

(Attachment 3) 2019 NSLP EQUIPMENT ASSISTANCE APPLICATION FORM

SUBMIT ONE APPLICATION PER EQUIPMENT REQUEST by JANUARY 31, 2020

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 AT SITE | GRADES AT SITE |
| ELIGIBILITY DATA (AS OF OCTOBER 31, 2019) | | PARTICIPATION SY 2018-19 |
| # FREE ELIGIBLE AT SITE | # REDUCED-PRICE ELIGIBLE AT SITE | LUNCH - AVG DAILY ATTENDANCE AT SITE |
| # PAID ELIGIBLE AT SITE | % FREE & REDUCED ELIGIBLE AT SITE | LUNCH - AVG DAILY PARTICIPATION AT SITE |

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:

SECTION 4: STATUS AND PERFORMANCE GRANTS INFORMATION

HAS SFA BEEN APPROVED FOR NSLP SY 2019-20? ☐ YES ☐ NO, EXPLAIN:

HAS MOST RECENT SFA ADMINISTRATIVE REVIEW BEEN CLOSED? ☐ YES ☐ NO, EXPLAIN:

HAVE ANY CLAIMS BEEN DENIED FOR PAYMENT IN THE PAST 3 YEARS? ☐ YES ☐ NO

IF YES, CHECK REASON: ☐ CLAIM FILED LATE ☐ MEALS DISALLOWED BY STATE AGENCY ☐ OTHER

DID SFA EXERCISE ONE-TIME EXCEPTION (OTE) OPTION? ☐ YES ☐ NO IF YES, DATE OF OTE:

SFA COMMENTS, IF RELEVANT:

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SECTION 5: NSLPE GRANT ELIGIBILITY CHECKLIST

A. NSLP GRANT AMOUNT REQUESTED WITH THIS APPLICATION:

B. DID SFA RECEIVE ARRA EQUIPMENT ASSISTANCE GRANT FUNDS? ☐ YES ☐ NO

C. DID SFA RECEIVE NSLPE ASSISTANCE GRANT FUNDS IN THE PAST? ☐ YES ☐ NO IF YES, WHAT YEAR(S)?

D. WILL EQUIPMENT REPLACE EXISTING EQUIPMENT? ☐ YES ☐ NO

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?
☐ YES ☐ NO IF YES, WHAT IS THE AMOUNT?

F. WITHIN WHAT TIME FRAME CAN EQUIPMENT BE PURCHASED AND INSTALLED? ☐ 3 MOS ☐ 6 MOS ☐ 9 MOS

G. WILL EQUIPMENT BE PART OF A STRATEGY ADOPTING LUNCHROOM CHANGES TO APPEAL TO STUDENTS?
☐ YES, EXPLAIN WHAT IS BEING PLANNED: ☐ NO

H. HAS STATE/LOCAL FUNDING FOR EQUIPMENT PURCHASES BEEN AVAILABLE TO THE SFA? ☐ YES, EXPLAIN: ☐ NO

SECTION 6: NSLPE GRANT FUNDS - PROPOSED USAGE

| | | |
|-----------------------------|--------------------------|---------------|
| DESCRIPTION/SPECIFICATIONS: | INSTALL AT WHICH SITE? | PROPOSED COST |
| | # OF STUDENTS TO BENEFIT | |

EQUIPMENT VENDOR BIDS (ATTACH BID SHEETS TO APPLICATION):

| VENDOR | TIME FRAME | UNIT COST | SHIPPING/ DELIVERY | INSTALL/ DISPOSE | TAX | TOTAL |
|--------|------------|-----------|-----------------------|---------------------|-----|-------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

THIS EQUIPMENT SUPPORTS EFFORTS TO (CHECK ALL THAT APPLY):

☐ IMPROVE NUTRITION AND QUALITY OF FOODSERVICE MEALS BY:

☐ PROVIDING MORE FRESH FRUITS AND/OR VEGETABLES AT MEALS
☐ COOKING FROM SCRATCH
☐ REPLACING FRIED FOODS BY USING NEW EQUIPMENT
☐ OTHER EXPLAIN:

☐ MOVING AWAY FROM VENDED MEALS
☐ ALLOWING FOR MORE LOCAL FOODS

SECTION 6: NSLPE GRANT FUNDS - PROPOSED USAGE (continued)

☐ IMPROVE OR EXPAND PARTICIPATION BY:

☐ ENABLING PREPARATION AND SERVICE OF MORE MEALS

☐ ADDING ADDITIONAL POINTS OF SERVICE

☐ PROVIDE MEALS TO MORE SITES

☐ INCREASING/MAINTAINING VARIETY OF ENTRÉE CHOICES

☐ INCREASING STORAGE/DECREASING FREQUENCY OF DELIVERIES

☐ OTHER EXPLAIN:

☐ IMPROVE FOOD SAFETY BY:

☐ MAINTAINING PROPER TEMPERATURE

☐ IMPROVE SANITATION

☐ DECREASE RISK OF CROSS CONTAMINATION

☐ OTHER EXPLAIN:

☐ IMPROVE OVERALL ENERGY EFFICIENCY. EXPLAIN:

SECTION 7: NSLPE GRANT FUNDS - PROPOSED USAGE NARRATIVE

PROVIDE ADDITIONAL NARRATIVE TO SUPPORT FUNDING USAGE IN SECTION 6.

☐ **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:

☐ **FOCUS AREA 2: IMPROVE FOOD SAFETY IN SCHOOL MEALS**

DATE OF SFA'S LAST DEPARTMENT OF HEALTH INSPECTION:

WAS CORRECTIVE ACTION REQUIRED? ☐ YES ☐ NO

IF YES, EXPLAIN:

DO YOU HAVE A FOOD SAFETY PLAN THAT FOLLOWS HACCP PRINCIPLES? ☐ YES ☐ NO

DESCRIBE HOW EQUIPMENT WILL IMPROVE COMPLIANCE IN YOUR FOOD SAFETY HACCP PLAN:

SECTION 7: NSLPE GRANT FUNDS - PROPOSED USAGE NARRATIVE (continued)

☐ **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 ESTIMATED COST SAVINGS, IN DOLLARS, EXPECTED FROM THE PURCHASED EQUIPMENT:

☐ **FOCUS AREA 4: EXPAND OR INCREASE STUDENT PARTICIPATION IN THE NSLP/SCHOOL BREAKFAST PROGRAM**

DESCRIBE HOW EQUIPMENT WILL EXPAND OR INCREASE PARTICIPATION IN MEAL PROGRAMS:

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
☐ YES ☐ NO IF NO, EXPLAIN:
3. I ATTEST THAT THE FOLLOWING DOCUMENTS HAVE ALREADY BEEN SUBMITTED TO HCNP:
 - FINANCIAL STATEMENTS FOR SY 2018-19
☐ YES ☐ NO IF NO, EXPLAIN:
 - CURRENT OPERATING BUDGETS AND STATEMENTS
☐ YES ☐ NO IF NO, EXPLAIN:
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 THE 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 SP15-2019

SIGNATURE OF SFA DIRECTOR

DATE

PRINT NAME OF SFA DIRECTOR

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