

NSLPE APPLICATION
FFY 2018

(3) 2018 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 SITE 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 - AVERA. DAILY ATTENDANCE AT SITE | |
| *# PAID ELIGIBLES AT SITE | | *% FREE & REDUCED ELIGIBLES AT SITE | * LUNCH - AVER. DAILY PARTICIPATION 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: STATUS AND PERFORMANCE GRANTS INFORMATION | | | | |
| * HAS SFA BEEN APPROVED FOR NSLPE SY2018-19? | | * <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN: | | |
| * HAS MOST RECENT SFA ADMINISTRATIVE REVIEW BEEN CLOSED? | | * <input type="checkbox"/> YES <input type="checkbox"/> NO, 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"/> NO <input type="checkbox"/> YES | | |
| <input type="checkbox"/> CLAIM FILED LATE <input type="checkbox"/> MEALS DISALLOWED BY STATE AGENCY <input type="checkbox"/> OTHER | | *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/WHAT IS CURRENTLY USED INSTEAD: | | | | |
| * E. FOR THIS CURRENT GRANT, THE THRESHOLD IS \$1,000 OR MORE. DOES SFA HAVE A CAPITALIZATION THRESHOLD FOR EQUIPMENT LESS THAN \$1,000? | | | | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES *IF YES, WHAT IS THE AMOUNT? \$ | | | | |
| * 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 BE PART OF A STRATEGY ADOPTING LUNCHROOM CHANGES TO APPEAL TO STUDENTS? | | | | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN WHAT IS BEING PLANNED: | | | | |
| * 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 | | | | | | | | | | |
| 1 | | | | | | \$. | | | | | | | | | | |
| 2 | | | | | | \$. | | | | | | | | | | |
| 3 | | | | | | \$. | | | | | | | | | | |
| THIS EQUIPMENT SUPPORTS EFFORTS TO (CHECK ALL THAT APPLY): | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> IMPROVE NUTRITION AND 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 FOODS BY USING NEW EQUIPMENT</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 FOODS BY USING NEW EQUIPMENT | <input type="checkbox"/> OTHER EXPLAIN: | <input type="checkbox"/> OTHER EXPLAIN: | | | |
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| <input type="checkbox"/> OTHER EXPLAIN: | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> IMPROVE OR EXPAND PARTICIPATION BY (CHECK ALL THAT APPLY): <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> ENABLING PREPARATION AND SERVICE OF MORE MEALS</td> <td style="width: 50%; border: none;"><input type="checkbox"/> PROVIDE MEALS TO MORE SITES</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ADDING ADDITIONAL POINTS OF SERVICE</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> INCREASING/MAINTAINING THE VARIETY OF ENTRÉE CHOICES</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> INCREASING STORAGE/DECREASING FREQUENCY OF DELIVERIES</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> OTHER EXPLAIN:</td> <td style="border: none;"></td> </tr> </table> | | | | | | | <input type="checkbox"/> ENABLING PREPARATION AND SERVICE OF MORE MEALS | <input type="checkbox"/> PROVIDE MEALS TO MORE SITES | <input type="checkbox"/> ADDING ADDITIONAL POINTS OF SERVICE | | <input type="checkbox"/> INCREASING/MAINTAINING THE VARIETY OF ENTRÉE CHOICES | | <input type="checkbox"/> INCREASING STORAGE/DECREASING FREQUENCY OF DELIVERIES | | <input type="checkbox"/> OTHER EXPLAIN: | |
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| <input type="checkbox"/> OTHER EXPLAIN: | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> IMPROVE FOOD SAFETY BY: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> MAINTAINING PROPER TEMPERATURE</td> <td style="width: 50%; border: none;"><input type="checkbox"/> IMPROVE SANITATION</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DECREASE RISK OF CROSS CONTAMINATION</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> OTHER EXPLAIN:</td> <td style="border: none;"></td> </tr> </table> | | | | | | | <input type="checkbox"/> MAINTAINING PROPER TEMPERATURE | <input type="checkbox"/> IMPROVE SANITATION | <input type="checkbox"/> DECREASE RISK OF CROSS CONTAMINATION | | <input type="checkbox"/> OTHER EXPLAIN: | | | | | |
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| <input type="checkbox"/> OTHER EXPLAIN: | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> IMPROVE OVERALL ENERGY EFFICIENCY <table style="width:100%; border: none;"> <tr> <td style="width: 100%; border: none;"><input type="checkbox"/> IMPROVE OVERALL ENERGY EFFICIENCY</td> </tr> </table> | | | | | | | <input type="checkbox"/> IMPROVE OVERALL ENERGY EFFICIENCY | | | | | | | | | |
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| EQUIPMENT REQUEST #2 | | | | | | | | | | | | | | | | |
| *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 | | | | | | | | | | |
| 1 | | | | | | \$. | | | | | | | | | | |
| 2 | | | | | | \$. | | | | | | | | | | |
| 3 | | | | | | \$. | | | | | | | | | | |
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| <input type="checkbox"/> IMPROVE OVERALL ENERGY EFFICIENCY | | | | | | | | | | | | | | | | |

(ATTACH ADDITIONAL EQUIPMENT REQUEST 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. | |
| ITEM OF EQUIPMENT REQUESTED: | |
| <input type="checkbox"/> | FOCUS AREA 1: IMPROVE QUALITY OF FOOD SERVICE MEALS DESCRIBE GOALS FROM SFA'S WELLNESS POLICY. |
| PROVIDE ADDITIONAL DETAILS IF EQUIPMENT WILL IMPROVE NUTRITION OR QUALITY OF MEALS: | |
| <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 AND ANY ESTIMATED COST SAVINGS IN DOLLARS EXPECTED FROM THE PURCHASED EQUIPMENT. |
| <input type="checkbox"/> | FOCUS AREA 4: EXPAND OR INCREASE STUDENT PARTICIPATION IN THE NSLP/SCHOOL BREAKFAST PROGRAM. DESCRIBE HOW EQUIPMENT WILL EXPAND OR INCREASE PARTICIPATION IN MEALS PROGRAMS. |
| *SECTION 8: ASSURANCE AND CERTIFICATION | |
| SFA NAME: | AGREEMENT # |
| <p>*I CERTIFY THE FOLLOWING:</p> <p>1. ALL INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTATION, IS TRUE AND CORRECT.</p> <p>2. I HAVE PROVIDED THE FOLLOWING SUPPORTING DOCUMENTS:</p> <ul style="list-style-type: none"> •THREE (3) VENDOR/SUPPLIER QUOTES FOR EACH PROPOSED EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____ <p>3. I ATTEST THAT THE FOLLOWING DOCUMENTS HAVE ALREADY BEEN SUBMITTED TO HCNP</p> <ul style="list-style-type: none"> • FINANCIAL STATEMENTS FOR SY17-18. <input type="checkbox"/> YES <input type="checkbox"/> IF NO, EXPLAIN: _____ • CURRENT OPERATING BUDGETS AND STATEMENTS <input type="checkbox"/> YES <input type="checkbox"/> IF NO, EXPLAIN: _____ <p>3. THE EQUIPMENT PURCHASED UNDER NSLPE WILL MEET THE DEFINITION AS DESCRIBED IN THE <i>NSLPE GRANT OVERVIEW</i>.</p> <p>4. 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.</p> <p>5. EQUIPMENT PURCHASES ARE SUBJECT TO AUDIT AND REVIEW BY USDA AND HCNP OR OTHER DESIGNEES.</p> <p>6. OUR SFA WILL FOLLOW ALL FEDERAL, STATE, AND LOCAL PROCUREMENT LAWS.</p> <p>7. ALL DOCUMENTATION REQUIRED EITHER AS A CONDITION OF OR SUBSEQUENT TO AWARD SHALL BE PROVIDED AS REQUESTED.</p> <p>For more information, refer to USDA memo SP17-2018</p> | |
| _____ *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, for the One-Time Exception question and for Section 5, questions C., D., and E., answering 'Yes' will lead to additional questions that must be answered.

For SEC. 6 For Section 6 Proposed Usage, each equipment request submitted must be completed thoroughly. Not doing so may result in a lower total score for award consideration. Please note: If submitting an additional equipment request for a site with different data than found on page 1 of application (e.g. Sec. 2 data for enrollment # and % F/R for the new site for equipment is different) then provide the site name and the new data with that equipment narrative sheet.

For SEC. 7 For Usage Narrative section, provide explanations if your equipment will fulfill any of the Focus Areas mentioned. Make copies of this section and submit if more than one equipment proposal is being requested.

For Sec. 8 Contact HCNP if you have any questions regarding the documents mentioned in this section.

Please fill sections thoroughly, sign and date application, and have post marked, emailed, or hand-delivered by close of business **4:30pm Friday December 7, 2018** to:

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