

INSTRUCTIONS FOR COMPLETING 2016 EQUIPMENT ASSISTANCE GRANT APPLICATION

The Application is an interactive pdf, please complete the form electronically, print a copy, have it signed by the appropriate agency official(s), and mail hardcopy to the Nevada Department of Agriculture Office at 405 S 21st Street, Sparks, NV 89431. **The NDA must receive all submissions in hardcopy no later than 5:00 p.m., December 9th, 2016.** Incomplete submissions or those received after the deadline **WILL NOT** be considered for funding. Please note that NDA **WILL NOT** accept e-mailed or faxed submissions.

For more information and to view grant requirements, see the 2016 Equipment Assistance Grant RFA and resources posted on our website:

http://agri.nv.gov/Administration/NSLP_Equipment_Assistance_Grant/.

Follow the steps below to apply for the 2016 Equipment Assistance Grant:

1. Read 2016 NSLP Equipment Assistance Grant RFA
2. Read [USDA Memo SP 25-2016](#) "FY2016 NSLP Equipment Assistance Grants for SFAs."
3. Read the Instructions for Completing the 2016 Equipment Assistance Grant Application (this document).
4. Complete the **Application (sections 1-4), Contact Information form, Central Kitchen and/or School Kitchen(s) form** and **Signed Assurances form** (be sure signatures are in BLUE ink).
5. Obtain at least 3 quotes for each piece of equipment and include with application (*Must include three quotes for each piece of equipment requested, funding will be granted based on lowest quote---To be considered, must be **Over \$5,000 per piece of equipment** requested including shipping and installation costs*).
6. Submit completed paperwork in hardcopy to the NDA no later than **5:00 p.m., December 9, 2016.**

SCHOOL FOOD AUTHORITY INFORMATION – SECTION 1

Use Section 1 to submit information about the SFA. Submit only one copy of Section 1.

This SFA received grant funds in the 2009 ARRA or 2010 EQUIPMENT ASSISTANCE GRANTS	Check either yes or no to indicate that the SFA received funds in either the 2009 American Recovery and Reinvestment Act (ARRA) or 2010 National School Lunch Program Equipment Assistance grants. Priority will be given to those SFAs who did not receive funds from those grants.
Name of SFA	Name of the school district, charter school, private school, or residential child care institution (RCCI).
County	County in which the SFA conducts business.
Address, City, Zip Code	Mailing Address of the SFA.

Name of Food Service Director (FSD)	Provide the name of the FSD. If you do not have a FSD, enter the name of the employee who is the contact for this grant.
Telephone number of FSD	Enter the area code and phone number of the FSD.
E-mail Address	FSD Email Address
Grant Coordinator	Provide the name of the contact person for this grant (Grant Coordinator).
E-Mail Address	Provide the e-mail address of the Grant Coordinator.
Contact telephone number	Enter the area code and telephone number of the contact person.
Name of Superintendent/ Director/Administrator	Enter the name of the district, school, or county superintendent; for an RCCI, enter the Director's name; for a charter school, enter the Administrator's name.
Total number of sites participating under SFA's NSLP agreement	Enter the total number of sites participating under your NSLP Agreement, not just the number of sites for which you are applying for grant funds.
SFA total amount of grant funds requested (for all sites)	Enter the total amount of grant funding you are requesting for your district/agency.
Total number of sites SFA is applying for	Enter the total number of sites for which you are applying.
Does this district or agency have a "Capitalization Threshold" for equipment?	School Districts and Charter Schools: Enter the amount your Local Educational Agency uses for its capitalization threshold. A "capitalization threshold" is defined as the dollar value at which an agency differentiates between items that are supplies versus equipment. Therefore, some smaller equipment may be considered to be a supply because of its value. Each local school board may designate a specific dollar amount for equipment to capitalize. This is the dollar value at which your school/district considers a piece of equipment an asset in their financial statements. Be prepared to submit documentation from the SFA's board policy that indicates the capitalization threshold. NOTE: a local school board may adopt a lower capitalization threshold for food service equipment. All other SFAs that do not use a capitalization threshold enter zero ("0"). If the SFA does not have a capitalization threshold, the NDA will assign a capitalization threshold of \$5,000.
SFA Cafeteria Fund operating balance as of (enter date) ____ is _____.	Enter the amount of funding in your cafeteria account and as of a current date; and enter the date.

SFA one month avg. operating expense x3 months	Enter the amount that the SFA spends (on average) in one month on food service expenses. This includes salaries, food, laundry, utilities, janitorial, etc.
Excess net cash resources (A1 – A2)	Subtract A2 from A1 to calculate the SFA's net cash resources. Please note that SFAs with excess net cash resources may be ineligible for a grant.
What amount from any of the following funding sources ...	If the SFA has any other source of funding that is available for the purchase of equipment, indicate that source and the amount available.
Reporting Requirements	The 2013 Agriculture Appropriations Act (AAA) requires states and sub-recipient agencies (e.g., SFAs) to report certain information regarding the use of AAA funds. Please enter if the requested equipment is necessary in order to serve meals at schools that do not currently offer lunch, breakfast, or both. If this question is not applicable, check 'None of the above'. Also indicate whether the equipment will increase participation in either the NSLP or the School Breakfast Program.
SFA Notes	This is a place for you to enter notes about the grant and your answers above. This section is not scored.
Certification/Signature	This section must be signed and dated in blue ink by the District or Agency official. Signatures certify that those who have signed the application are in agreement with all of the information contained within the entire application.
SITE INFORMATION – SECTION 2	
Complete one Site Application for each site for which you are applying for grant funds.	
Name of SFA	Name of the school district, charter school, private school, or RCCI.
Name of Site	Enter the name of the site for which you are requesting grant funds.
Address, City, Zip	Address of the site, not the SFA.
Total Funds Requested for This Site	Enter the total amount of grant funding requested for the site.
Check below to indicate how your district or agency will use the grant funds at this site:	Check the appropriate box to indicate if the grant funds will be used to purchase equipment to start a new meal program or to support an existing meal program.
This site participates in	Check the appropriate box to indicate the program(s) that the site participates in.
A. Total number of students enrolled at this site on October 31, 2016:	Enter the number of students enrolled at each site as of October 31, 2016 .
B. Total number of students at	Enter the number of students who were approved for F/RP

this site approved for free and reduced-price (F/RP) meals as of October 31, 2016:	meals as of October 31, 2016 .
C. Divide B1 by A1 and multiply by 100.	Divide the total number of students approved for F/RP meals in (B1) by the total enrollment in (A1). Multiply by 100 to identify the site percentage of F/RP eligible students. Do not round; i.e., enter the percentage as 50.55 not 51%. This is the site percentage of F/RP eligible students.
D. In D1, D2, and D3, enter the total number of lunches served at this site during October 2016 to students in the following categories (do not provide percentages)	For the month of October 2016 , enter the number of lunches served to (D1) children who qualified for free meals, (D2) children who qualified for reduced-price meals, and (D3) children who paid full price for their meals. If the site was not participating during October 2016 , enter "N/A – nonoperational in Oct 2016."
E. Enter the number of operating days in October 2016:	Enter the total number of days that the site served reimbursable meals during the month of October 2016 . If the site was not participating, leave blank.
F. Enter total of A1 multiplied by E1 (represents total possible meals)	Multiply the number of operating days entered in E1 by the total enrollment entered in A1. This identifies the total amount of meals that the site would serve if all children participated in the meal program. If the site was not participating, leave blank.
G1. Subtract D4 from F1 (represents expansion potential for meals served)	Subtract the total number of lunches that were served in D4 from the total possible meals in F1. If the site was not participating, leave blank.
As a result of purchasing the requested equipment, the SFA anticipates that participation in the National School Lunch Program will increase by:	Enter an estimated percentage by which you believe the participation in the lunch program will increase as a result of the equipment purchases.
As a result of purchasing the requested equipment, the SFA anticipates that participation in the School Breakfast Program will increase by:	Enter an estimated percentage by which you believe the participation in the breakfast program will increase as a result of the equipment purchases.
Based on the increase in participation, the SFA anticipates that the number of students affected will be:	Based on your estimated percentage of potential increase in participation, calculate and enter the number of students affected.

Use this space to provide information that demonstrates this site's need for equipment (attach additional pages as needed):	Use this space to provide additional information that demonstrates this site's need. Attach additional pages as necessary and title the page "Demonstrating Site Need." Be sure to indicate the site's name on any additional pages.
SITE LEVEL EQUIPMENT REQUEST – SECTION 3	
Use this form to identify the items of equipment that will be placed within the site. One copy of this form must accompany each "Site Information" sheet.	
SFA Name and Address	Enter the SFA's name and address.
Site Name and Address	Enter the site's name and address.
Equipment being purchased or repaired	Enter the equipment(s) that you are requesting.
Requested number of units	Enter the number of units of the equipment that you plan to purchase or repair for this site.
Total requested cost	Enter the total cost of the each item of equipment, e.g., if the unit cost is \$5,000 and you are purchasing 3 units, the total cost would be \$15,000. The cost must include shipping and handling, and tax. If the equipment is point of sale, include the hardware and software. DO NOT include the cost of vendor travel expenses as this is unallowable. Enter as whole dollars (e.g., \$5,551, not \$5,550.72) Use standard rounding procedures where you round up for \$0.50 and above and round down for \$0.49 and below.
This equipment is:	Check whether the equipment will be new for the site (never had this piece of equipment at this site), replaces an existing piece of equipment (whether the existing piece is unrepairable or limits your ability to increase participation), or if the equipment is necessary to renovate an existing piece of equipment.
Current equipment	Check as applicable if the current equipment is unrepairable, limits your ability to increase participation, or is outdated/worn.
EQUIPMENT BUDGET/NEED – SECTION 4	
Use this form to identify the items of equipment that the SFA proposes to purchase at one or more sites. Complete as many copies of this form as is necessary to include all items of equipment.	
Name of SFA	Name of the school district, charter school, private school, or RCCI.

Equipment item name/brief description	Enter the name of the equipment that you are requesting to purchase under the grant.
This equipment will be housed at the central kitchen or at a site that prepares for multiple sites	If the equipment will be housed at a central kitchen or other site that prepares meals to two or more other sites, check "yes." Otherwise, check "no."
Equipment is new Equipment is used	Check the appropriate box to indicate if the requested equipment is new or used.
What is the unit cost of this equipment? (enter as whole dollars, include installation, tax, and shipping)	Enter as a whole dollar (e.g., \$5,551, not \$5,550.72) the amount you are requesting for the equipment. Include the cost of installation, tax, and shipping. For point of sale equipment, include the cost of both hardware and software. Do not include the cost of vendor related travel as this is an unallowable expense. Use standard rounding procedures where you round up for \$0.50 and above and round down for \$0.49 and below.
Quantity of units requested	In the box entitled "Quantity," enter the total number of units of this equipment you are purchasing.
Equipment total (unit cost x quantity)	Enter the total amount you will spend on each item of equipment. To obtain this total, multiply the unit cost by the number of units. Enter as a whole dollar (e.g., \$5,551, not \$5,550.72) the amount you are requesting for the equipment. Include the cost of installation, tax, and shipping. For point of sale equipment, include the cost of both hardware and software. Do not include the cost of vendor related travel as this is an unallowable expense. Use standard rounding procedures where you round up for \$0.50 and above and round down for \$0.49 and below.
Number of schools benefitting from this equipment	Enter the total number of schools for which you are purchasing this equipment.
This cost is based on:	Obtain three price quotes for each piece of equipment requested and submit them with the completed application. Per federal regulations, you are required to purchase the item with the lowest cost.
This equipment supports efforts to: --Expand participation --Impact nutritional quality --Improve food safety --Improve energy efficiency	Check as many boxes as apply under these categories. If selecting "other," provide an explanation.

Using the space below, explain why this equipment is necessary in order to support the efforts above; be specific.	Explain why and how the equipment you wish to purchase is necessary to support your efforts to increase participation, impact nutritional quality, improve food safety, and/or improve energy efficiency.
ASSURANCES	
See assurances attached to 2016 Equipment Assistance Grant Application	
DRUG-FREE WORKPLACE	
All SFAs participating in any of the Child Nutrition Programs must agree to provide a drug free workplace and to follow all federal regulations that apply to drug free workplaces.	
APPLICATION SCORING CRITERIA	
The Application Scoring Criteria is available at: www.nutrition.nv.gov/	

Please Note: USDA regulations 7 CFR 3016.3 and Office of Management and Budget Circular A-87 define equipment as articles of nonexpendable tangible personal property with a useful life of more than one year and a per unit acquisition of \$5,000 (or such lesser amount as the SFA uses when reporting equipment as assets in its financial statements). Any requests including equipment that is under \$5,000 including any shipping or installation fees (or such lesser amount as the SFA uses when reporting equipment as assets in financial statements) will not be approved.

After all required signatures are collected, submit the original documents to:

Nevada Department of Agriculture
Food and Nutrition Division
Attn: Brittany Mally
405 S. 21st Street
Sparks, NV 89431

Please mark on the outside of the envelope: NSLP Equipment Grant

**ALL APPLICATIONS MUST BE RECEIVED BY
THE NEVADA DEPARTMENT OF AGRICULTURE,
FOOD & NUTRITION DIVISION BY
5:00 PM, December 9, 2016.**

Please direct questions to Brittany Mally, Quality Assurance Specialist at
(775) 353-3663 or b.mally@agri.nv.gov