Applications for the Equipment Assistance Grant must be postmarked by February 27, 2015. Application postmarked after this date will not be accepted. Fax/email submissions not accepted.

SCHOOL FOOD AUTHORITY (SFA) APPLICATION

1. Agreement Number: _______________ SFA Name: __________________________

2. SFA USDA Equipment Assistance application contact:
   Name: __________________________
   Email: __________________________
   Phone: __________________________

3. Congressional District in which the school is located: __________________________

4. SFA is submitting individual grant application(s) for how many SCHOOLS/SITES: ______
   (Complete ONE SCHOOL APPLICATION for each school the SFA is requesting funds for and attach to DISTRICT application)

5. SFA is submitting an application for a Central or Production Kitchen:
   It produces meals for more than one school and transports food to other schools?
   □ YES  □ NO
   (Complete the CENTRAL KITCHEN or PRODUCTION KITCHEN APPLICATION to cover all funds requested and attach to SFA application)

6. Financial Condition of SFA:
   Food Service Fund Balance:
   As of 6/30/14 __________________________
   Average monthly expenditures _________________

7. SFA/School Capitalization threshold* ________________
   *(Provide copy of SFA’s capitalization threshold if under $5000.00 and the cost of the piece of equipment the SFA is requesting is under $5,000)

8. SFA will provide Local funding:   YES      NO    If yes, provide source and amount.
   Source: __________________________
   Amount: __________________________
Certification/Signatures

The undersigned SFA/school representatives certify that:

• All Federal, State and Local procurement laws rules pertaining to the purchase of equipment will be followed when purchasing equipment with USDA Equipment Assistance grant funds.

• Equipment Assistance grant funds will be expended by May 15, 2015.

• **Equipment purchased with grant funds will not be sold without prior approval for Iowa Department of Education/Bureau of Nutrition and Health Services.**

• The SFA will comply with recordkeeping and reporting requirements related to these funds.

Superintendent ____________________________ Date ____________________

Business Manager __________________________ Date ____________________

Authorized Representative ____________________ Date ____________________

Food Service Director _________________________ Date ____________________

Applications for the Equipment Assistance Grant must be **postmarked by February 27, 2015.**

Application postmarked after this date will not be accepted.

**Faxed or email submissions will not be accepted.**

SEND APPLICATIONS TO:

Patti Harding, Administrative Consultant
USDA Equipment Assistance Grant
Bureau of Nutrition and Health Services
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa  50319-0146
SCHOOL/SITE APPLICATION - EQUIPMENT ASSISTANCE GRANT

(Complete ONE SCHOOL/SITE APPLICATION for each school the SFA is requesting equipment funds for and attach to SFA Application)

1. Agreement Number: ___________________ SFA Name ________________________________

2. Requesting equipment for: ____________________________
   Name of school building
   Address of school: ____________________________________________

3. Site Enrollment Information –from IowaCNP Site Enrollment Section:
   (a) Enrollment __________________
   (b) Site Enrollment Count of Eligible Students on October 31, 2014
       Free______ Reduced Price______ Percent Eligible______
   (c) Total Average daily participation for this school in October, 2014: ___________
       (Total meals served divide by days meals served from Site Enrollment form)

4. Equipment requested: Applicants are encouraged to thoroughly research the equipment being requested. Complete the general equipment information and estimated costs below and staple the equipment specification and attach explanation on how the SFA derived at the cost and where received.

   New Equipment  Renovation of Equipment  Replacement of Equipment*

<table>
<thead>
<tr>
<th>Equipment Specifications:</th>
<th>Amount of Grant Fund Support Requested</th>
<th>Funded with Other Dollars</th>
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<tbody>
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<td>Disposition of old Equipment</td>
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Total Expense per Unit

Number of Units

Total Expense for All Units
5. If equipment is being replaced, describe condition, age of equipment and what will be done with the old existing equipment. Age of Equipment being replaced__________
_____________________________________________________________
_____________________________________________________________

6. Equipment purchases must fall into at least one of the four focus below. Please identify the area(s) selected.

___ Equipment that improves the quality of school meals
___ Equipment that improves the safety of food served in the school meal programs
___ Equipment that improves the overall energy efficiency of the food service operations
___ Equipment used to improve/expand participation in the NSLP/School Breakfast Program

Describe why equipment is needed and how the equipment for which funds are being requested will impact the focus area selected above. Also, include how the equipment will impact the following area(s):

• provide opportunities to realize a meaningful impact on nutrition and quality of meals,
• strategies for adopting Smarter Lunchrooms (e.g., lunchroom changes that provide more convenience and appeal to the student population, highlighting healthier choices, redesigning menus that target healthier entrees/options),
• enhance the quality of the meal service; and
• availability of existing local funding for equipment.

Response must be typed and no more than 2 pages. At the top of each page list the SFA name and school/site name. Staple response to this application.
EQUIPMENT ASSISTANCE GRANT

(Complete the CENTRAL KITCHEN or PRODUCTION KITCHEN APPLICATION for each piece of equipment the SFA is requesting funds for and attach to SFA Application)

1. Agreement Number:_________________  SFA Name____________________________________

2. Requesting equipment for:     ____________________________________

   Name of Central Kitchen/Production Kitchen

   ____________________________________

   Address

3. Site Enrollment Information –from IowaCNP Site Enrollment Section: October 2014

   Identify schools served by the Central Kitchen or Production Kitchen and report the information below for each school. (Attach extra sheet)

   (a) Enrollment_________________

   (b) Site Enrollment Count of Eligible Students on October 31, 2014

      Free_____   Reduced Price_____   Percent Eligible_____

   (c) Total Average daily participation for each school in October, 2014 _________

      (Total meals served divide by days meals served from Site Enrollment form)

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