

**System Summary for Application for 2009 Equipment Assistance Grant  
Deadline May 1, 2009**

1. Name of LEA/SFA: \_\_\_\_\_
2. Number of months operating balance based on February, 2009 report \_\_\_\_\_  
(To determine the months of operating balance go to <http://snp.state.tn.us/tndoe/>, log in, and go to Claim View/Reports, then choose Excess Balance. Look at Column D, month of February, for your operating balance. Divide Column D for February by Column E which is your Avg Expense/YTD for February. Round mathematically to two decimal places. This is your number of months operating balance.)
3. Prioritized Equipment Needs for this System

Priority	School	Equipment	Approximate Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Add more rows if needed			

I certify that all the information provided in this application is true and correct and that all local, state, and federal regulations regarding procurement and expenditures will be followed. I certify that these purchases are subject to desktop audit and review by USDA and TN DOE. I certify that all funds will be expended by September 30, 2009 and will be tracked separately from other School Nutrition Program funds. I certify that all USDA required reporting will be completed and maintained on file.

\_\_\_\_\_  
Signature of Director of Schools

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Nutrition Supervisor

\_\_\_\_\_  
Date

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**Application for 2009 Equipment Assistance Grant  
 Deadline May 1, 2009  
 One application per school per piece of equipment**

1. Name of LEA/SFA: \_\_\_\_\_

2. School Name: \_\_\_\_\_

February, 2009 enrollment: \_\_\_\_\_

Lunch average daily participation (ADP) for February, 2009: \_\_\_\_\_

Total % Free/Reduced for February, 2009: \_\_\_\_\_

**Use February, 2009 claim data. You must submit your February claim before you submit this grant. Get the percentage by taking the total number of free plus reduced eligibles divided by ADA x 100. Round up to two decimal points.**

3. Equipment Needs for this School

Equipment Needed	Priority (1-4 with 1 being highest) Per School	Focus (1,2,3,4)* May be only one focus per piece of equipment	Approximate Cost
			\$

\*Focus:

1. Improve the quality of school foodservice meals
2. Improve the safety of foods served
3. Improve the energy efficiency of school foodservice
4. Support expanded participation in the school meal program

Write a paragraph on how this piece of equipment will change what you are doing and make a difference in the school nutrition program. This must relate to the Focus you choose.

Will this piece of equipment have a useful life of more than one year?	___ Yes ___ No
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APPLICATION CHECKLIST AND SCORING FOR STIMULUS EQUIPMENT 2009

**DO NOT RETURN WITH APPLICATION**

LEA/SFA: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ **Total Score** \_\_\_\_\_

Summary of Required Information:

1. Current Enrollment \_\_\_\_\_      2. Average Daily Participation \_\_\_\_\_  
 3. Percent of F/R for February \_\_\_\_\_      4. Operating Balance: No. of Months \_\_\_\_\_

Scoring Criteria (Circle the applicable number of points):

<b>Criteria</b>		<b>Points Possible</b>	<b>Points Awarded</b>
Percentage of F/R for February, 2009	50 - 59 percent	1	
	60 - 69 percent	3	
	70 - 79 percent	5	
	80 - 89 percent	7	
	90 - 99 percent	10	
	100 percent	11	
Operating Balance	More than 4 months	-1	
	More than 5 months	-2	
	More than 6 months	-5	
Equipment	5 points if focus listed	5	
Priority	1 – 4 points	4	
	2 – 3 points		
	3 – 2 points		
	4 – 1 point		
Paragraph	25 points total	25	
Useful life of 1 year	5 points total	5	
<b>Total Points</b>		<b>50 Points Max</b>	