



Local Education Agency Name \_\_\_\_\_

### **Application and Checklist**

Check 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 3<sup>rd</sup> Street, Suite 404  
Little Rock, AR 72205**

### **Checklist:**

- Local Education Agency (LEA) Information
- LEA Equipment Grant Assurances
- Applicant Authorization and Certification
- Summary of Grant Funds Requested
- ORIGINAL SIGNATURES**
- Scoring Criteria Form

**Piece of Equipment Requested:** \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

**Has the district received a NSLP Equipment Grant previously?**

- Yes
- No

**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: \_\_\_\_\_

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## 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](#), 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 **May 12, 2017** (See page 6 of Instructions 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](#))

## **APPLICANT AUTHORIZATION AND CERTIFICATION**

The applicant hereby applies for 2016 NSLP Equipment Assistance Grant funds available under the FY 2016 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(s).

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

The Arkansas Department of Education (ADE) 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 per unit acquisition cost of **\$5000 or more**”.

**Award Question:**

All LEA grant requests will not be fully funded. Funding will be awarded on a point system evaluating the criteria listed on the Scoring Criteria Form.

***Will the LEA accept partial funding for the piece of equipment requested on the 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:** ( \_\_\_\_\_ ) \_\_\_\_\_

## Summary of Grant Funds Requested

### TOTAL AMOUNT REQUESTED

School LEA Number	Kitchen/School Site	Equipment Requested	Total Cost

- List at least **three** names of manufacturers, equipment companies, etc. that have provided cost estimates for the piece of equipment requested. **This must be completed or the application will be denied. Do not include any literature from manufacturers or equipment companies.**

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- Provide the justification for the equipment requested. This must address the focus areas checked for the piece of equipment applied for (See page 6 of Application). Example: the refrigerator will enable increased service of fresh fruits and vegetables.

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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 OF APPLICATION) 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

**Fiscal Year 2016 Arkansas NSLP Equipment Assistance Grant  
Scoring Criteria Form**

**Please check all that apply**

***Focus Area of Equipment (one piece of equipment could cover more than one focus area)***

- |   |              |                 |
|---|--------------|-----------------|
| <input type="checkbox"/> Food Quality         | (150 points) | Maximum Points: |
| <input type="checkbox"/> Food Safety          | (100 points) | 150             |
| <input type="checkbox"/> Healthy Meals        | (100 points) |                 |
| <input type="checkbox"/> Energy Efficiency    | (50 points)  |                 |
| <input type="checkbox"/> Expand Participation | (25 points)  |                 |
| <input type="checkbox"/> Smarter Lunchroom    | (25 points)  |                 |

***Age of Equipment***

- |  |             |                 |
|--|-------------|-----------------|
| <input type="checkbox"/> Does not have this piece of equipment | (50 points) | Maximum Points: |
| <input type="checkbox"/> Equipment is over 20 years old        | (50 points) | 50              |
| <input type="checkbox"/> Equipment if 16-20 years old          | (40 points) |                 |
| <input type="checkbox"/> Equipment is 11-15 years old          | (30 points) |                 |
| <input type="checkbox"/> Equipment is 6-10 years old           | (20 points) |                 |
| <input type="checkbox"/> Equipment is 1-5 years old            | (10 points) |                 |

***Percentage of Students Eligible for Free and Reduced Price Meals at School Site***

- |                                      |              |                 |
|--------------------------------------|--------------|-----------------|
| <input type="checkbox"/> 90 – 99.9%  | (150 points) | Maximum Points: |
| <input type="checkbox"/> 80 – 89.9%  | (120 points) | 150             |
| <input type="checkbox"/> 70 – 79.9%  | (90 points)  |                 |
| <input type="checkbox"/> 60 – 69.9%  | (60 points)  |                 |
| <input type="checkbox"/> 50 – 59.9 % | (30 points)  |                 |
| <input type="checkbox"/> 0 – 49.9%   | (0 points)   |                 |

***Geographic Unemployment Economic Data—to be completed by ADE CNU***

- |                                   |             |                                   |             |                 |
|-----------------------------------|-------------|-----------------------------------|-------------|-----------------|
| <input type="checkbox"/> Over 10% | (90 points) | <input type="checkbox"/> 5 – 5.9% | (40 points) | Maximum Points: |
| <input type="checkbox"/> 9 – 9.9% | (80 points) | <input type="checkbox"/> 4 – 4.9% | (30 points) | 90              |
| <input type="checkbox"/> 8 – 8.9% | (70 points) | <input type="checkbox"/> 3 – 3.9% | (20 points) |                 |
| <input type="checkbox"/> 7 – 7.9% | (60 points) | <input type="checkbox"/> 0 – 2.9% | (10 points) |                 |
| <input type="checkbox"/> 6 – 6.9% | (50 points) |                                   |             |                 |

***Programs Administered by ADE CNU in which School Districts Participate in School Year 2015-2016***

- |   |             |                    |
|---|-------------|--------------------|
| <input type="checkbox"/> National School Lunch Program                                  | (30 points) | Maximum Points:    |
| <input type="checkbox"/> School Breakfast Program                                       | (20 points) | 70                 |
| <input type="checkbox"/> Afterschool Snack Program                                      | (10 points) |                    |
| <input type="checkbox"/> Summer Feeding Program (Regular or Seamless)                   | (10 points) |                    |
| <br>  |             |                    |
| <input type="checkbox"/> <b><i>Farm to School Program Participation</i></b>             | (15 points) | Maximum Points: 15 |
| <input type="checkbox"/> <b><i>6 Cent Certified by End of School Year 2014-2015</i></b> | (15 points) | Maximum Points: 15 |

**Total Points:** \_\_\_\_\_

\*\*In the case of a tie, written justification for priority ranking of equipment will be considered

## Nondiscrimination Statement for Arkansas Child Nutrition Programs:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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