

ARKANSAS FY 2015 FOOD SERVICE EQUIPMENT ASSISTANCE GRANT APPLICATION



LEA Name \_\_\_\_\_ LEA# \_\_\_\_\_

**Part II  
Section II  
KITCHEN OR SERVING SITE APPLICATION**

**Kitchen/School Site by LEA** \_\_\_\_\_

District/LEA Name: \_\_\_\_\_ District/LEA #: \_\_\_\_\_

Kitchen or Serving Site Name: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address of Kitchen or Serving Site: \_\_\_\_\_

**1. List Schools Served by Kitchen or Serving Site**

LEA #	Kitchen/School Serving Site Name

**2. List Equipment being requested**

Equipment	Estimated Cost	Age of Equipment to be Replaced (Check One)	Focus Area (Check all that apply)
		<input type="checkbox"/> ___ 1-5 years      ___ 6-10 years <input type="checkbox"/> <input type="checkbox"/> ___ 11-15 years    ___ 16-20 years <input type="checkbox"/> ___ over 20 years <input type="checkbox"/> ___ does not currently have this equipment	<input type="checkbox"/> ___ Healthy Meals    ___ Energy Efficiency <input type="checkbox"/> ___ Food Safety      ___ Expanded <input type="checkbox"/> ___ Food Quality     ___ Participation <input type="checkbox"/> ___ Smarter Lunchroom

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4. List Names, e.g., manufacturers, equipment companies, that have provided cost estimate(s).  
**This must be completed or the application will be denied. Do not include any literature from manufacturers or equipment companies.**

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5. Justification for District/LEA Priority Rank for the Kitchen or Serving Site Equipment Request. Must address the focus area checked (Page 2 of this application) for each piece of equipment applied for, e.g. refrigerator to enable increased service of fresh fruits and vegetables. Provide planned menu changes, if any, based on equipment purchased with grant award(s).

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