



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF ADMINISTRATIVE AND FINANCIAL SERVICES – FOOD AND NUTRITION SERVICES

2015 NATIONAL SCHOOL LUNCH PROGRAM EQUIPMENT ASSISTANCE GRANT APPLICATION

DUE DATE: Friday, December 18, 4:30 P.M.

LOCAL EDUCATION AGENCY (LEA):	AGREEMENT NUMBER:	
SCHOOL BUILDING NAME or MEAL COUNT CENTER (if applicable):	SCHOOL BUILDING CODE:	
SCHOOL MAILING ADDRESS:	SCHOOL CITY:	SCHOOL ZIP:
IF APPLYING AS A MEAL COUNT CENTER, THEN LIST ALL ADDITIONAL BUILDING NAME(S) AND RESPECTIVE BUILDING CODE(S) SERVED:		

INSTRUCTIONS:

Mail/Fax/Email the completed form to: Food and Nutrition Services, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480; (573) 526-3897; foodandnutritionservices@dese.mo.gov
 Questions: Contact Karen Wooton, Coordinator, Food and Nutrition Services, 573-751-3526, Karen.Wooton@dese.mo.gov

SECTION I: CONTACT INFORMATION

CONTACT PERSON	CONTACT TITLE
CONTACT EMAIL ADDRESS	
CONTACT PHONE NUMBER ()	SCHOOL FAX NUMBER ()

SECTION II: EQUIPMENT INFORMATION (May only apply for one item of equipment.)

DESCRIPTION OF EQUIPMENT	
TOTAL ESTIMATED COST OF EQUIPMENT	PLANNED PURCHASE DATE
EQUIPMENT WILL BE SOLELY USED IN CHILD NUTRITION PROGRAMS IF NO, EXPLAIN	(CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION III: FOCUS AREA

1. WILL THE PROPOSED EQUIPMENT PURCHASE IMPROVE THE QUALITY OF SCHOOL FOOD SERVICE MEALS THAT HAVE A MEANINGFUL IMPACT ON NUTRITION AND QUALITY? (EXAMPLE: REPLACING FRYERS WITH COMBINATION STEAMER-OVENS.) (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE EXPLAIN HOW THE QUALITY OF MEALS SERVED IN THE SCHOOL MEALS PROGRAM WILL IMPROVE.
2. WILL THE PROPOSED EQUIPMENT PURCHASE IMPROVE THE SAFETY OF FOOD SERVED IN THE SCHOOL MEAL PROGRAMS? (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE EXPLAIN HOW THE SAFETY OF THE FOOD SERVED IN THE SCHOOL MEAL PROGRAMS WILL IMPROVE.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

SECTION III: FOCUS AREA (continued)

3. WILL THE PROPOSED EQUIPMENT PURCHASE IMPROVE THE OVERALL ENERGY EFFICIENCY OF THE SCHOOL FOOD SERVICE OPERATION?
(CHECK ONE) YES NO

IF YES, PLEASE EXPLAIN HOW THE OVERALL ENERGY EFFICIENCY OF THE SCHOOL FOOD SERVICE OPERATIONS WILL IMPROVE.

4. WILL THE PROPOSED EQUIPMENT PURCHASE EXPAND PARTICIPATION IN A SCHOOL MEAL PROGRAMS?
(CHECK ONE) YES NO

IF YES, PLEASE EXPLAIN HOW PARTICIPATION IN A SCHOOL MEAL PROGRAM WILL EXPAND.

5. INDICATE STRATEGIES FOR ADOPTING SMARTER LUNCHROOMS. (EXAMPLE: LUNCHROOM CHANGES THAT PROVIDE MORE CONVENIENCE AND APPEAL TO THE STUDENT POPULATION, HIGHLIGHTING HEALTHIER CHOICES, REDESIGNING MENUS THAT TARGET HEALTHIER ENTREES/OPTIONS.)

6. ARE EXISTING FUNDS (EXAMPLE: LOCAL, STATE OR LEA) AVAILABLE FOR EQUIPMENT PURCHASES?
(CHECK ONE) YES NO

IF YES, PROVIDE EXPLANATION.

7. INDICATE AGE OF CURRENT FOOD SERVICE EQUIPMENT.

8. HAS YOUR LEA ADOPTED THE NEW PROCUREMENT RULES?
(CHECK ONE) YES NO

SECTION IV: SIGNATURES

CERTIFICATION

The below signatures certify that:

- The information on this application is true and correct to the best of my/our knowledge.
- The equipment purchased with these grant funds will be used in operating the NSLP.
- Federal, State or local rules, whichever are more stringent, pertaining to the purchase of equipment will be followed.
- The LEA will comply with recordkeeping and reporting requirements related to these funds as specified by the Department of Elementary and Secondary Education, Food and Nutrition Services.

SIGNATURE OF NATIONAL SCHOOL LUNCH PROGRAM AUTHORIZED REPRESENTATIVE	DATE
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PRINT NAME OF NATIONAL SCHOOL LUNCH PROGRAM AUTHORIZED REPRESENTATIVE

SIGNATURE OF FOOD SERVICE DIRECTOR	DATE
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PRINT NAME OF FOOD SERVICE DIRECTOR