(3) 2018 NSLP EQUIPMENT ASSISTANCE GRANT APPLICATION (PLEASE FOLLOW INSTRUCTIONS on last page)

**SECTION 1: SFA GENERAL INFORMATION**

\*NAME OF SCHOOL FOOD AUTHORITY (SFA) \*SFA AGREEMENT # VENDOR # (Opt.) Click here to enter text. Click here.

\*ADDRESS DUNS # \*TIN (FED. ID) # Click here to enter text. Click here to enter text. Click here.

\*CONTACT PERSON \*CONTACT TITLE

Click here to enter text. Click here to enter text.

\*EMAIL ADDRESS \*PHONE

Click here to enter text. Click here to enter text.

**SECTION 2: SFA PARTICIPATION DATA**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*NAME OF SITE | Click here to enter text. | | \*TOTAL ENROLLMENT OF SITE | | Click here to enter text. | | | \*GRADES AT SITE | Click here to enter text. | |
| ELIGIBILITY DATA (AS OF OCTOBER 31, 2017) | | | | | | PARTICIPATION SY17-18 | | | | |
| \*# FREE ELIGIBLES AT SITE | | Click here to enter text. | | \*# REDUCED PRICE ELIGIBLES AT SITE | | Click here to enter text. | \*LUNCH Average Daily Attendance AT SITE | | | Click here to enter text. |
| \*# PAID ELIGIBLES AT SITE | | Click here to enter text. | | \*% FREE & REDUCED ELIGIBLES AT SITE | | Click here to enter text. | \*LUNCH Average Daily Participation  AT SITE | | | Click here to enter text. |
| **SECTION 3: FOOD SERVICE OPERATIONS** | | | | | | | | | | |
| \*FOOD PREP METHOD  SELF-PREP  VENDED  FSMC  OTHER | | | | | | | | | | |
| \*IF OTHER THAN SELF-PREP, PROVIDE COMPANY NAME AND DETAILS OF SERVICE:  Click here to enter text.**ADMINISTRATIVE REVIEW** | | | | | | | | | | |

**SECTION 4: STATUS AND PERFORMANCE GRANTS INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*HAS SFA BEEN APPROVED FOR NSLP SY18-19?  NO, EXPLAIN: Click here.  YES | | | | | | | | | \*HAS MOST RECENT SFA ADMINISTRATIVE REVIEW BEEN CLOSED?  NO, EXPLAIN: Click here to enter text.  YES | | | | | |
| HAVE ANY CLAIMS BEEN DENIED FOR PAYMENT IN PAST THREE YEARS? | | | | | | | | | | | | | | | |
| \*IF YES, CHECK REASON:  CLAIM FILE LATE  MEALS DISALLOWED BY STATE AGENCY  OTHER | | \*DID SFA EXERCISE ONE-TIME EXCEPTION (OTE) OPTION?  NO  YES | | | | | \*IF YES, DATE OF OTE: Click here to enter text. | | | | | | | | |
| SFA COMMENTS, IF RELEVANT: Click here to enter text. | | | | | | | | | | | | | | | |
| **SECTION 5: NSLPE GRANT ELIGIBILITY CHECKLIST** | | | | | | | | | | | | | | | | |
| \*A. NSLP GRANT AMOUNT REQUESTED WITH THIS APPLICATION | | | | | | | Click here to enter text. | | | | | | | | | |
| \*B. DID SFA RECEIVE ARRA EQUIPMENT ASSISTANT GRANT FUNDS IN THE PAST?  NO YES | | | | | | \*C. DID SFA RECEIVE NSLP EQUIPMENT GRANT FUNDS IN PAST?  NO YES \*IF YES, IN WHAT YEAR(S)? Click here to enter text. | | | | | | | | | | |
| \*D. WILL EQUIPMENT REPLACE EXISTING EQUIPMENT? NO YES  IF YES, HOW OLD? Click here to enter text. YRS EXPLAIN CONDITION, IF PERTINENT: Click here to enter text.  IF NO, EXPLAIN LACK OF EQUIPMENT: Click here to enter text. | | | | | | | | | | | | | | | | |
| \*E. DOES SFA HAVE A *CAPITALIZATION THRESHOLD* FOR EQUIPMENT OTHER THAN $5000?  NO YES \*IF YES, AT WHAT AMOUNT DO YOU LIST EQUIPMENT AS AN ASSET ON FINANCIAL STATEMENTS? $Click here to enter text. | | | | | | | | | | | | | | | | |
| \*F. WITHIN WHAT TIME FRAME CAN EQUIPMENT BE PURCHASED AND INSTALLED?  3 MOS.  6 MOS.  9 MOS. | | | | | | | | | | | | | | | | |
| \*G. WILL EQUIPMENT HELP PROMOTE SMARTER LUNCHROOM STRATEGIES? NO YES, PLEASE EXPLAIN Click here to enter text.   |  | | --- | | \*H. HAS STATE/LOCAL FUNDING FOR EQUIPMENT PURCHASES BEEN AVAILABLE TO THE SFA?  NO YES, PLEASE EXPLAIN Click here to enter text. | | | | | | | | | | | | | | | | | |
| **SECTION 6: NSLPE GRANT FUNDS – PROPOSED USAGE\***   |  | | --- | | EQUIPMENT REQUEST #1 | | | | | | | | | | | | | | | | | |
| \*DESCRIPTION/SPECIFICATIONS: Click here to enter text. | | | | | \*INSTALL AT WHICH SITE? Click here to enter text. | | | | | | \*PROPOSED COST  Click here to enter text. | | | | | |
|  | | | | | \*# STUDENTS TO BENEFIT  Click here to enter text. | | | | | |  | | | | | |
| \*EQUIPMENT VENDOR BIDS (\*ATTACH BID SHEETS TO APPLICATION): Click here to enter text. | | | | | | | | | | | | | | |
| VENDOR | | TIME FRAME | | UNIT COST | | | | | SHIPPING/DELIV | | INSTALL/DISPOSE | TAX | | TOTAL | | |
| 1. | |  | |  | | | | |  | |  |  | | $ | | |
| 2. | |  | |  | | | | |  | |  |  | | $ | | |
| 3. | |  | |  | | | | |  | |  |  | | $ | | |
| THIS EQUIPMENT SUPPORTS EFFORTS TO (CHECK ALL THAT APPLY):   |  | | --- | | \*IMPROVE QUALITY OF FOODSERVICE MEALS BY (check all that apply):  PROVIDING FRESH FRUIT AND/OR VEGETABLE AT MEALS  COOKING FROM SCRATCH  MOVING AWAY FROM VENDED MEALS  REPLACING FRIED WITH STEAMED/BAKED GOODS  ALLOWING FOR MORE LOCAL FOODS  OTHER, EXPLAIN: | | | | | | | | | | | | | | | | | |
| EXPAND PARTICIPATION BY:  ENABLING PREPARATION AND SERVICE OF MORE MEALS  ADDING ADDITIONAL POINTS OF SERVICE  PROVIDE MEALS TO MORE SITES  INCREASING/MAINTAINING THE VARIETY OF ENTRÉE CHOICES  INCREASING STORAGE/DECREASING FREQUENCY OF DELIVERIES  OTHER, EXPLAIN: Click here to enter text. | | | | | | | | | | | | | | | | |
| IMPROVE FOOD SAFETY BY:  MAINTAINING PROPER TEMPERATURE  DECREASE RISK OF CROSS CONTAMINATION  IMPROVE SANITATION  OTHER, EXPLAIN: Click here to enter text. | | | | | | | | | | | | | | | | |
| IMPROVE ENERGY EFFICIENCY | | | | | | | | | | | | | | | | |
| EQUIPMENT REQUEST #2 | | | | | | | | | | | | | | | | |
| \*DESCRIPTION/SPECIFICATIONS: | | | | | | | \*INSTALL AT WHICH SITE? Click here to enter text. | | | | | | \*PROPOSED COST | | | |
| Click here to enter text. | | | | | | | \*# STUDENTS TO BENEFIT  Click here to enter text. | | | | | | Click here to enter text. | | | |
| \*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):   |  | | --- | | \*IMPROVE QUALITY OF FOODSERVICE MEALS BY (check all that apply):  PROVIDING FRESH FRUIT AND/OR VEGETABLE AT MEALS  COOKING FROM SCRATCH  MOVING AWAY FROM VENDED MEALS  REPLACING FRIED WITH STEAMED/BAKED GOODS  ALLOWING FOR MORE LOCAL FOODS  OTHER, EXPLAIN: Click here to enter text. | | | | | | | | | | | | | | | | | |
| EXPAND PARTICIPATION BY:  ENABLING PREPARATION AND SERVICE OF MORE MEALS  ADDING ADDITIONAL POINTS OF SERVICE  PROVIDE MEALS TO MORE SITES  INCREASING/MAINTAINING THE VARIETY OF ENTRÉE CHOICES  INCREASING STORAGE/DECREASING FREQUENCY OF DELIVERIES  OTHER, EXPLAIN: Click here to enter text. | | | | | | | | | | | | | | | | |
| IMPROVE FOOD SAFETY BY:  MAINTAINING PROPER TEMPERATURE  DECREASE RISK OF CROSS CONTAMINATION  IMPROVE SANITATION  OTHER, EXPLAIN: Click here to enter text. | | | | | | | | | | | | | | | | |
| IMPROVE ENERGY EFFICIENCY  (ATTACH ADDITIONAL EQUIPMENT SHEETS AS NEEDED) | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | |
| \*EMPHASIZED FOCUS AREA: IMPROVE QUALITY OF FOOD SERVICE MEALS  DESCRIBE GOALS FROM SFA’S WELLNESS POLICY.  Click here to enter text. | | | | | | | | | | | | | | | | |
| \*PROVIDE ADDITIONAL DETAILS FOR FOCUS AREA ON IMPROVING MEAL QUALITY, IF NECESSARY  Click here to enter text. | | | | | | | | | | | | | | | | |
| FOCUS AREA 2: IMPROVE FOOD SAFETY IN SCHOOL MEALS  DATE OF SFA’S LAST DOH INSPECTION Click here to enter text.  WAS CORRECTIVE ACTION REQUIRED?  NO  YES IF YES, PLEASE EXPLAIN: Click here to enter text.  DO YOU HAVE A FOOD SAFETY PLAN THAT FOLLOWS HAACP PRINCIPLES?  NO  YES  DESCRIBE HOW EQUIPMENT WILL IMPROVE COMPLIANCE IN YOUR FOOD SAFETY HACCP PLAN.  Click here to enter text. | | | | | | | | | | | | | | | | |
| FOCUS AREA 3: IMPROVE ENERGY EFFICIENCY OF FOOD SERVICE OPERATION  DESCRIBE EQUIPMENT TO BE REPLACED. INCLUDE CURRENT CONDITION AND AGE OF EQUIPMENT IF APPLICABLE Click here to enter text.  DESCRIBE HOW EQUIPMENT IS ENERGY EFFICIENT. INCLUDE ESTIMATED COST SAVINGS IN DOLLARS EXPECTED FROM THE PURCHASED EQUIPMENT.  Click here to enter text. | | | | | | | | | | | | | | | | |
| FOCUS AREA 4: EXPAND STUDENT PARTICIPATION IN THE NSLP.  PROVIDE ADDITIONAL DETAILS FOR FOCUS AREA 4, IF NECESSARY  Click here to enter text. | | | | | | | | | | | | | | | | |

**\*SECTION 8: ASSURANCE AND CERTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| SFA NAME: | Click here to enter text. | AGREEMENT # | Click here to enter text. |
| \*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   NO  YES IF NO, EXPLAIN: Click here to enter text.  3. I ATTEST THAT THE FOLLOWING DOCUMENTS HAVE ALREADY BEEN SUBMITTED TO HCNP   * FINANCIAL STATEMENTS FOR SY17-18.   NO  YES IF NO, EXPLAIN: Click here to enter text.   * **CURRENT OPERATING BUDGETS AND STATEMENTS**   NO  YES IF NO, EXPLAIN: Click here to enter text.  4. THE EQUIPMENT PURCHASED UNDER NSLPE WILL MEET THE DEFINITION AS DESCRIBED IN THE *NSLPE GRANT OVERVIEW*.  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. OUR SFA WILL FOLLOW ALL FEDERAL, STATE AND LOCAL PROCUREMENT LAWS.  8. ALL DOCUMENTATION REQUIRED EITHER AS A CONDITION OF OR SUBSEQUENT TO AWARD SHALL BE PROVIDED AS REQUESTED.  For more information, refer to USDA memo SP17-2018  \* SIGNATURE OF SFA DIRECTOR  Click here to enter text.  Click here to enter text. \* DATE  \* PRINT NAME OF SFA DIRECTOR | | | | |

|  |
| --- |
| **INSTRUCTIONS FOR APPLICATION FORM**  **For SEC. 1-6** All questions/items from Sections -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’ 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 Friday December 7, 2018** to:  **Al Tachibana**  **650 Iwilei Road, Suite 270**  **Honolulu, HI 96817**  **Email:** [**Alvin\_tachibana@notes.k12.hi.us**](mailto:Alvin_tachibana@notes.k12.hi.us)  **For inquiries: (808) 587-3600** |