCUS AREA 4, IF NECESSARY
*SECTION 8: ASSURANCE AND CERTIFICATION	
SFA NAME:	AGREEMENT #
* I CERTIFY THE FOLLOWING: 1. ALL INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTATION, IS TRUE AND CORRECT. 2. I HAVE PROVIDED THE FOLLOWING SUPPORTING DOCUMENTS: •THREE (3) VENDOR/SUPPLIER QUOTES FOR EACH PROPOSED EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____ •PROCUREMENT POLICIES AND PROCEDURES <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____ •CAPITALIZATION THRESHOLD, IF SOMETHING OTHER THAN \$5,000. <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____ •I HAVE PROVIDED OUR DUNS NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, I CERTIFY THAT THE NUMBER WILL BE PROVIDED WITHIN 30 DAYS OF THE NSLPE AWARD 3. I UNDERSTAND THAT OPERATING BUDGET AND FINANCIAL STATEMENTS MAY BE REQUIRED, IF HCNP DOES NOT ALREADY HAVE THE SFA'S MOST CURRENT DOCUMENTS IN POSSESSION. 4. THE EQUIPMENT PURCHASED UNDER NSLPE WILL MEET THE DEFINITION AS DESCRIBED IN THE <i>NSLPE GRANT OVERVIEW</i> . 5. EQUIPMENT WILL BE PURCHASED, INSTALLED, AND PAID FOR ON A TIMELY BASIS TO ENSURE THAT NSLPE FUNDS WILL BE EXPENDED WITHIN ONE (1) YEAR OF NSLPE AWARD. 6. EQUIPMENT PURCHASES ARE SUBJECT TO AUDIT AND REVIEW BY USDA AND HCNP OR OTHER DESIGNEES. 7. CAPITALIZATION THRESHOLD FOR OUR SFA IS \$5,000 UNLESS I ENCLOSE SUPPORTING DOCUMENTATION TO SHOW OTHERWISE. 8. OUR SFA WILL FOLLOW ALL FEDERAL, STATE, AND LOCAL PROCUREMENT LAWS. 9. ALL DOCUMENTATION REQUIRED EITHER AS A CONDITION OF OR SUBSEQUENT TO AWARD SHALL BE PROVIDED AS REQUESTED. For more information, refer to USDA memo SP25-2016	
_____ *SIGNATURE OF SFA DIRECTOR	
_____ *DATE	
_____ *PRINT NAME OF SFA DIRECTOR	

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INSTRUCTIONS FOR APPLICATION FORM

For SEC. 1-6 All questions/items Sections 1- 6: with red asterisk (*) must be completed with written answers in appropriate boxes and/or with proper boxes checked. In Section 4, answering 'Yes' to the One-Time Exception question and for Section 5, questions C., D., and E., answering 'Yes' to will lead to additional questions that must be answered.

For SEC. 6 Section 6 is to be completed thoroughly. Not doing so may result in a lower total score for award consideration.

Please note: If an additional equipment request is for a site with different data than found on page 1 of application (e.g. the Sec. 2 data for enrollment # and % F/R for the new site for equipment is different) then please attach a copy of the new data along with that equipment request.

* The asterisk for **Improving the Quality of meals** (in Sec. 2 and 6) indicates that this Focus Area is worth more total points than other areas. See Scoring Evaluation Tool for total possible points per area.

For SEC. 7-8 Please fill sections thoroughly, sign and date application, and have post marked, emailed, or hand-delivered by close of business **4:30pm Tuesday November 28, 2017** to:

**Al Tachibana
650 Iwilei Rd Suite 270
Honolulu HI 96817
Email: alvin_tachibana@notes.k12.hi.us
For inquiries: (808) 587-3600**