Federal Award Notification Cover Form

Date Received:

9/6/2018

State Fiscal Year:

2019

Appropriation #:

7053-2119

PR / Award #:

201818N810344

Award Amount:

\$448,564 Full or Partial Award: Full

Appropriation Name:

CNP School Meals Equipment Grant

Type of Notification:

1) Existing Award:

- Supplement - Non-Cash Change (Please check one & explain if required)

2) New Award:

3) Other:

(Explain)

(Explain)

CNP School Meals Equipment Grant

Award Periods:

Explanation:

Budget Period

Performance Period **Tydings Applicable**

(Yes or No)

10/1/17 to 9/30/20

NO

DOE Contacts:

Fiscal Administrator:

Fiscal Contact:

Budget Analyst:

Rob Leshin

completed by

Pete McLoughlin Budget. Joanne Puopolo

Set Aside Breakdown:

Provide both the Set Aside amounts: 1) required by the US DOE earmarking language and 2) elected by MA DOE. These amounts may be the same. The MA DOE elected amount must minimally meet the US DOE earmarking requirements. Total must agree with Award Amount.

Federal Program

Requirement

\$448,564.00

Technical Asst'nc:

Other Fed 1:

Administration:

Distribution:

Other Fed 2:

Total:

\$448,564.00

MA DOE Election

\$448,564.00

\$448,564.00

Federal Required Fiscal

Reports:

Report Type (Form #) Interim / Final / Both Due Date(s)

Indirect Cost:

to be completed by Budget Office

CFDA#

Restricted / Unrestricted Applicable rate:

Notification to:

Business Office, Rich Mulcahy Grants Mgmt, Ron Honesty Budget Offc, Teresa Trainito Budget Offc, Budget Analyst

Budget Offc, Rachel Trant

Required Attachments:

Copy of Award Letter

Copy of Earmarking Language

7053-2119

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REPORT 495			U.S. DEPARTMENT OF AGRICULTÜRE - FOOD AND NUTRITION SERVICE GRANT AWARD DOCUMENT	FOOD AND NUTRII DOCUMENT	TON SERVICE		PC1 / 100
1. GRANTOI	GRANTOR AGENCY: USDA - Food and Nutrition Service	- Food and Nutrit	ion Service	2. APPROPRIATION:	4: See below under Appropriation column	riation column	
3. MA Dept o	MA Dept of Education		,	4. TITLE OF GRAN	4. TITLE OF GRANT: Child Nutrition (2 Year)	7.1	
75 Ploasant Street	rt Street						
Malden VENDOR NO.	NO. \$2591501 000		MA 02148-5023				
5. APPORTIONMENT YEAR: GAD NUMBER:	NIMENT YEAR: 2018 GAD NUMBER: 4MA300392	392	AMENDMENT: 000	6. ESTIMATED AN	ESTIMATED ANNUAL GRANT AWARD:		
7. GRANT PERIOD FROM: GRANT PERIOD TO:	FROM: 10/01/2017 OD TO: 09/30/2020						
APPROPRIATION	FAIN	ACCOUNTID	PCA TITLE	CFDA NO.	PREVIOUS LEVEL	INCREASE/DECREASE	CURRENT LEVEL
128/93539	184MA392N8103	201818N810344	- CNP SCHOOL MEALS EQUIP	10.579	\$0.00	\$448,564.00	\$448,564.00
		Total:			80.00	\$448,564.00	\$448,564.00
9. SPECIAL INSTRU	SPECIAL INSTRUCTIONS/COMMENTS	ıTS					
Please note that the numbers(ABA/RT in the event that the	e Financial Official (F N) and bank account: e FO entered the inco	O) assigned by the numbers have been rrect ABA/RTN or l	Please note that the Financial (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers(ABA/RTN) and bank account numbers have been entered into the ASAP gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered the incorrect ABA/RTN or bank account number information.	naintaining valid banking he Food and Nutrition S	g information for this grant. T cryice and the United States T	his includes certifying that corr reastry are not responsible for	rect routing and transit a misdirected payment
FFY18 NSLP-E fu	FFY18 NSLP-E funding (this is a 2 year grant).	r grant).					
10. AUTHORIZATION ALLOWANCE HOI	AUTHORIZATION ALLOWANCE HOLDER (DESIGNEE)	(G					
Food and Nutrition Service Northeast Regional Office	n Service Il Office			SIGNATURE: - EIG	SIGNATURE: - Electronically Signed by - JOHN PEDICINI	PEDICINI	
10 Causeway Street, Room 501	et, Room 501						
Boston MA Telephone: 617-565-5300		02222		DATE: 09/06/2018		TELEPHONE NO: 617-565-6435	5-6435

1053-2119

Print	JNITED STATES DEPA	RTMEN	r of Agricul	TURE	rwised
	Food and I				award,
G	RANT/COOPER	RATIVE	AGREEN	IENT	amount
1. GRANT/AGREEMENT NO.	2. FEDERAL AWAR	RD DATE	3. IS THIS AN R	&D AWA	VRD?
NSLPE-MA-18-01	8/13/2018			NO	
4. CFDA NUMBER	5. UNIVERSAL IDE	NTIFIER N		11 ST S S 11 S S 11 S S 12 S	DERAL AWARD IDENTIFICATION
10-579	79-953-8	178		NUI	MBER (FAIN)
7. FEDERAL AWARDING AGENCY		0.000,700,000,000	DA NAME		
USDA/FNS/NERO			P Equipment A:		
9. RECIPIENT NAME	- f = J U				SCHOOL MEALS EQUIP GRANTS(L)
Massachusetts Department 75 Pleasant Street	of Education	11. A	MOUNT OF FEDE	RAL	12. TOTAL AMOUNT OF FEDERAL
Malden, MA 02148-5023			JNDS OBLIGATED HIS ACTION) 8Y	FUNDS OBLIGATED
Maiden, MA 02140-3023		\$448	564		\$448,564
			TAL AMOUNT OF	THE FE	DERAL AWARD
14. PLACE OF PERFORMANCE		\$448		D BY AV	VARDING AGENCY
		\$448		00170	THIS HOTISE HOT
Massachusetts		SI	OTAL APPROVED HARING/MATCHIN /HERE APPLICAB	IG	17. INDIRECT COST RATE FOR THE FEDERAL AWARD (PLEASE INCLUDE IF THE DE MINIMIS RATE IS CHARGED)
		N/A	4		MINIMIS TOTTE IS CHARGED)
18. MAIL REQUESTS FOR REIMBURSE	MENT TO		PONSOR (SPONS A FNS - Northe		NS PROGRAM)
		20. S	TART DATE		21. END DATE 9/30/2020
22. FEDERAL AWARD PROJECT DESCI	RIPTION	0/13/	2010		3/30/2020
These CNP School Equipme (SFA) which will allow them The Grantee/Cooperator hereby assures a	to purchase equipm	ent for	the improver	nent c	of the school food service.
to the applications, acceptance, and use of Budget Government-wide Guidance for G Part 200 (Uniform Administrative Requirer regulations, such as 2 CFR Part 400 (Uniform Administrative Agreements to State and Local Government	of Federal funds for this Federants and Agreements) and Coments, Cost Principles, and Aform Administrative Requirem Regulations), 2 CFR Part 41	rally-assiste Chapter II (C Ludit Require nents, Cost 16 (General	d project including Office of Manageme ements for Federal Principles, and Aud Program Administ	: 2 CFR (ent and B Awards) dit Requir	Chapter I (Office of Management and budget Guidance) as well as 2 CFR in any USDA implementing rements for Federal Awards), 2 CFR
23. REMARKS					
SIGNATURE OF GRANTE	ELCOOPERATOR		UNITER	STA	TES OF AMERICA
SIGNATURE (Authorized Individual)	DATE	SIGN	ATURE (Grant Offi		DATE
Will Mill	8-13-1	2000 TO 100 TO 1	Kungen	Carl de	8/15/18
NAME (Type) William Bell		0.0000000000000000000000000000000000000	KURT MYS	SAMO	o .
Chief Financial Office	cer	TITLE			5
TITLE		12777		0.44	- A- A / 1.04 · A -
781-338 65	18		PHONE NUMBER		ISTRITION USON FINS
TELEPHONE NUMBER		ICCC	-617 -		6370

Federal Award Notification Cover Form

Date Received:

8/31/2017

State Fiscal Year:

2018

Appropriation #:

7053-2119

PR / Award #:

201717N810344

Award Amount:

Full or Partial Award:

\$357,877 Full

Appropriation Name:

CNP School Meals Equipment Grant

Type of Notification:

1) Existing Award:

- Supplement

- Non-Cash Change

(Please check one & explain if required)

2) New Award:

3) Other:

(Explain)

CNP School Meals Equipment Grant

Award Periods:

Explanation:

Budget Period Performance Period Tydings Applicable (Yes or No)

10/1/16 to 9/30/19

NO

DOE Contacts:

Fiscal Administrator:

Fiscal Contact: **Budget Analyst:** Rob Leshin

completed by

Pete McLoughlin Budget. Joanne Puopolo

Set Aside Breakdown:

Provide both the Set Aside amounts: 1) required by the US DOE earmarking language and 2) elected by MA DOE. These amounts may be the same. The MA DOE elected amount must minimally meet the US DOE earmarking requirements. Total must agree with Award Amount.

Federal Program

Requirement

Distribution: Administration:

Technical Asst'nc: Other Fed 1:

Other Fed 2:

Total:

\$357,877.00

MA DOE Election

\$357,877.00

\$357,877.00

\$357,877.00

Federal Required Fiscal

Reports:

Report Type (Form #) Interim / Final / Both Due Date(s)

Indirect Cost:

to be completed by Budget Office

CFDA#

Restricted / Unrestricted Applicable rate:

10.579

Notification to:

Business Office, Rich Mulcahy Grants Mgmt, Ron Honesty Budget Offc, Teresa Trainito-Budget Offc, Budget Analyst

Budget Offc, Rachel Trant-

Required Attachments:

Copy of Award Letter

Copy of Earmarking Language

Award Notification Form

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REPORT 495			U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE GRANT AWARD DOCUMENT	- FOOD AND NUTRIT DOCUMENT	ION SERVICE		PC1 / 100
1. GRANTC	GRANTOR AGENCY: USDA - Food and Nutrition Service	A - Food and Nutrit	ion Service	2. APPROPRIATION:	See below under Appropriation column	oriation column	
3. MA Dept	MA Dept of Education			4. TITLE OF GRANT	4. TITLE OF GRANT: Child Nutrition (2 Year)		
DEPT OF	DEPT OF EDUCATION						
MALDEN VENDOR NO.	и R NO. S2591501 000	MA 0	02148-5023				
5. APPORTIONMENT YEAR: 2017 GAD NUMBER: 4MA	NMENT YEAR: 2017 GAD NUMBER: 4MA300392	0392	AMENDMENT: 000	6. ESTIMATED AN	ESTIMATED ANNUAL GRANT AWARD:		
7. GRANT PERIOD FROM: GRANT PERIOD TO:	JEROM: 10/01/2016	9		1			
APPROPRIATION	FAIN	ACCOUNT ID	PCA TITLE	CFDA NO.	PREVIOUS LEVEL	INCREASE/DECREASE	CURRENT LEVEL
127/83539	174MA392N8103	201717N810344	- CNP SCHOOL MEALS EQUIP	10.579	\$0.00	\$357,877,00	\$357,877.00
		Total:			\$0.00	\$357,877.00	\$357,877.00
9. SPECIAL INSTR Please note that the numbers/ABA/RT in the event that th	SPECIAL INSTRUCTIONS/COMMENTS Please note that the Financial Official (FO) numbers(ABA/RTN) and bank account nur in the event that the FO entered the incorrec	NTS FO) assigned by the a numbers have been orrect ABA/RTN or I	SPECIAL INSTRUCTIONS/COMMENTS Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers/ABA/RTN) and bank account numbers have been entered into the ASAP.gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered the incorrect ABA/RTN or bank account number information.	naintaining valid banking he Food and Nutrition Se	information for this grant. T	his includes certifying that corre	oct routing and transit a misdirected payment
10. AUTHORIZATION ALLOWANCE HOI	AUTHORIZATION ALLOWANCE HOLDER (DESIGNEE)	E.)					
Food and Nutrition Service Northeast Regional Office	m Service al Office			SIGNATURE: - Elec	SIGNATURE: - Electronically Signed by - LISA FITZGERALD	FITZGERALD	
10 Causeway Street, Room 501	et, Room 501						
Boston MA Telephone: 617-565-5300		02222		DATE: 08/31/2017		TELEPHONE NO: 617-565-6460	5-6460
		:					

	ED STATES DEPAR Food and Ni NT/COOPERA	utrition	Service		
1 ORANT/AGREEMENT NO.	2. FEDERAL AWARD	DATE	3. IS THIS AN R	ዴብ ልነለሪ	APho
NSLP-17-xx-01	08/01/2017			NO NO	ARD?
4 CFDA NUMBER	5. UNIVERSAL IDENT	INTER NU			DERAL AWARD IDENTIFICATION
10.54 0	79-953-8178			NU	MBER (FAIN)
7 FEDERAL AWARDING AGENCY	13-755,1-8176	8 CF	DA NAMÉ		
9. RECIPIENT NAME		10. AC	COUNTING AND	APPROI	PRIATION DATA
Massachusetts Department of Secondary E	ducation	FN.C	N 3081.01 N810.	3 (n810	3 regional) CNP school equip grat
75 Pleasant Street		11 AR	MOUNT OF FEDER UNDS OBLIGATED	AL	12. TOTAL AMOUNT OF FEDERAL
Malden, MA 02148			HS ACTION		FUNDS OBLIGATED
1			877.00		. \$357,877.00
			TAL AMOUNT OF	THE FE	DERAL AWARD
14. PLACE OF PERFORMANCE			877.00	014 414	VARDING AGENCY
Massachusetts			877.00	INT AU	WANDING AGENCY
·	•	16. TO	TAL APPROVED C		17. INDIRECT COST RATE FOR
			IARING/MATCHING HERE APPLICABLI		THE FEDERAL AWARD (PLEASE INCLUDE IF THE DE MINIMIS RATE IS CHARGED)
18 MAJE REQUESTS FOR REIMBURSEMENT	FQ	19. SP	ONSOR (SPONSO	RING FI	NS PROGRAM)
NA			VENS NERO		
· 			ART DATE		21 ENO DATE
22 FEDERAL AWARD PROJECT DESCRIPTION		08/01/	(2017		09/30/2019
The Graniee/Cooperator hereby assures and cert to the applications, acceptance, and use of Fedor Budget Government-wide Guidance for Grants ar Part 200 (Uniform Administrative Requirements, C regulations, such as 2 CFR Part 400 (Uniform Administrative Requirements).	artunds for this Federally and Agreements) and Chap lest Principles, and Audit outstrains Requirements	rassistec pler II (OI Require	I project including: 1 flice of Managemen ments for Federal A	2 CFR C Land Bu wards).	Thepter I (Office of Management and udget Guidance) as well as 2 CFR and any USDA implementing
Agreements to State and Local Governments), and				ive Regi	ulations for Grants and Cooperat ive
23 REMARKS					
SIGNATURE OF GRANTEE/CO					ES OF AMERICA
SIGNATURE (Authorized Individual)	DATE	SIGNAT	FURE (Grant Official	1)	DATE
	8-7-17		Jud Marie	un	8/9/17
NAME (Type)		NAME (KUAT M	P-55	
TITLE William Bell. Chief Financial Officer		TITLE			
Chief Paliancial Officer	-		Por		_
TELEPHONE NUMBER		TELECT	ONE NUMBER	401	MINSTRATER, FOUS
		· EUCP'	ONE NOWBER		
781-338-6528	ļ		617-5	65 - 1	6370