

# NSLP Equipment Assistance Grant

## Application Instructions

Division of Food and Nutrition



### Application Submittal

The application is an interactive .pdf so you are able to, complete the form electronically. For signatures, please have it signed by the appropriate agency official with either a wet signature (in blue ink) or certified electronic signature, and Email a .pdf copy to:

Megan Jensby, Program Officer [m.jensby@agri.nv.gov](mailto:m.jensby@agri.nv.gov)

AND

NDA Division of Food and Nutrition [sn@agri.nv.gov](mailto:sn@agri.nv.gov)

Subject: 2024 NSLPE Grant Application – (SFA Name)

### Receipt of Submissions

**NDA must receive all submissions by email no later than 5:00 p.m. PST, January 31, 2025.** Incomplete submissions or those received after the deadline will not be considered for funding. **Please note that NDA will not accept mailed or faxed submissions.**

For more information and to view grant requirements, see the 2024 Equipment Assistance Grant RFA and resources posted on our website:

[http://agri.nv.gov/Administration/NSLP\\_Equipment\\_Assistance\\_Grant/](http://agri.nv.gov/Administration/NSLP_Equipment_Assistance_Grant/)

Follow the steps below to apply for the 2024 Equipment Assistance Grant:

1. Read the NSLP Equipment Assistance Grant RFA.
2. Read the Instructions for Completing the Equipment Assistance Grant Application (this document).
3. Complete the Application (Sections 1-4) and Signed Assurances form (ensure signatures are in BLUE ink or certified electronic signature).
4. Obtain at least 3 quotes for each piece of equipment and include them with your application (Applicants must include three quotes for each piece of equipment requested, and funding will be granted based on the lowest quote. For the quote to be considered, it must be over \$1,000 per piece of equipment requested including shipping and installation costs with useful life of more than one year).
5. Submit your completed application package according to the instructions.

**Please see additional instructions below for the completion of the forms.**

#### Section 1 – School Food authority Information

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

Name of SFA	Name of the school district, charter school, private school, or residential childcare institution (RCCI).
County	County in which the SFA conducts business.
SFA 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 an 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 of FSD	FSD Email Address

Name of Grant Coordinator	Provide the name of the contact person for this grant (Grant Coordinator – GC).
Telephone number of GC	Enter the area code and telephone number of the contact person.
E-Mail Address of GC	Provide the e-mail address of the GC.
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 for which SFA is applying	Enter the total number of sites for which you are applying. (No more than five.)
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 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 \$10,000.)
SFA Cafeteria Fund operating balance as of (enter date) is:	Enter the amount of funding in your cafeteria account as of the current date and enter the date.
SFA one-month average operating expense x3 months	Enter the amount that the SFA spends (on average) in one month on food services expenses. This includes salaries, food, laundry, utilities, janitorial, etc.
Excess net cash resources	Subtract SFA Cafeteria Fund from SFA one-month average operating expense x3 months 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... Reporting Requirements	If the SFA has any other source of funding that is available for the purchase of equipment, indicate that source and the amount available. The 2014 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 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.
Certification/Signature	This section must be signed and dated in blue ink or certified electronic signature by the District or Agency official. Signatures certify that those who have signed the application agree with all the information contained within the entire application.

## Section 2 – Equipment Budget and Need

Use this form to identify the equipment items 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.

Equipment item name	Enter the name of each equipment item(s) 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 for two or more other sites, check “yes.” Otherwise, check “no.”
Number of schools benefitting from this equipment	Enter the total number of schools that would benefit from the purchase of the equipment item.
Number of students benefitting from this equipment	Enter the total number of students that would benefit from the purchase of the equipment item.
This equipment supports efforts to:	Check as many boxes as apply under these categories. If selecting “other,” provide an explanation.

For the following 4 questions Please provide comprehensive answers to the following questions for all equipment items being considered for purchase. Your responses should include specific information on how each item will impact operations, improve efficiency, and contribute to the overall goals of the program.

### Assurances

Review assurances and sign at bottom of page with either a wet signature (in blue ink) or certified electronic signature.

## Section 3 – Site information

Complete one Site Application for each site for which you are applying for grant funds.

Name of SFA	Name of school district, charter school, private school, or RCCI.
Name of Site	Enter the name of the site for which you are requesting grant funds.
Site Address, City, Zip Code	Address of the site, not the SFA.
Total Funds Requested for this Site	Enter the total amount of grant funds requested for this site.
This site participates in:	Check the appropriate box to indicate the program(s) that the site participates in.
Total number of students enrolled at this site(s) on October 31, 2024:	Enter the number of students enrolled at each site as of October 1, 2024. If the equipment item(s) service multiple sites, include enrollment numbers for all sites.
Enter the number of operating days in October 2024:	Enter the total number of days that the site served reimbursable meals during the month of October 2024. If the site was not participating, leave blank.
Enter total number of meals served in October 2024	Enter total number of meals served for the month of October for this site(s).
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 the 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.

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#### Section 4 – Site Level Equipment Request

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 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 equipment is: -New -Replacement -Repair	The cost of each equipment item should include shipping, handling, and installation, if needed.
Current equipment	Check this box if the current equipment is unrepairable, limits your ability to increase participation, or is outdated/worn.

After all required signatures are collected, submit the documents in .pdf form to:

Nevada Department of Agriculture, Division of Food and Nutrition

Email: [sn@agri.nv.gov](mailto:sn@agri.nv.gov)

**AND**

Megan Jensby, Program Officer I

Email: [m.jensby@agri.nv.gov](mailto:m.jensby@agri.nv.gov)

Subject: 2024 NSLPE Grant Application – (SFA Name)

ALL APPLICATIONS MUST BE RECEIVED BY THE  
NDA, DIVISION OF FOOD & NUTRITION VIA EMAIL BY:

**5:00 PM, January 31, 2025**

Please direct questions to:

Megan Jensby, Program Officer I

Phone: (775) 353-3668

Email: [m.jensby@agri.nv.gov](mailto:m.jensby@agri.nv.gov)