

2015 EQUIPMENT ASSISTANCE GRANT APPLICATION – SECTION 1

SCHOOL FOOD AUTHORITY (SFA) INFORMATION

SUBMIT ONE **ORIGINAL COPY W/ SIGNATURES**.

FOR QUESTIONS REGARDING THIS GRANT, CONTACT CPETERS@AGRI.NV.GOV

APPLICATION DUE DATE: **July 29, 2015, 5:00 P.M.**

(NOTE: NO FAXES/E-MAILS ACCEPTED)

**Personally Deliver or Mail Grant Application to:
NEVADA DEPARTMENT OF AGRICULTURE (NDA)
FOOD & NUTRITION DIVISION
405 S. 21ST STREET
SPARKS, NV 89431**

**THIS SFA RECEIVED GRANT FUNDS IN THE 2009 RECOVERY AND REINVESTMENT ACT
OR 2010 NATIONAL SCHOOL LUNCH PROGRAM EQUIPMENT ASSISTANCE GRANTS:** NO YES

NAME OF SCHOOL FOOD AUTHORITY (SFA)		COUNTY	
ADDRESS		CITY	ZIP CODE
NAME OF FOOD SERVICE DIRECTOR (FSD)		PHONE NUMBER OF FSD	EMAIL ADDRESS OF FSD
GRANT COORDINATOR (GC)		PHONE NUMBER OF GC	E-MAIL ADDRESS OF GC
Mailing address (Street, city, state, zip code)		NAME OF SUPERINTENDENT/DIRECTOR/ADMINISTRATOR	
TOTAL NUMBER OF SITES PARTICIPATING UNDER SFA'S NATIONAL SCHOOL LUNCH PROGRAM AGREEMENT:		SFA TOTAL AMOUNT OF GRANT FUNDS REQUESTED FOR ALL SITES:	\$
		TOTAL NUMBER OF SITES SFA IS APPLYING FOR: (NO MORE THAN FIVE)	
DOES THIS DISTRICT OR AGENCY HAVE A "CAPITALIZATION THRESHOLD" FOR EQUIPMENT? <input type="checkbox"/> NO - IF NO, NDA WILL ASSIGN A CAPITALIZATION THRESHOLD OF \$5,000 <input type="checkbox"/> YES - IF YES, WHAT IS THE THRESHOLD?		CAPITALIZATION THRESHOLD \$	
SFA CAFETERIA FUND OPERATING BALANCE AS OF (ENTER DATE) _____ IS:		A1 \$	
SFA ONE MONTH AVG. FOOD SERVICE OPERATING EXPENSE:	\$	X3 MONTHS =	A2 \$
EXCESS NET CASH RESOURCES (A1 - A2):		A3 \$	

PLEASE NOTE THAT SFAs WITH EXCESS NET CASH RESOURCES MAY BE INELIGIBLE FOR A GRANT.

WHAT AMOUNT FROM ANY OF THE FOLLOWING FUNDING SOURCES IS AVAILABLE TO PURCHASE FOOD SERVICE EQUIPMENT? CHECK THE APPROPRIATE BOX AND ENTER THE AMOUNT OF FUNDING BELOW; OR WRITE "NONE" IF NO FUNDS ARE AVAILABLE.

	FUNDING SOURCE	AMOUNT
<input type="checkbox"/>	GENERAL FUND	\$
<input type="checkbox"/>	SCHOOL BREAKFAST / SUMMER FOOD SERVICE PROGRAMS GRANT	\$
<input type="checkbox"/>	DONATIONS	\$
<input type="checkbox"/>	MEALS FOR NEEDY PUPIL REVENUE	\$
<input type="checkbox"/>	EXCESS CAFETERIA FUND	\$
<input type="checkbox"/>	OTHER (DESCRIBE)	\$

SCHOOL FOOD AUTHORITY INFORMATION
(continued)

REPORTING REQUIREMENTS

THE 2014 AGRICULTURE APPROPRIATIONS ACT (AAA) REQUIRES STATES TO REPORT CERTAIN INFORMATION REGARDING THE USE OF AAA FUNDS. IN ORDER FOR NEVADA TO MEET THIS REQUIREMENT, SFAS MUST COMPLETE THE FOLLOWING ITEMS:

THE EQUIPMENT REQUESTED IS NECESSARY IN ORDER TO:

- SERVE MEALS AT SCHOOLS THAT DO NOT CURRENTLY OFFER (CHECK ALL THAT APPLY):

<input type="checkbox"/> LUNCH	NUMBER OF SCHOOLS _____
<input type="checkbox"/> BREAKFAST	NUMBER OF SCHOOLS _____
<input type="checkbox"/> BOTH	NUMBER OF SCHOOLS _____
<input type="checkbox"/> NONE OF THE ABOVE	

- INCREASE PARTICIPATION IN THE:

NATIONAL SCHOOL LUNCH PROGRAM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCHOOL BREAKFAST PROGRAM	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SFA NOTES:

NOTE: THIS SECTION IS NOT SCORED.

CERTIFICATION: I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; AND THAT THE ENCLOSED DOCUMENTS ARE ACCEPTED AS THE BASIC CONDITIONS IN THE OPERATION OF THE 2015 EQUIPMENT ASSISTANCE GRANT APPLICATION PROCESS. I FURTHER CERTIFY THAT WE WILL NOT COMMINGLE THE AAA FUNDS WITH OTHER PROGRAM FUNDS, WILL SEPARATELY TRACK AND REPORT ALL INCOME AND EXPENDITURES TIMELY, WILL OBSERVE ALL APPLICABLE STATE AND FEDERAL PROCUREMENT LAWS AND REGULATIONS, AND WILL SUBMIT ALL REQUIRED REPORTS BY THE SPECIFIED DUE DATES.

SIGNATURE OF DISTRICT/AGENCY OFFICIAL		DATE
PRINTED NAME	TITLE	
TELEPHONE NUMBER	E-MAIL ADDRESS	

2015 EQUIPMENT ASSISTANCE GRANT APPLICATION – SECTION 2

SITE INFORMATION			
COMPLETE THIS FORM FOR EACH SITE REQUESTING EQUIPMENT. SFAs CAN APPLY FOR UP TO \$20,000 PER SITE FOR NO MORE THAN 5 SITES.			
NAME OF SCHOOL FOOD AUTHORITY (SFA)			
NAME OF SITE			
ADDRESS	CITY	ZIP CODE	
TOTAL FUNDS REQUESTED FOR THIS SITE:			\$
THIS SITE PARTICIPATES IN: <input type="checkbox"/> NATIONAL SCHOOL LUNCH PROGRAM (NSLP) <input type="checkbox"/> SCHOOL BREAKFAST PROGRAM (SBP)			
A. TOTAL NUMBER OF STUDENTS ENROLLED AT THIS SITE ON OCTOBER 31, 2014 :			A1:
B. TOTAL NUMBER OF STUDENTS AT THIS SITE APPROVED FOR FREE AND REDUCED-PRICE (F/RP) MEALS AS OF OCTOBER 31, 2014 :			B1:
C. DIVIDE B1 BY A1 AND MULTIPLY BY 100. DO NOT ROUND (00.00%)			C1:
D. IN D1, D2, AND D3, ENTER THE TOTAL NUMBER OF LUNCHES SERVED AT THIS SITE DURING OCTOBER 2014 TO STUDENTS IN THE FOLLOWING CATEGORIES (DO NOT PROVIDE PERCENTAGES, AND DO NOT COMPLETE IF YOUR SCHOOL DID NOT PARTICIPATE IN THE NSLP DURING OCTOBER 2014)			
D1: FREE	D2: REDUCED-PRICE	D3: PAID	ENTER THE TOTAL OF D1 + D2 + D3 D4:
DIVIDE THE TOTAL OF D1 + D2 BY D4 TO GET THE PERCENTAGE OF F/RP MEALS:			D5:
E. ENTER THE NUMBER OF OPERATING DAYS IN OCTOBER 2014 :			E1:
F. ENTER TOTAL OF A1 MULTIPLIED BY E1 (REPRESENTS TOTAL POSSIBLE MEALS)			F1:
G. SUBTRACT D4 FROM F1 (REPRESENTS EXPANSION POTENTIAL FOR MEALS SERVED)			G1:
AS A RESULT OF PURCHASING THE REQUESTED EQUIPMENT, THE SFA ANTICIPATES THAT PARTICIPATION IN THE NATIONAL SCHOOL LUNCH PROGRAM WILL INCREASE BY:			%
AS A RESULT OF PURCHASING THE REQUESTED EQUIPMENT, THE SFA ANTICIPATES THAT PARTICIPATION IN THE SCHOOL BREAKFAST PROGRAM WILL INCREASE BY:			%
BASED ON THE INCREASE IN PARTICIPATION, THE SFA ANTICIPATES THAT THE NUMBER OF STUDENTS AFFECTED WILL BE:			
WHAT IS THE COUNTY SALES TAX RATE AT THIS SITE?			%
USE THIS SPACE TO PROVIDE INFORMATION THAT DEMONSTRATES THIS SITE'S NEED FOR EQUIPMENT (ATTACH ADDITIONAL PAGES AS NEEDED):			

2015 EQUIPMENT ASSISTANCE GRANT APPLICATION – SECTION 3

SITE LEVEL EQUIPMENT REQUEST LIST

COMPLETE THIS FORM FOR EACH SITE. PLEASE NOTE: THE MINIMUM THRESHOLD FOR EQUIPMENT IS \$5000 PER PIECE*. SFAS CAN APPLY FOR UP TO \$20,000 PER SITE FOR NO MORE THAN 5 SITES. FROM THE EQUIPMENT BUDGET IN SECTION 4, IDENTIFY WHICH PIECES WILL BE PLACED IN THIS SCHOOL, INDICATE IF THE EQUIPMENT IS NEW TO THE SCHOOL, REPLACES AN EXISTING PIECE OF EQUIPMENT, OR IS NEEDED TO RENOVATE AN EXISTING PIECE OF EQUIPMENT. IF REPLACING AN EXISTING PIECE OF EQUIPMENT, INDICATE THE AGE OF THE EQUIPMENT AND IF THE CURRENT EQUIPMENT IS UNREPAIRABLE, LIMITS PARTICIPATION, AND/OR IS OUTDATED/WORN.

SFA NAME AND ADDRESS

SITE NAME AND ADDRESS

EQUIPMENT BEING PURCHASED OR REPAIRED	REQUESTED NUMBER OF UNITS	TOTAL REQUESTED COST	THIS EQUIPMENT IS	CURRENT EQUIPMENT	NDA USE ONLY
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
		\$	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR RENOVATION	<input type="checkbox"/> UNREPAIRABLE <input type="checkbox"/> LIMITS PARTICIPATION <input type="checkbox"/> OUTDATED/WORN	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
NDA USE ONLY – APPROVED BY:				DATE:	Total Approved for Site:
_____					\$

* Unless other capitalization threshold is noted in section 1

2015 EQUIPMENT ASSISTANCE GRANT APPLICATION – SECTION 4

EQUIPMENT BUDGET/NEED
COMPLETE THIS FORM FOR EACH ITEM OF EQUIPMENT

NAME OF SCHOOL FOOD AUTHORITY (SFA)

EQUIPMENT ITEM NAME/BRIEF DESCRIPTION:	THIS EQUIPMENT WILL BE HOUSED AT THE CENTRAL KITCHEN OR AT A SITE THAT PREPARES FOR MULTIPLE SITES <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> EQUIPMENT IS NEW <input type="checkbox"/> EQUIPMENT IS USED
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WHAT IS THE UNIT COST OF THIS EQUIPMENT? (ENTER AS WHOLE DOLLARS, INCLUDE INSTALLATION, TAX, AND SHIPPING) \$	QUANTITY OF UNITS REQUESTED:	EQUIPMENT TOTAL (UNIT COST X QUANTITY) \$
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NUMBER OF SCHOOLS BENEFITTING FROM THIS EQUIPMENT:	THIS COST IS BASED ON: <input type="checkbox"/> ESTIMATE <input type="checkbox"/> THREE PRICE QUOTES (Must be submitted with Application)
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THIS EQUIPMENT SUPPORTS EFFORTS TO (CHECK ALL THAT APPLY):

EXPAND PARTICIPATION
 INCREASES THE VARIETY OF ENTRÉE CHOICES INCREASES STORAGE AND DECREASING FREQUENCY OF DELIVERIES
 ENABLES PREPARATION AND SERVICE OF ADDITIONAL MEALS ADDS ADDITIONAL POINTS OF SERVICE
 PROVIDES MEALS TO MORE SITES IMPLEMENTS STRATEGIES FOR ADOPTING SMARTER LUNCHROOMS (APPEALS TO STUDENT POPULATION, PROMOTES HEALTHIER CHOICES, FASTER/ADDITIONAL LUNCH LINES, ETC.) REPLACES OUTDATED/WORN EQUIPMENT
 IF THIS EQUIPMENT IS A VENDING MACHINE, CHECK HERE TO ACKNOWLEDGE THAT GRANT FUNDS MAY BE USED TO PURCHASE A VENDING MACHINE ONLY IF IT DISTRIBUTES REIMBURSABLE MEALS OTHER: _____

IMPACT NUTRITIONAL QUALITY, SERVE HEALTHIER MEALS, AND MEET NUTRITIONAL STANDARDS
 PROVIDES FRESH FRUIT AND/OR VEGETABLES AT LUNCH BREAKFAST REPLACES OUTDATED/WORN EQUIPMENT
 ENABLES SCRATCH COOKING REPLACES FRIED WITH STEAMED/BAKED/GRILLED FOODS OTHER: _____

IMPROVE FOOD SAFETY
 MAINTAINS PROPER TEMPERATURE DECREASES CROSS-CONTAMINATION RISKS IMPROVES SANITATION
 REPLACES OUTDATED/WORN EQUIPMENT OTHER: _____

IMPROVE ENERGY EFFICIENCY
 REPLACES OUTDATED/WORN EQUIPMENT OTHER: _____

USING THE SPACE BELOW, EXPLAIN WHY THIS EQUIPMENT IS NECESSARY IN ORDER TO SUPPORT THE EFFORTS ABOVE. SPECIFICALLY, PROVIDE A DETAILED AND *DOCUMENTED* EXPLANATION FOR EACH ITEM, NOTING ESPECIALLY HOW THE EQUIPMENT WILL IMPACT NUTRITIONAL QUALITY, SERVE HEALTHIER MEALS, AND MEET NUTRITIONAL STANDARDS. SEE SECTION D OF THE SCORING CRITERIA FOR EXAMPLES AND ADDITIONAL INFORMATION.

NDA USE ONLY	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	APPROVED BY:	DATE:
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