## 2022 NSLP EQUIPMENT ASSISTANCE GRANT APPLICATION FORM

SUBMIT ONE APPLICATION PER EQUIPMENT REQUEST by September 15, 2023							
SECTION 1: SFA GENERAL INFORMATION							
NAME OF SCHOOL FOOD AUTHORITY (SFA)			SFA AGREEMENT #	VENDOR # (Opt.)			
ADDRESS			UEI # (Required)	TIN (FED. ID) #			
CONTACT PERSON			CONTACT TITLE				
EMAIL ADDRESS			PHONE				
SECTION 2: SFA SITE PARTICIPATION DATA							
NAME OF SITE		TOTAL ENROL	LMENT AT SITE	GRADES AT SITE			
ELIGIBILITY DATA (AS OF OC	TOBER 31, 2022)		P.A	ARTICIPATION SY 2022-23			
# FREE ELIGIBLE AT SITE	# REDUCED-PRICE ELIGIBLE AT SITE		LUNCH - AVG DA	AILY ATTENDANCE AT SITE			
# PAID ELIGIBLE AT SITE	% FREE & REDUCED ELIGIBLE AT SITE		LUNCH - AVG DA	AILY PARTICIPATION AT SITE			
	SECTION 3: FOOD SERVICE	E OPERATIONS	5				
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 2023-2024  HAS MOST RECENT SFA ADMINISTRATIVE REVIEW BEEN CLOS	YES NO, EXPLAIN:	NO, EXPLAI	IN:				
HAVE ANY CLAIMS BEEN DENIED FOR PAYMENT IN THE PAST 3 YEARS?  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:							

HAWAII CHILD NUTRITION PROGRAMS 650 IWILEI ROAD, SUITE 270, HONOLULU, HI 96817 PHONE (808) 784-5550 FAX (808) 587-3606

SECTION 5: NSLPE GRANT ELIGIBILITY CHECKLIST								
A.	NSLP GRANT AMOUNT REQUESTED W	/ITH THIS APPLICAT	ΓΙΟΝ:					
В.	DID SFA RECEIVE ARRA EQUIPMENT A	SSISTANCE GRANT	FUNDS?	ES NO				
C.	DID SFA RECEIVE NSLPE ASSISTANCE G	GRANT FUNDS IN T	HE PAST?	ES NO IF	YES, WHAT YEAR(	5)?		
D.	WILL EQUIPMENT REPLACE EXISTING	EQUIPMENT?	YI	ES NO				
	IF YES, HOW OLD? YRS. EXPLA	AIN CONDITION, IF	PERTINENT:	<del></del>				
	IF NO, EXPLAIN THE LACK OF EQUIPM	ENT/WHAT IS CUR	RENTLY BEING USED:					
E.	FOR THIS CURRENT GRANT, THE THRESHOLD IS \$1,000 OR MORE. DOES SFA HAVE A <i>CAPITALIZATION THRESHOLD</i> 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.	G. WILL EQUIPMENT BE PART OF A STRATEGY ADOPTING LUNCHROOM CHANGES TO PROVIDE MORE CONVENIENCE AND APPEAL TO THE STUDENT?  YES, EXPLAIN WHAT IS BEING PLANNED: NO							
Н.	HAS OTHER FEDERAL, OR STATE/LOCAL FUNDING FOR EQUIPMENT BEEN AVAILABLE TO THE SFA							
		SECTION 6: N	ISLPE GRANT FUNDS - PRO	OPOSED USAGE				
EQL	JIPMENT DESCRIPTION/SPECIFICATIONS		SLPE GRANT FUNDS - PRO	1	WHICH SITE?	PR	OPOSED TOTAL COST	
EQU	JIPMENT DESCRIPTION/SPECIFICATIONS		ISLPE GRANT FUNDS - PRO	INSTALL AT \	WHICH SITE?	PR	OPOSED TOTAL COST	
EQL		s:	DR BIDS (ATTACH BID SHEE	# OF STUDENT	TS TO BENEFIT			
		s:		# OF STUDENT	TS TO BENEFIT			
	E	QUIPMENT VENDO	DR BIDS (ATTACH BID SHEE	# OF STUDENT  TS, EQUIPMENT IN  SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	ETS TO APPLIC	CATION PROPOSAL):	
\	E	QUIPMENT VENDO	DR BIDS (ATTACH BID SHEE	# OF STUDENT  TS, EQUIPMENT IN  SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	ETS TO APPLIC	CATION PROPOSAL):	
1.	E	QUIPMENT VENDO	DR BIDS (ATTACH BID SHEE	# OF STUDENT  TS, EQUIPMENT IN  SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	ETS TO APPLIC	CATION PROPOSAL):	
1. 2. 3.	E	QUIPMENT VENDO TIME FRAME  USAGE: ALITY OF FOODS FRUITS AND/OR VE	UNIT COST  ERVICE MEALS BY: EGETABLES AT MEALS	# OF STUDENT  # OF STUDENT  TS, EQUIPMENT IN  SHIPPING/ DELIVERY	TS TO BENEFIT  NFORMATION SHE  INSTALL/	TAX  ROM VENDED I	TOTAL  MEALS	

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SECTION 7: NSLPE GRANT FUNDS - PROPOSED USAGE NARRATIVE (continued)						
J.	FOCUS AREAS cont'd: EXPAND OR INCREASE STUDENT PARTICIPATION IN THE NSLP AND/OR SCHOOL BREAKFAST PROGRAM:					
	A. DESCRIBE IF THE EQUIPMENT WILL EXPAND OR INCREASE PARTICIPATION IN NSLP OR SBP:					
	B. PROVIDE ADDITIONAL DETAILS IF EQUIPMENT WILL HAVE POSITIVE IMPACT ON THE NUTRITION AND/OR QUALITY OF NSLP OR SBP MEALS:					
к	EQUIPMENT IS NEEDED FOR THE IMPROVEMENTOF SERVICE AND/OR ENJOYMENT OF MEALS AT A SCHOOL THAT WAS SEVERELY					
	IMPACTED BY THE COVID-19 EPIDEMIC AND/OR THE STATE'S ECONOMIC DOWNTURN. DESCRIBE IN DETAIL BELOW:					
	SECTION 8: ASSURANCE AND CERTIFICATION					
	SECTION OF ASSOCIATION CERTIFICATION					
SFA	NAME: AGREEMENT #:					
I CEF	RTIFY 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 2021-22					
	YES NO IF NO, EXPLAIN:  • CURRENT OPERATING BUDGETS AND STATEMENTS					
	YES NO IF NO, EXPLAIN:					
4.	THE EQUIPMENT PURCHASED UNDER NSLPE WILL MEET THE DEFININTION 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 9 MONTHS OF					
6.	RECEIVING THE NSLPE AWARD.					
7.	EQUIPMENT PURCHASES ARE SUBJECT TO AUDIT AND REVIEW BY USDA AND HCNP OR OTHER DESIGNEES.  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 MEMOS SP 14-2022 AND SP 01-2023					
_	SIGNATURE OF SFA DIRECTOR DATE					
_	PRINT NAME OF SFA DIRECTOR					

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