

ARKANSAS 2009 FOOD SERVICE EQUIPMENT ASSISTANCE GRANT APPLICATION



Local Education Agency Name _____

Application _____ of _____

Part II
Section 2
Kitchen or Serving Site Application

Kitchen/School Site Priority Rank by LEA _____

District/LEA Name: _____ District/LEA #: _____

Kitchen or Serving Site Name: _____ County: _____

Physical Address of Kitchen or Serving Site: _____

Equipment Application Priority Rank: Use number 1-10 to rank this application. Select the level of priority of the kitchen/serving site listed below:
 (1=very necessary, 10=would like to have).

- 1 2 3 4 5 6 7 8 9 10

1. List Schools Served by Kitchen or Serving Site

LEA #	Kitchen/School Serving Site Name

2. a. School Site Average Daily Participation (ADP) Percentage for March 2009 – Total Lunches Served to All Students ÷ # of Days Served = ADP for School Site,
 (use daily records for March 2009 for this calculation).

(ADP/ADA (Average Daily Attendance for School Site) = % ADP) _____

b. Anticipated increase in participation, if any, due to the purchase of the piece of equipment:

- 0% 1-10% 21-30% 41-50% 61-70% 81-90%
 11-20% 31-40% 51-60% 71-80% 91-100%

3. Identify frequency of deliveries by category for this kitchen/serving site

Grocery – Staple, Canned, Dry	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly
Grocery – Frozen	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	
Milk	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	
Produce	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	
Bread	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	
Commodities	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly

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4. List Equipment in Rank of Priority

Rank	Equipment	Estimated Cost	New		Age of Equipment to be Replaced (Check One)	Focus Area (Check One)	
			Addition	Replacement (Check One)		Healthy Meals	Energy Efficiency
1.					<input type="checkbox"/> 1-5 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> over 20 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 16-20 years	<input type="checkbox"/> Healthy Meals <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Food Safety <input type="checkbox"/> Expanded Participation	
2.					<input type="checkbox"/> 1-5 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> over 20 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 16-20 years	<input type="checkbox"/> Healthy Meals <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Food Safety <input type="checkbox"/> Expanded Participation	
3.					<input type="checkbox"/> 1-5 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> over 20 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 16-20 years	<input type="checkbox"/> Healthy Meals <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Food Safety <input type="checkbox"/> Expanded Participation	
4.					<input type="checkbox"/> 1-5 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> over 20 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 16-20 years	<input type="checkbox"/> Healthy Meals <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Food Safety <input type="checkbox"/> Expanded Participation	
5.					<input type="checkbox"/> 1-5 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> over 20 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 16-20 years	<input type="checkbox"/> Healthy Meals <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Food Safety <input type="checkbox"/> Expanded Participation	

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5. List Names, e.g., manufacturers, equipment companies, that have provided cost estimate(s).

This must be completed or the application will be denied. Do not include any literature from manufacturers or equipment companies.

6. Justification for District/LEA Priority Rank for the Kitchen or Serving Site Equipment Request. Must address the focus area checked (Page 2 of this application) for each piece of equipment applied for, e.g. refrigerator to enable increased service of fresh fruits and vegetables. Provide planned menu changes, if any, based on equipment purchased with grant award(s).