**Sample Questions for 2021 National School Lunch Program (NSLP) Equipment Assistance Grant**

**\*Applications must be completed online**

1. School Food Authority Number
2. Name of School Food Authority
3. School Mailing Address
4. School City
5. School Zip Code
6. Name of Food Service Director or Equivalent
7. Position Title
8. Email Address
9. Name of Executive Contact/Superintendent
10. Position Title
11. E-mail Address
12. Sponsor Number
13. School/Building Name/Number
14. Physical Address for Equipment Location
15. School Type
    1. CEP
    2. Non-CEP
16. Programs Offered (Check all that Apply)
    1. NSLP
    2. SBP
    3. After School Snacks
    4. FFVP
    5. SMP
17. Food Production Source (Check all that Apply)
    1. Self-Prep
    2. Satellite
    3. Central Kitchen
18. Operation Type: FSMC: Food Service Management Company; Joint: When a school contracts with another school (selling school) solely for the purpose of providing meals; Self-Op: Self Operation; Vended: When a school contracts with a private company for the purpose of providing meals. The vendor is not involved in any aspect of managing Child Nutrition Program.
    1. FSMC
    2. Joint
    3. Self-Op
    4. Vended
19. Based on October 2019 Claims - Building Enrollment
20. Based on October 2019 Claims - No. Approved for Free Meals
21. Based on October 2019 Claims - No. Approved for Reduced Meals
22. Is your school's food service account balance lower than an average 3 months of expenses?
    1. Yes
    2. No
23. If your school's food service account balance is above an average 3 months of expenses, please explain why this grant is necessary.
24. Is there state or local funding available for equipment purchase?
    1. Yes
    2. No
25. If yes, please explain if you are using those funds. (If yes and you are not using those funds please explain why)
26. Has your school received previous equipment assistance grants?
    1. Yes
    2. No
27. If yes, please enter the year(s) grant was received, and the amount received

Equipment Requested (#1)

1. Type of Equipment requested
2. Total amount requested
3. Equipment:
   1. New
   2. Renovation
   3. Replacement
   4. Installation Cost
4. Please list cost of equipment and installation cost (if applicable) separately
5. If replacing equipment please state age of equipment and reason for replacement
6. Focus Area - Select all that apply
   1. Improved Nutrition and Food Quality
   2. Expanded Participation
   3. Smarter Lunchroom Strategy
   4. Energy Efficiency
   5. Food Safety
   6. Increase Locally Grown Food

Question 6 continued: Please give details on what you are planning to do (Explanation can be brief, but please give as much detail as possible)

1. Will this purchase benefit any program area other than the School Nutrition Program?
   1. Yes
   2. No
2. If yes, please explain and enter percentage use by each program
3. Is there any existing state or local funding available for purchasing this equipment?
   1. Yes
   2. No
4. If yes, please give details:
5. Procurement method used (Applicants that obtained multiple bids for the equipment will receive a higher score than using a micro-purchase method) If you have already obtained multiple bids for the equipment please submit them to: SCNFinance@doe.in.gov (Please enter your sponsor number/school name and "Equipment Grant" in the subject line).
6. Do you want to apply for additional equipment?
   1. Yes
   2. No