



## 2009 Equipment Assistance Grants for School Food Authorities

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law on February 17, 2009. The ARRA provides a one-time appropriation of \$100 million for equipment assistance to school food authorities (SFAs) participating in the National School Lunch Program. Texas will distribute an allocation of \$11.5 million among SFAs that competitively apply for these grants.

### SCHOOL FOOD AUTHORITY PROFILE

<b>SECTION A</b>	<b>SFA INFORMATION</b>			
	Public and Charter Schools		Co. District No.:	ESC Region:
	Private Schools and Residential Child Care Institutions (RCCIs)		Program No.:	
	SFA Name:			
	<b>SFA ADDRESS</b>			
	Physical Address:			
	City:		State:	Zip:
	Mailing Address:			
	City:		State:	Zip:

<b>SECTION B</b>	<b>SFA FOOD SERVICE</b>		
	Does your SFA use a food service management company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Are any of these projected purchases for use in a central kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<b>SFA ENROLLMENT AND LUNCH PARTICIPATION</b>		
	Total SFA Enrollment for October 2008: (Note: This field will be populated from TDA records.)		
Total SFA Lunch Average Daily Participation (ADP) for October 2008: (Note: This field will be populated from TDA records.)			

**Note: This document is for planning purposes only. Grant applications must be entered and submitted using Food and Nutrition's on-line application system. Applications will not be accepted in hardcopy.**

**SFA QUESTIONS**

1. Explain how the SFA will be able to meet all Federal, State and Local procurement criteria, and have all funds spent by September 30, 2009. (Field limit is 2,000 characters, including spaces.)

**SECTION C**

2. Please provide your SFA's food service department's current fund balance and average 3-months operating expense total. (The current fund balance is found on the SFA's financial report and is not the annual profit/loss amount.) List all funding sources that can be used for food service equipment purchases. Details to further explain the SFA's financial status may be included in the Comments field.

SFA's Food Service Current Fund Balance:	\$
Food Service Average 3-Months Operating Expense Total:	\$

**Funding Sources Available for Equipment Purchases:**

Source Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Amount Available from Other Funding Sources:</b>	<b>\$</b>

(Optional) Comments: (Field limit is 500 characters, including spaces.)

Total SFA Grant Amount Requested: (Note: This field will be populated from School Profiles.)	\$
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<b>SECTION D</b>	<b>SFA CONTACT INFORMATION</b>	
	<b>SFA Grant Application Contact</b>	
	First Name:	
	Last Name:	
	Position:	
	E-Mail Address:	
	Phone Number:	
	<b>SFA Business Manager</b>	
	First Name:	
	Last Name:	
	E-mail Address:	
	<b>SFA Food Service Director</b>	
	First Name:	
Last Name:		
E-mail Address:		

<b>SECTION E</b>	<b>CERTIFICATION OF APPROVAL</b>	
	<p><b>By submitting this form, I certify that the superintendent has reviewed and approved this application and that it is correct to the best of his/her knowledge. If selected, this SFA will implement the grant in a manner consistent with the policies and procedures established by USDA and TDA. This SFA will follow all applicable federal, state and local procurement rules, regulations and guidance. This SFA agrees to participate in all state and federal audits and evaluations and to provide the information requested by the specified deadlines.</b></p>	
	<b>SFA Superintendent/CEO or Designee</b>	
	First Name:	
	Last Name:	
	Title:	
	E-Mail Address:	
Phone Number:		
Date:		

**Thank you for applying for the 2009 Equipment Assistance Grant!**  
 For more information visit our Web site at [www.Squaremeals.org](http://www.Squaremeals.org) or call us at (888) TEX-KIDS



## ATTACHMENT A

### 2009 Equipment Assistance Grants for School Food Authorities

#### SCHOOL PROFILE

Complete a separate Attachment A for each school that may be included in the SFA's grant application.

<b>SECTION A</b>	<b>SCHOOL INFORMATION</b>			
	Public and Charter Schools		Co. District No.: -	Campus Number:
	Private Schools and Residential Child Care Institutions (RCCIs)		Program No.: -	
	School Name:			
	<b>SCHOOL ADDRESS</b>			
	Physical Address:			
	City		State	Zip
	Mailing Address:			
	City		State	Zip

<b>SECTION B</b>	<b>SCHOOL FOOD SERVICE</b>			
	Food preparation method: Onsite <input type="checkbox"/> Satellite <input type="checkbox"/> Vended <input type="checkbox"/> Other <input type="checkbox"/>			
	If Other, please explain:			
	Are any of these projected purchases for use in a central kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>SCHOOL ENROLLMENT AND LUNCH PARTICIPATION</b>			
	Number of children <i>enrolled</i> at this school in October 2008: (Note: For Public and Charter Schools, this field will be populated from TDA records.)			
Number of children <i>approved for free or reduced meals</i> at this school in October 2008: (Note: For Public and Charter Schools, this field will be populated from TDA records.)				
Total Lunch Average Daily Participation (ADP) at this school for October 2008:				



b. Improve the safety of the food served in the school meals programs. (Field limit is 2,000 characters, including spaces.)

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c. Improve the overall energy efficiency of the school food service operations. (Field limit is 2,000 characters, including spaces.)

SECTION C (CONT'D)

SECTION C (CONT'D)

d. Allow the school to support expanded participation in the school meals program. (Field limit is 2,000 characters, including spaces.)

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SECTION D

**SCHOOL CONTACT INFORMATION**

**School Food Service Manager**

First Name:

Last Name:

E-mail Address:

**School Principal**

First Name:

Last Name:

E-mail Address:

SECTION E

**CERTIFICATION OF APPROVAL**

**By submitting this form, I certify that I have reviewed this application and all information is correct to the best of my knowledge. I understand that the superintendent or his/her designee will make the final decision on whether or not to include this school's application with the SFA's official ARRA grant application. This school will cooperate with all related state and federal audits and evaluations.**

**School Grant Application Contact**

First Name:

Last Name:

Title:

E-Mail Address:

Date: