THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12 Instructional Support
Child Nutrition Program Administration
89 Washington Avenue Room 375 EBA Albany, NY 12234
www.cn.nysed.gov

RFP#GC23-010 FY 2022 National School Lunch Program Equipment Assistance Grant for School Food Authorities

Application Checklist

Include this checklist with the submission to verify that necessary materials have been included.

School Food Authority (SFA):	
12 Digit SFA LEA Code:	* Please enter a 12-digit number

Please download this application to your device and fill out the required information.
Each application submission must then be uploaded into the SharePoint site by the application deadline of March 31st, 2023, at 5:00 PM, and include the following:

- ☐ **One completed Application Checklist for each application.**
- ☐ **One signed and complete application form. See Request for Proposal (RFP) for how to complete the application**.

Each application MUST include:

- Completion of parts 1 through 4 and detailed responses to part 5 of the application form
- Three vendor quotes and any additional supporting documentation to substantiate the cost of each piece of requested equipment
- ALL required documentation listed below, as applicable.

- ☐ A copy of the Recipient Agency's (RA)'s current Certificate of Occupancy or other documentation from the local government authority having jurisdiction for determining compliance with applicable building codes of New York State as described in the "Mandatory Requirements for Non-Public Schools" Section of the RFP (non-public schools only).
- ☐ A copy of the RA's current building Fire Inspection indicating no violations from the local government authority having jurisdiction for determining compliance with applicable fire codes of New York State as described in the "Mandatory Requirements for Non-Public Schools" Section of the RFP (non-public schools only)
- ☐ The prequalification process, as described in the RFP, must be completed for non-public SFAs and charter school SFAs. While no documentation is required with the application, all non-public SFAs and charter school SFAs will be required to prequalify to be eligible for this grant opportunity.
- ☐ Upload each completed application **separately** into the SharePoint site once the prompted entries for each submission have been completed. **Review the submission and ensure all applicable documents have been uploaded and attached to SharePoint.**

Questions pertaining to the RFP must be emailed to foodequip@nysed.gov by the Questions due date.

Questions pertaining to acceptable documentation **for mandatory requirements or SFA eligibility** may be submitted to the foodequip@nysed.gov email address prior to application deadline.

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Point of Sale Type Application Form

Instructions: School Food Authorities (SFAs) should thoroughly review the RFP prior to completing the application form. Thoroughly complete the application according to the information provided in the RFP and the instructions in each section of this application form. Please limit responses to the space provided. Non-applicable questions will be in read-only format.

To begin, please select one equipment request type:

○ General Equipment ○ Serving Line Equipment ◉ Point of Sale (POS) Equipment

Part 1 – General Information

School Food Authority (SFA):	
12 Digit SFA LEA Code:	* Please enter a 12-digit number

General Equipment Only & Serving Line Only (POS Equipment Request- Recipient Agencies (RAs) will be added in Part 4.)

Recipient Agency (RA):	-
12 Digit RA LEA Code:	
RA Address:	-
RA Building is*:	Owned Rented/Leased *You may be asked to supply additional documentation relating to the physical location the equipment will be used.
RA Participates in:	NSLP SBP Afterschool Snack FFVP SFSP
Food Preparation Method:	On-Site Satellite Vended, Name of Vendor:
Is this RA a central kitchen?	No Yes, List the RAs the central kitchen provides food to:

Part 2- Contact Information

Primary Contact:

Name:		Title:	
Email:		Phone:	

Food Service Director:

Name:		Title:	
Email:		Phone:	

Fiscal Contact:

Name:		Title:	
Email:		Phone:	

Part 3 – Certification: The certification statement must be signed by the applicant's chief school/administrative officer to be considered. The food service director may not sign the application.

I hereby certify that I am the applicant's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Appendix A, Appendix A-1G and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

The equipment acquired with these funds will be used in the non-profit National School Lunch Program to meet the nutritional needs of the students. I have read and understand the guidelines of the program, and, if selected, agree to implement the grant as outlined above in a manner consistent with the policies and procedures established by the United States Department of Agriculture (USDA). I agree to participate in any USDA-sponsored evaluation and to provide the information requested by the specified deadlines.

I certify that the equipment acquired with these funds will be procured in accordance with Federal, State, and local procurement requirements that are required in 7 CFR Part 210.

Signature (Please print, sign and upload this page.)	Date
Name (Please print)	Title

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf(link is external), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
   U.S. Department of Agriculture
   Office of the Assistant Secretary
   for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax:
   (833) 256-1665 or (202) 690-7442; or
3. email:
   program.intake@usda.gov.

This institution is an equal opportunity provider.

Part 4 – General Equipment Request (5 Points)- Complete the equipment request chart to identify the equipment item requested including all related costs.

Provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

Equipment Name/ Description:		0
Equipment is:		New Equipment Replacement equipment
Make & Model:		-
Size:		-
Primary Use:		-
Equipment Cost:	$	0.00
Delivery Cost:	$	0.00
Installation Cost:	$	0.00
Disposition of Old Equipment Cost:	$	0.00
Other Cost (specify)**:**	$	0.00 Specify: -
Total Per-Unit Request:	$	
Number Requested:		0
Total Request: (Per-Unit Cost X number requested)	$	

Part 4 – Serving Line Equipment Request (5 Points) - To be completed for SERVING LINE REQUESTS ONLY. See RFP for details.

By completing this section, you are indicating that the items listed below will be used together to directly serve reimbursable meals to students at the RA indicated in Part 1 of this application.

Complete an equipment request column for each piece of equipment requested in the serving line and identify the specific per-unit cost for each item requested. An SFA may not receive more than a combined $20,000 for an individual RA. Provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items. SED reserves the right to remove any unallowable or inappropriate items from the request.

	Serving Line Item #1	**Serving Line Item #2**	**Serving Line Item #3**	**Serving Line Item #4**	**Serving Line Item #5**	**Serving Line Item #6**
Equipment Item:	-	-	-	-	-	-
Equipment Is:	New Replacement	New Replacement	New Replacement	New Replacement	New Replacement	New Replacement
Make/Model:	-	-	-	-	-	-
Size:	-	-	-	-	-	-
Primary Use:	-	-	-	-	-	-
Equipment Cost:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Delivery Cost:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Installation Cost:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Disposition/ Other: Cost	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Specify Other Costs:	-	-	-	-	-	-
Per Unit Cost:	$	$	$	$	$	$
# Requested:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Requested by item ($):	$	$	$	$	$	$
Total of all requested items ($)						

Provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

Part 4 – Point of Sale (POS) Equipment Request (5 Points) - To be completed for POS REQUESTS ONLY.

Thoroughly complete the chart below to indicate the POS components requested for each **eligible** RA. By completing this application, you are indicating that the items listed below will be used together to assist with maintaining the integrity of reimbursable meal service at the RAs listed in the chart. An SFA may not receive more than a combined $20,000 for an individual RA. NYSED reserves the right to remove any unallowable or inappropriate items from the request.

	RA #1	RA #2	RA #3	RA #4
RA Name:				
RA LEA Code:				
RA Address:				
Food Preparation Method:	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended
Vendor Name, if applicable:				
Programs of Participation:	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP
Equipment Item:				
Equipment Is:	○ New ○ Replacement	○ New ○ Replacement	○ New ○ Replacement	○ New ○ Replacement
Make/Model (Hardware):				
Primary Use:				
Equipment Cost:	$	$	$	$
Delivery Cost:	$	$	$	$
Installation Cost:	$	$	$	$
Disposition/Other:	$	$	$	$
Specify Other Cost:				
Per Unit Cost:	$ 0.00	$ 0.00	$ **0.00**	$ 0.00
# Requested:				
Total Requested for each RA ($):	$ 0.00	$ **0.00**	$ **0.00**	$ **0.00**
Total of all requested items ($)	0.00	total of 0.00		

Provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

Part 4 – Point of Sale (POS) Equipment Request (5 Points) - To be completed for POS REQUESTS ONLY.

Thoroughly complete the chart below to indicate the POS components requested for each **eligible** RA. By completing this application, you are indicating that the items listed below will be used together to assist with maintaining the integrity of reimbursable meal service at the RAs listed in the chart. An SFA may not receive more than a combined $20,000 for an individual RA. NYSED reserves the right to remove any unallowable or inappropriate items from the request.

	RA #5	RA #6	RA #7	RA #8
RA Name:				
RA LEA Code:				
RA Address:				
Food Preparation Method:	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended
Vendor Name, if applicable:				
Programs of Participation:	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP
Equipment Item:				
Equipment Is:	○ New ○ Replacement	○ New ○ Replacement	○ New ○ Replacement	○ New ○ Replacement
Make/Model (Hardware):				
Primary Use:				
Equipment Cost:	$	$	$	$
Delivery Cost:	$	$	$	$
Installation Cost:	$	$	$	$
Disposition/Other:	$	$	$	$
Specify Other Costs:				
Per Unit Cost:	$ 0.00	$ 0.00	$ 0.00	$ 0.00
# Requested:				
Total Requested for each RA ($):	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Total of all requested items ($)	0.00	total of 0.00		

Provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

Part 4 – Point of Sale (POS) Equipment Request (5 Points) - To be completed for POS REQUESTS ONLY.

Thoroughly complete the chart below to indicate the POS components requested for each **eligible** RA. By completing this application, you are indicating that the items listed below will be used together to assist with maintaining the integrity of reimbursable meal service at the RAs listed in the chart. An SFA may not receive more than a combined $20,000 for an individual RA. NYSED reserves the right to remove any unallowable or inappropriate items from the request.

	RA #9	RA #10	RA #11	RA #12
RA Name:				
RA LEA Code:				
RA Address:				
Food Preparation Method:	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended	○ On-Site ○ Satellite ○ Vended
Vendor Name, if applicable:				
Programs of Participation:	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP	☐ NSLP ☐ SBP ☐ Snack ☐ SFSP ☐ FFVP
Equipment Item:				
Equipment Is:	○ New ○ Replacement	○ New ○ Replacement	○ New ○ Replacement	○ New ○ Replacement
Make/Model (Hardware):				
Primary Use:				
Equipment Cost:	$	$	$	$
Delivery Cost:	$	$	$	$
Installation Cost:	$	$	$	$
Disposition/Other:	$	$	$	$
Specify Other Cost:				
Per Unit Cost:	$ 0.00	$ 0.00	$ 0.00	$ 0.00
# Requested:				
Total Requested for each RA ($):	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Total of all requested items ($)	0.00	total of 0.00		

Provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

Part 5 – Questions

Instructions

There are 4 required sections (Section 1: Recipient Agency Equipment Needs, Section 2: Quality Improvement, Section 3: Focus Areas, and Section 4: Research and Budget). Points will be awarded based upon your responses to the required questions as well as the selected focus area questions in Section 3.

Provide detailed responses to all questions in sections 1, 2, and 4.

Section 3 consists of 3 separate focus areas (Focus 1: Food Safety, Focus 2: Serving Healthier School Meals, Focus 3: Expanded Participation).

Select **ONE** of the three focus areas and provide detailed responses to all questions applicable to the focus area selected.

Please indicate which one of the focus areas has been selected in the checkbox below:

- ◉ Focus 1: Food Safety
- ○ Focus 2: Serving Healthier School Meals
- ○ Focus 3: Expanded Participation

*Please Note: No additional points will be awarded if responses are provided to questions in more than one focus area. If the SFA provides responses to more than one focus area, points will be awarded for the first focus area addressed only.

Section 1 – Recipient Agency Equipment Needs

1(a)	Explain in detail why the current equipment/or lack of equipment is not meeting the needs of the NSLP? Include the age of existing equipment. (10 Points)

Section 2: Quality Improvement

2(a) Explain how the equipment will improve the overall quality of meals served. Please include a detailed description of the specific improvements (improved cooking methods, improved appearance and/or taste, new food items and/or recipes, improved nutrition quality, etc.). (10 Points)

Section 3: Focus Areas

Select one focus area and answer the questions for that focus area only. (There are only twelve (12) points available for this section. An applicant will not be awarded additional points for addressing more than one focus area. If more than one focus area is addressed, NYSED will score the response to the first focus area.)

Focus 1: Food Safety Selected. Please answer 3a and 3b:

3(a) How does this equipment improve the safety of preparing, serving and/or storing food? Please explain. Include any health department citations. (6 Points)

3(b) Explain how the SFA is currently experiencing challenges related to the safety of preparing, serving and/or storing food. (6 Points)

Focus 2: Serving Healthier School Meals Not Selected. Please ignore questions 3c and 3d, and navigate above or below.

3(c) Explain how the new equipment will allow your SFA to serve healthier school meals? (6 Points)

Focus area 2 is not selected. Applicants can set 'Focus 2' above in the 'Instructions' section.

3(d) Provide at least 3 specific examples of new food items or meal options that you will be able to prepare/serve in the reimbursable school breakfast and/or lunch meal with the new piece of equipment and explain how each new menu option meets the focus area of serving healthier school meals.
(6 Points)

Focus area 2 is not selected. Applicants can set 'Focus 2' above in the 'Instructions' section.

Focus 3: Expanded Participation Not Selected. Please ignore questions 3e and 3f, and navigate below.

3(e) How will the equipment allow for expanded participation in the NSLP and/or SBP?
Please explain. (6 Points)

Focus area 3 is not selected. Applicants can set 'Focus 3' above in the 'Instructions' section.

3(f) Indicate at least 3 specific strategies the SFA will be able to employ to increase the number of students participating in the NSLP/SBP. (6 Points)

Focus area 3 is not selected. Applicants can set 'Focus 3' above in the 'Instructions' section.

Section 4: Research and Budget (Required)

4(a) Describe the research that was conducted, and the information collected **to determine correct size, model, quality, and value of the item(s) selected**. Include the individuals involved in the process and specific models that were researched. Supporting documentation may be supplied (emails, inquiries, equipment specification sheets, etc.) (4 points)

4(b) Describe the research and procurement process that was conducted to **obtain the best possible price** and how the SFA determined the dollar value to request on this application. Indicate the type of procurement that was or will be conducted. (4 Points)

4(c) Identify the supporting documentation included with this application to substantiate the cost requested. Supporting documentation may include quotes for equipment, labor, installation, and delivery costs, etc. Complete the following chart and attach supporting documentation with your application for three vendors supplying the equipment requested. (4 Points)

1.	Vendor Name:	
	Total Equipment Acquisition Cost:	$
2.	Vendor Name:	
	Total Equipment Acquisition Cost:	$
3.	Vendor Name:	
	Total Equipment Acquisition Cost:	$