FISCAL YEAR 2024 NSLP EQUIPMENT ASSISTANCE GRANT APPLICATION FORM

SUBMIT ONE APPLICATION PER EQUIPMENT REQUEST by September 22, 2025							
	SECTION 1: SFA GENERAL	INFORMATION					
NAME OF SCHOOL FOOD AUTHORITY (SFA)		S	FA AGREEMENT #	VENDOR # (Opt.)			
ADDRESS	U	JEI # (Required)	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 OCT	TOBER 31, 2024)	_	PAR	RTICIPATION SY 2024-25			
# FREE ELIGIBLE AT SITE	# REDUCED-PRICE ELIGIBL	E AT SITE		Y ATTENDANCE AT SITE			
# PAID ELIGIBLE AT SITE	% FREE & REDUCED ELIGIE	BLE AT SITE	LUNCH - AVG DAII	LY PARTICIPATION AT SITE			
	SECTION 3: FOOD SERVICE	E OPERATIONS					
IF OTHER THAN SELF-PREP, PROVIDE COMPANY NAME AND DETAILS OF SERVICE:							
	STATUS AND PERFORMAN		ORMATION				
HAS MOST RECENT SFA ADMINISTRATIVE REVIEW BEEN CLOSED? YES NO, EXPLAIN: NO, EXPLAIN:							
HAVE ANY CLAIMS BEEN DENIED FOR PAYMENT IN THE PAST 3 YEARS? 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:							

Rev. 9/2025 Page 1 of 3

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

		SECTION	5: NSLPE GRANT ELIGIBILI	TY CHECKLIST				
A.	NSLP GRANT AMOUNT REQUESTED W	ITH THIS APPLICAT	TION:					
В.	DID SFA RECEIVE ARRA EQUIPMENT A	SSISTANCE GRANT	FUNDS?	S NO				
C.	DID SFA RECEIVE NSLPE ASSISTANCE G	RANT FUNDS IN T	HE PAST?	S NO IF	YES, WHAT YEAR(S)?		
D.	WILL EQUIPMENT REPLACE EXISTING	EQUIPMENT?	YE	S NO				
	IF YES, HOW OLD? YRS. EXPLA	AIN CONDITION, IF	PERTINENT:					
	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 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 9 MOS							
G.	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							
Н.	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	POSED USAGE				
EQL	JIPMENT DESCRIPTION/SPECIFICATIONS		ISLPE GRANT FUNDS - PRO	ı	WHICH SITE?	PF	ROPOSED TOTAL COST	
EQL	JIPMENT DESCRIPTION/SPECIFICATIONS		ISLPE GRANT FUNDS - PRO	INSTALL AT	WHICH SITE?	PF	ROPOSED TOTAL COST	
EQU		:	DR BIDS (ATTACH BID SHEE	# OF STUDEN	TS TO BENEFIT			
		:		# OF STUDEN	TS TO BENEFIT			
	E	: QUIPMENT VENDO	DR BIDS (ATTACH BID SHEE	# OF STUDEN TS, EQUIPMENT IF SHIPPING/	TS TO BENEFIT NFORMATION SHE INSTALL/	ETS TO APPLIC	CATION PROPOSAL):	
\	E	: QUIPMENT VENDO	DR BIDS (ATTACH BID SHEE	# OF STUDEN TS, EQUIPMENT IF SHIPPING/	TS TO BENEFIT NFORMATION SHE INSTALL/	ETS TO APPLIC	CATION PROPOSAL):	
1.	E	: QUIPMENT VENDO	DR BIDS (ATTACH BID SHEE	# OF STUDEN TS, EQUIPMENT IF SHIPPING/	TS TO BENEFIT NFORMATION SHE INSTALL/	ETS TO APPLIC	CATION PROPOSAL):	
1. 2. 3.	E	QUIPMENT VENDO TIME FRAME JSAGE: ALITY OF FOODS FRUITS AND/OR VE	UNIT COST ERVICE MEALS BY: EGETABLES AT MEALS	# OF STUDEN TS, EQUIPMENT IF SHIPPING/	TS TO BENEFIT NFORMATION SHE INSTALL/	TAX ROM VENDED	TOTAL MEALS	

Rev. 9/2025 Page 2 of 3

	SECTION 7: NSLPE GRANT FUNDS - PROPOSED USAGE NARRATIVE (continued)						
	FOCUS AREAS cont'd: EXPAND OR INCREASE STUDENT PARTICIPATION IN THE NSLP AND/OR SCHOOL BREAKFAST PROGRAM:						
<u>-</u> ــــــــــــــــــــــــــــــــــــ	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 AND/OR QUALITY OF NSLP OR SBP MEALS:						
	EQUIPMENT IS NEEDED FOR A SCHOOL IMPACTED BY THE PANDEMIC RECOVERY, ECONOMIC DOWNTURN WITH HIGH						
K.	INFLATION, MAUI WILDFIRES, OR OTHER CHALLENGES. DESCRIBE IN DETAIL BELOW:						
	SECTION 8: ASSURANCE AND CERTIFICATION						
1 ARS	NAME: AGREEMENT #:						
I CER	TIFY 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 2024-25 YES NO IF NO, EXPLAIN:						
	CURRENT OPERATING BUDGETS AND STATEMENTS						
	YES NO IF NO, EXPLAIN:						
4. 5.	THE EQUIPMENT PURCHASED UNDER NSLPE WILL MEET THE DEFINITION AS DESCRIBED IN THE NSLPE GRANT OVERVIEW.						
Э.	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 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 SP 20-2024						
_	SIGNATURE OF SFA DIRECTOR DATE						
_	PRINT NAME OF SFA DIRECTOR						

Rev. 9/2025