



LEA Name _____ LEA# _____

Part II
Section I
APPLICATION CHECKLIST

This Checklist must be included with the District/LEA and Kitchen/School Serving Site application. Mark an X in each box and send this checklist along with all application documents to:

Attn: NSLP Equipment Assistance Grant
Arkansas Department of Education
Child Nutrition Unit
2020 W 3rd Street, Suite 404
Little Rock, AR 72205

LEA/District Name: _____
(This must be a district that has not received previous equipment grants)

- Local Education Agency Information
- NSLP Equipment Assistance Grant Assurances
- Application Authorization and Certification
- Local Education Agency (LEA) Summary of Grant Funds Requested with **ORIGINAL SIGNATURES**

Part II, Section II

- Kitchen/School Serving Site Application, Complete One Application for Kitchen/School Serving Site to Be Considered For the NSLP Equipment Assistance Grant.

Name of Site



LEA Name _____ LEA# _____

Part II
Section I
LOCAL EDUCATION AGENCY INFORMATION

To be completed by Local Education Agency (District/LEA)

County _____

District/LEA # _____

District/LEA Name: _____

District/LEA Mailing Address: _____

District/LEA Physical Address: _____

District/LEA Phone Number: _____

District/LEA Fax Number: _____

District/LEA Grant Contact Name: _____

District/LEA Grant Contact Phone Number: _____

District/LEA Grant Contact Email: _____

Child Nutrition Director Name: _____

Child Nutrition Director Phone Number: _____

Child Nutrition Director Email: _____

General Business Manager Name: _____

General Business Manager Phone Number: _____

General Business Manager Email: _____

LEA Name _____ LEA# _____

Part II
Section I
LEA EQUIPMENT GRANT ASSURANCES

LEA will:

1. Not submit paid invoice or pay for equipment until equipment is deemed functional and operational by LEA/Child Nutrition Director.
2. Ensure food service employees are properly trained on operation, safe use and cleaning of equipment.
3. Ensure copies of instruction manual(s) are duplicated and placed in kitchen work area, food service manager's office and Child Nutrition Director's office.
4. Assume financial obligation for appropriate utilities, (e.g. gas, water, electricity) within three feet of equipment. Installation costs within three feet are reimbursable as part of grant award, with documentation.
5. Maintain up-to-date equipment inventory with appropriate and applicable amortization schedule.
6. Not resell equipment within five years from purchase date.
7. Ensure open and free competition for equipment (See Section II, Regulatory Requirements, [Quick Reference, Kitchen Design and Equipment \(http://www.arkansased.gov/public/userfiles/Fiscal_and_Admin_Services/Child_Nutrition/Training/Kitchen_Planning_Rev_Jan_2004.pdf\)](http://www.arkansased.gov/public/userfiles/Fiscal_and_Admin_Services/Child_Nutrition/Training/Kitchen_Planning_Rev_Jan_2004.pdf), ADE/CNU, 2004).
8. Ensure response to ADE/CNU data and report requests based on USDA requirements. These reports will request information on: Types of equipment purchased, accomplishments and challenges in expenditure activities, impact on school food service operation of purchased equipment, reason(s) for any unliquidated funds, and potential return of equipment.
9. Ensure that funds are expended in accordance with the LEA's approved application by no later than **September 28, 2016** (See Part I page 4 for quarterly progress report deadlines.)
10. Agrees to comply with all provisions thereof, and with any instructions or procedures issued in connection with accepting Federal funds in accordance with the applicable regulations.
11. Assures that the NSLP Equipment Assistance Grant will be administered and implemented in compliance with all applicable statutes, regulations, and policies related to approved award(s). (See [Legal Requirements for Grants and Procurement http://www.gpo.gov/fdsys/pkg/CFR-2012-title7-vol15/pdf/CFR-2012-title7-vol15-part3016.pdf](http://www.gpo.gov/fdsys/pkg/CFR-2012-title7-vol15/pdf/CFR-2012-title7-vol15-part3016.pdf))



LEA Name _____ LEA# _____

Part II
Section I
APPLICANT AUTHORIZATION AND CERTIFICATION

The applicant hereby applies for 2015 NSLP Equipment Assistance Grant funds available under the FY 2013 Agricultural Appropriations Act. The LEA agrees to comply with all provisions thereof, and with any instructions or procedures issued in connection with accepting Federal funds in accordance with the applicable regulations. The applicant assures that the NSLP Equipment Assistance Grant will be administered and implemented in compliance with all applicable statutes, regulations, and policies related to approved award.

Only actual costs of approved equipment will be reimbursed, not to exceed the NSLP equipment assistance grant award.

The Arkansas Department of Education, Child Nutrition Unit (ADE/CNU) defines equipment for the purpose of the NSLP equipment assistance grant as “articles of nonexpendable, tangible property with a useful life of more than one year and a per unit acquisition cost of **\$1000 or more**”.

Award Question:

All LEA grant requests will not be fully funded. Funding will be awarded on a point system evaluation using criteria listed on the Criteria Scoring Form. Will the LEA accept partial funding for a specific piece of equipment listed on the kitchen/school site application based on priority established by the LEA/District and ADE/CNU rank? YES _____ NO _____

ADE/CNU reserves the right to ask for more information.

Child Nutrition Director must be available to answer additional questions. Please provide contact name and phone number for Non 12 month contract person(s) this summer.

Name: _____

Phone Number: (_____) _____



LEA Name _____ LEA# _____

**Part II
Section I
SUMMARY OF GRANT FUNDS REQUESTED**

TOTAL AMOUNT REQUESTED. *(List in order of funding priority.)*
 (This sum is equal to the total estimated equipment costs from each kitchen/school site application)

School LEA Number	Kitchen/School Site by Priority	Total Cost

GRAND TOTAL District/LEA Grant Funds Requested	\$	
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TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES (See page 3) IF THE ASSISTANCE IS AWARDED.

SIGNATURES

 Print Name of District/LEA Superintendent

 Signature of District/LEA Superintendent

 Print Name of District/LEA Child Nutrition Director

 Signature of District/LEA Child Nutrition Director

 Print Name of District/LEA General Business Manager

 Signature of District/LEA General Business Manager