

Name of Grant Program: National School Lunch Program (NSLP) Equipment Assistance
Competitive Grant Program

Fund Code: 721

Part III

National School Lunch Program (NSLP) Equipment Assistance Grant - School Level Information

Instructions: Complete one copy of this form for each school that will apply to participate in the **National School Lunch Program (NSLP) Equipment Assistance Grant**. Return the application(s) and the Budget pages no later than

Friday, May 15, 2009

Mail to:

**Mary Anne Gilbert
Nutrition, Health, and Safety
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148-4906**

I. SCHOOL INFORMATION

1. School District: _____ Agreement Number: _____
2. School Name: _____
3. School Address: _____

II. SCHOOL DATA

1. Total enrollment data:
Enrollment as of **October 2008:** _____
Number of children approved/eligible for free meals: _____
Number of children approved/eligible for reduced-price meals: _____
% Free and Reduced eligible as of October 2008: _____
2. Grade Levels: _____
3. Meals offered (Check all that apply.): SBP NSLP After School Snack
4. Would you describe the school location as (Check one.): Urban Rural Suburban

III. PROPOSAL

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, attach additional information as needed.)

Name of Equipment _____

Amount Requested _____

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

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

c. How will the equipment improve the safety of food served in the school meals program (e.g., cold/hot holding equipment, dish washing equipment, refrigeration, milk coolers, freezers, blast chillers, etc.)?

d. How will the equipment improve overall energy efficiency?

IV. STAFFING INFORMATION

Contact Information. This person will be responsible for overseeing the grant.

Name/Title	Email Address	Phone Number

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V. SIGNATURES (All are required.)

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 procedures established by USDA. Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines. Please provide the contacts shown below or equivalent positions as determined by the school.

Contacts	Typed Names	Signatures	Dates
School District Nutrition Director			
School Principal			

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Kathleen C. Millett, Administrator	Date