## FISCAL YEAR 2024 NSLP EQUIPMENT ASSISTANCE GRANT APPLICATION FORM

SUBMIT ONE APPLICATION PER EQUIPMENT REQUEST by May 30, 2025							
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							
			MENT AT SITE	GRADES AT SITE			
ELIGIBILITY DATA (AS OF OC	TOBER 31, 2024)		PARTICIPATION SY 2024-25				
# FREE ELIGIBLE AT SITE	# REDUCED-PRICE ELIGIBLE AT SITE		LUNCH - AVG DAI	LY ATTENDANCE AT SITE			
# PAID ELIGIBLE AT SITE	% FREE & REDUCED ELIGIBLE AT SITE		LUNCH - AVG DAI	LY PARTICIPATION AT SITE			
	SECTION 3: FOOD SERVICE	E OPERATIONS					
FOOD PREP METHOD: SELF-PREP VENDED FSMC OTHER  IF OTHER THAN SELF-PREP, PROVIDE COMPANY NAME AND DETAILS OF SERVICE:							
	STATUS AND PERFORMAN		ORMATION				
HAS SFA BEEN APPROVED FOR NSLP SY 2024-2025  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  DID SFA EXERCISE ONE-TIME EXCEPTION (OTE) OPTION?  YES NO IF YES, DATE OF OTE:  SFA COMMENTS, IF RELEVANT:							

SECTION 5: NSLPE GRANT ELIGIBILITY CHECKLIST							
A.	NSLP GRANT AMOUNT REQUESTED W	ITH THIS APPLICAT	TION:				
В.	DID SFA RECEIVE ARRA EQUIPMENT AS	SSISTANCE GRANT	FUNDS?	ES NO			
C.	DID SFA RECEIVE NSLPE ASSISTANCE G	RANT FUNDS IN T	THE PAST?	ES NO IF	YES, WHAT YEAR(	S)?	
D.	WILL EQUIPMENT REPLACE EXISTING I	EQUIPMENT?	Y	ES NO			
	IF YES, HOW OLD? YRS. EXPLAIN CONDITION, IF PERTINENT:						
	IF NO, EXPLAIN THE LACK OF EQUIPMENT/WHAT IS CURRENTLY BEING USED:						
E.	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 EQU	IPMENT BE PURCH	HASED AND INSTALLED?	3 MO	os 61	MOS	9 MOS
G. WILL EQUIPMENT BE PART OF A STRATEGY ADOPTING LUNCHROOM CHANGES TO IMPROVE APPEAL AND CONVENIENCE TO THE STUDENTS?  YES, EXPLAIN WHAT IS BEING PLANNED: NO							
H. HAS OTHER FEDERAL, OR STATE/LOCAL FUNDING FOR EQUIPMENT BEEN AVAILABLE TO THE SFA? YES, EXPLAIN: NO							
		SECTION 6: N	ISLPE GRANT FUNDS - PRO	OPOSED USAGE			
EQU	JIPMENT DESCRIPTION/SPECIFICATIONS:		ISLPE GRANT FUNDS - PR	1	WHICH SITE?	PR	OPOSED TOTAL COST
EQU	JIPMENT DESCRIPTION/SPECIFICATIONS		NSLPE GRANT FUNDS - PR	INSTALL AT	WHICH SITE?	PR	OPOSED TOTAL COST
EQU		:	DR BIDS (ATTACH BID SHE	# OF STUDEN	TS TO BENEFIT		
		:		# OF STUDEN	TS TO BENEFIT		
	EC	: QUIPMENT VENDO	DR BIDS (ATTACH BID SHEI	# OF STUDENT  # SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	ETS TO APPLIC	CATION PROPOSAL):
V	EC	: QUIPMENT VENDO	DR BIDS (ATTACH BID SHEI	# OF STUDENT  # SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	ETS TO APPLIC	CATION PROPOSAL):
V 1.	EC	: QUIPMENT VENDO	DR BIDS (ATTACH BID SHEI	# OF STUDENT  # SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	ETS TO APPLIC	CATION PROPOSAL):
1. 2. 3.	EC	QUIPMENT VENDO TIME FRAME  JSAGE: ALITY OF FOODS FRUITS AND/OR VE	UNIT COST  SERVICE MEALS BY: EGETABLES AT MEALS	# OF STUDENT  # SHIPPING/	TS TO BENEFIT  NFORMATION SHE  INSTALL/	TAX  ROM VENDED	TOTAL  MEALS

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	SECTION 7: NSLPE GRANT FUNDS - PROPOSED USAGE NARRATIVE (continued)							
ı	FOCUS AREAS cont'd: EXPAND OR INCREASE STUDENT PARTICIPATION IN THE NSLP AND/OR SCHOOL BREAKFAST PROGRAM:							
٠. <u></u>	1. DESCRIBE IF EQUIPMENT WILL IMPROVE SFA'S ABILITY FOR PROCUREMENT, FOOD STORAGE, OR DISTRIBUTION/SERVICE:							
	2. PROVIDE DETAILS IF EQUIPMENT WILL HAVE MEANINGFUL IMPACT ON THE NUTRITION A	AND/OR QUALITY OF NSLP	OR SBP MEALS:					
_	EQUIPMENT IS NEEDED FOR A SCHOOL IMPACTED BY THE PANDEMIC RECOVERY, ECONOI	MIC DOWNTURN WITH HI	GH					
<b>Κ.</b>	INFLATION, MAUI WILDFIRES, OR OTHER CHALLENGES. DESCRIBE IN DETAIL BELOW:							
	SECTION 8: ASSURANCE AND CERTIFICATION							
		•						
SFA N	NAME:	AGREEMENT #:						
I CER	TIFY THE FOLLOWING:							
1.	1. ALL INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTATION, IS TRUE AND CORRECT.							
2.								
	THREE (3) VENDOR/SUPPLIER QUOTES FOR EACH PROPOSED EQUIPMENT      THREE (3) VENDOR/SUPPLIER QUOTES FOR EACH PROPOSED EQUIPMENT      THREE (3) VENDOR/SUPPLIER QUOTES FOR EACH PROPOSED EQUIPMENT							
3.	YES NO IF NO, EXPLAIN:  I ATTEST THAT THE FOLLOWING DOCUMENTS HAVE ALREADY BEEN SUBMITTED TO HCNP:							
J.	FINANCIAL STATEMENTS FOR SY 2023-24							
	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.	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							
_	RECEIVING THE NSLPE AWARD.							
6.	EQUIPMENT PURCHASES ARE SUBJECT TO AUDIT AND REVIEW BY USDA AND HCNP OR OTHER DESIGNE	ES.						
7.	OUR SFA WILL FOLLOW ALL FEDERAL, STATE, AND LOCAL PROCUREMENT LAWS.	DOVIDED AS DEGLIESTED						
0.	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 SP 20-2024							
	SIGNATURE OF SFA DIRECTOR	DA	ΓE					
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	PRINT NAME OF SFA DIRECTOR							

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