PART III – REQUIRED PROGRAM INFORMATION

Please complete the required program information below for each school/school applying for grant funds.

I. School Information

1. School District: ____ Agreement Number: ____

2. School Name: ____ Site Number: ____

3. School Address: ____

4. Did this school receive a School Nutrition Equipment grant in 2010 (ARRA) or 2011 (USDA)?
   - [ ] Yes  [ ] No

II. School Data (ESE will verify this data)

1. Total enrollment data (use October 2013 claim data)
   - Enrollment as of October 2013: ____
   - Number of students approved/eligible for free meals: ____
   - Number of students approved/eligible for reduced meals: ____
   - Percentage of free and reduced-priced eligible students as of October 2013: ____

2. Grade levels for the site applying: ____

3. Meals offered (check all that apply):
   - [ ] SBP  [ ] NSLP  [ ] Afterschool Snack  [ ] CACFP At Risk Meals  [ ] Summer Meals Program

4. How would you describe the school’s location? (check one):
   - [ ] Urban  [ ] Rural  [ ] Suburban

5. Is this school an approved Summer Food Service Program (SFSP) feeding site?  [ ] Yes  [ ] No
   - If yes, is the site a SFSP central kitchen?  [ ] Yes  [ ] No

6. Does this school participate in the Community Eligibility Program (CEP)?  [ ] Yes  [ ] No

7. Does this school participate in Provision 2?  [ ] Yes  [ ] No
   - If yes, for:  [ ] NSLP  [ ] SBP  [ ] Both NSLP and SBP
Grant Program: School Nutrition Equipment Assistance for High Need Districts  Fund Code: 722

III. Proposal

Site Name: _____

Describe briefly the equipment and how the school plans to address any or all of the following focus areas (if requesting the purchase of more than one piece of equipment, please attached additional proposal information as needed):

Submit the name of the piece(s) of equipment that the grant funds would purchase for the school. Provide copies of support documentation that includes the prices for each piece of equipment as allowed in Chapter 30B (Uniform Procurement Act). (Please note: a piece of equipment must have an acquisition cost of $5,000 or more):

**Type of equipment requested**  **Cost**

| 1.   |   |
| 2.   |   |
| 3.   |   |
| 4.   |   |
| 5.   |   |
|       |   |

Total Grant Amount Requested _____

Please answer as many questions (below) that apply. Write N/A for any question that does not apply. Each question is worth a separate number or points on the scorecard for the grant reviewers.

a. How will the equipment allow the SFA to support and sustain program expansion?
   _____

b. How will the grant help the school meet the USDA Meal Pattern?
   _____

c. How will the equipment lend itself to improving the quality of school food service meals that meet dietary guidelines (e.g., purchasing an equipment alternative to a deep fryer)?
   _____

d. How will the equipment improve the safety of the food served in the school meals program?
   _____

e. How will the equipment improve overall energy efficiency?
   _____
IV. Staffing Information

Contact information of person responsible for overseeing the grant:

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<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
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<tr>
<td>Phone number:</td>
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</tbody>
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V. Signatures

We have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and the procedures established by the USDA.

1. We attest that the School Food Authority (SFA) is in good standing with the Child Nutrition Program reporting requirements.

2. We attest that the funds will be used to purchase equipment for the implementation of the School Nutrition Program in (and only in) the specific school requesting the grant.

3. We agree to participate in any USDA sponsored evaluations, and to provide the information requested by the specified deadlines.

4. We will tag all equipment purchased with a label identifying it as being purchased with FY15 USDA School Nutrition Assistance Grant Funds.

5. I hereby certify that I duly solicited three quotes for each piece of equipment requested.

Please provide the contacts shown below or equivalent positions as determined by the school.

School Nutrition Director: ____________________________ Date: ______________

Superintendent or Executive Director: ___________________________ Date: ______________