ILLINOIS STATE BOARD OF EDUCATION

Uniform Application for State Grant Assistance

Complete all portions of the application, following this cover page. The application must be signed *(line 50, page 3 of this document)* by the Authorized Representative, as the person legally and administratively responsible for the School Food Authority that is applying for funding.

This form allows for electronic signature and submission. Applications that are electronically signed may use the "Submit Application" button on this page, or applicants may simply save and send the file as an email attachment. This form may also be printed for handwritten signature. Applications signed by hand should be scanned to a PDF file and sent via email. Applicants can expect a response confirming receipt of the application within 1-2 business days of submission. Email to submit application: NutritionGrants@isbe.net

Save | Print | Clear Form | Submit Application

Agency Completed Section	
1. Type of Submission	☐ Preapplication ☒ Application ☐ Changed/Corrected Application
2. Type of Application	☒ New ☐ Continuation (i.e. multiple year grant) ☐ Revision (modification to initial application)
3. Date/Time Received by State *(completed by State Agency upon receipt of application)*	
4. State Awarding Agency	**Illinois State Board of Education**
5. Catalog of State Financial Assistance (CSFA) Number	**586-18-0871**
6. CSFA Title	**NSLP Equipment Assistance Grant**
Federal Assistance Listing	
7. Assistance Listing Number	**10.579**
8. Assistance Listing Title	**Child Nutrition Discretionary Grants Limited Availability**
9. Assistance Listing Number	
10. Assistance Listing Title	
Funding Opportunity Information	
11. Funding Opportunity Number	**27-4260**
12. Funding Opportunity Title	**National School Lunch Program Equipment Assistance Grant**
13. Funding Opportunity Program Field	**School Nutrition**
Competition Identification	☒ **Not Applicable**
14. Competition Identification Number	
15. Competition Identification Title	

Uniform Application for State Grant Assistance Illinois State Board of Education Applicant Completed Section	
APPLICANT (Name of School District/Sponsor Organization)	REGION COUNTY DISTRICT TYPE (RCDT) CODE
16. Legal Name (Name used for UEI registration and grantee prequalification)	
17. Common Name (DBA)	
18. Employer/Taxpayer Identification Number (EIN/TIN)	
19. Organizational UEI Number	
20. SAM CAGE Code	
21. Business Address (Street, City, State, County, Zip Code + 4)	
Applicant's Organizational Unit	
22. Department Name	
23. Division Name	
Applicant Contact Information – Designated contact for Program matters related to this application	
24. First and Last Name	
25. Suffix	
26. Title	
27. Organizational Affiliation	
28. Telephone Number *(Include Area Code)*	
29. Fax Number *(Include Area Code)*	
30. Email Address	
Applicant Contact Information – Designated contact for Business/Administrative Office matters related to this application	
31. First and Last Name	
32. Suffix	
33. Title	
34. Organizational Affiliation	
35. Telephone Number *(Include Area Code)*	
36. Fax Number *(Include Area Code)*	
37. Email Address	

Uniform Application for State Grant Assistance
Illinois State Board of Education

Applicant Completed Section (Continued)

Areas Affected	
38. Areas Affected by the Project (cities, counties, statewide, district) *Add attachments (e.g., maps) if needed*	
39. Legislative and Congressional Districts of Applicant	
40. Legislative and Congressional Districts of Program/Project	
Applicant Project	
41. Description Title of Applicant's Project *(Text only for the title of the applicant's project)*	
42. Proposed Project Term	Start Date: **1/15/2027** End Date: **8/31/2027**
43. Project Funding Estimate	☐ Amount requested from the State ..... $ _____ ☐ Applicant Contribution..... $ _____ (e.g., in kind, matching) ☐ Local Contribution ..... $ _____ ☐ Other Source of Contribution ..... $ _____ ☐ Program Income ..... $ _____ ***Total Project Funding*** $ **0.00**

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) to the best of my knowledge and belief that the information provided herein this application and attachments is true, complete, and accurate. I agree to comply with any resulting terms if I accept an award. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

☐ I agree

Authorized Representative *The Authorized Representative is the person legally and administratively responsible for the institution that is the School Food Authority.*	
44. First and Last Name	
45. Suffix	
46. Title	
47. Telephone Number *(include Area Code)*	
48. Fax Number *(include Area Code)*	
49. Email Address	
50. Signature of Authorized Representative	
51. Date Signed	

ILLINOIS STATE BOARD OF EDUCATION

Project Proposal/ Equipment Request

NATIONAL SCHOOL LUNCH PROGRAM EQUIPMENT ASSISTANCE GRANT

1. Applicant Information

Applicant Name *(School District/Sponsor Organization)*	**Region County District Type (RCDT) Code**

2. Procurement of Equipment

2a. Review information below regarding procurement of equipment.

Mark each box to acknowledge understanding of this section.

☐ Equipment must be competitively procured. SFAs are required to follow all federal, state, and local procurement laws when purchasing equipment (either wholly or in party) with this subgrant award.

Federal Procurement Requirements

☐ 2 CFR Part 200 Subpart D - Procurement Standards

☐ National School Lunch Program regulation: 7 CFR 210.21 Procurement

State Procurement Requirements *(Applies to Public School Districts)*

☐ 105 ILCS 5/10-20.21: The Illinois Public School Code on Contracts

- Public Act 102-1101/105 ILCS 5/10-20.21
  (HB 4813 became PA 102-1101 upon passage, which in turn amended the IL School Code)

Local Procurement Requirements

School Food Authority/Sponsoring Organizations may set more restrictive purchasing thresholds per board/local policy and documented in written procurement procedures.

☐ Review local procurement policy/procedures.

Technical Assistance

☐ Help is available to SFAs that have questions or need further assistance regarding procurement methods, procedures, and compliance with procurement requirements. SFAs are encouraged to contact ISBE Nutrition Department for technical assistance as needed. Contact information is in Section G of the Notice of Funding Opportunity (27-4260) for this grant.

3. Allowable Costs

3a. Review information below regarding allowable costs.

Mark each box to acknowledge understanding of this section.

☐ Any funds awarded through this opportunity may only be used for capital expenditure to purchase or renovate a single, pre-approved piece of equipment.

☐ All costs – whether paid in whole or in part with grant funding – must be necessary, reasonable, and allocable to this grant program, and must comply with the Cost Principles for Federal Awards.

☐ Reasonable costs include allowable expenses such as:

Acquisition Costs

The capitalized costs that are associated with acquiring the equipment, including costs to ready the equipment for its intended use, may include:

- Net invoice price of the equipment
- Shipping, liftgate, and delivery costs
- Installation
- Disposal of old equipment
- Minor kitchen modifications necessary for equipment installation (e.g. adding/moving electrical outlets, upgrading electrical voltage, small plumbing upgrades, improving ventilation to support equipment)
- Equipment attachments that are necessary for its intended use (e.g., food processor accessory attachments, mixer attachments, sneeze guard for serving counter, etc.)
- Necessary accessories or auxiliary components (e.g., a compressor for a freezer, wire shelving for walk-in refrigeration unit, etc.)
- Ancillary charges such as taxes, freight, and protective in-transit insurance may be included if allowed under State and local accounting practices
- Add-on warranty/maintenance contract specific to the equipment unit

Cost to Renovate/Refurbish Existing Equipment

Capitalized cost of additions, improvements, modifications, replacements, or alterations to existing equipment that significantly extends its useful life and/or materially increases its value (not ordinary repairs or maintenance) may include:

- Labor/service charge
- Parts/materials
- Costs, similar in nature to those which are listed above as acquisition costs, that are necessary for renovation/refurbishment of existing equipment

4. Project Focus and Type

4a. Project focus areas are based upon the grant program goals and objectives. The equipment requested in this proposal must support SFA efforts toward making achievements in one or more of the focus areas for the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP).

Select one or more:

☐ Improve the nutrition and quality of meals, including supporting the implementation of updated nutrition requirements for school meals

Facilitate more fresh fruit/vegetable offerings at lunch or breakfast, enable scratch cooking, provide healthier cooking methods such as steaming/baking/grilling foods, etc.

☐ Improve food safety

Maintain proper temperature, decrease cross-contamination risks, improve sanitation, etc.

☐ Newly implement the School Breakfast Program

☐ Expand the School Breakfast Program

Add serving locations around the school, initiate/expand Breakfast After the Bell, etc.

☐ Increase operational efficiency related to procurement, food storage, and/or distribution service.

Expand storage capacity, improve flow/additional service lines, etc.

☐ Provision of convenience and appeal to the student population

Increase variety, entrée choices, add distribution methods, etc.

4b. Project type may include replacement of an existing equipment item, addition of a new equipment item, or renovation of an existing equipment item.

Select one:

○ Replacement of existing equipment

Replace an existing equipment item with the purchase of a new item that is similar in function and capacity; the existing item will no longer be used.

○ Addition of new equipment

Purchase an item that does not replace an existing item. The new item adds new functionality or increased capacity that did not previously exist

○ Renovation of existing equipment

Make additions, improvements, modifications, replacements, or alterations to existing equipment that significantly extends its useful life and/or materially increases its value (not ordinary repairs or routine maintenance).

5. Project Narrative

5a. The project narrative should provide enough information and details for reviewers to evaluate need, capacity, and quality of the proposed project. Make sure to include all information as described in the narrative requirements.

Narrative Requirements:

i Address the need for the proposed project. Describe the age and overall condition of the existing equipment that is being replaced or renovated/refurbished. If adding new equipment, describe the purpose of adding new equipment and explain why existing equipment does not meet that purpose.

ii Describe any research, comparison, analysis, and/or consideration that was conducted to decide on equipment model, size, specifications, or type of equipment to purchase that would best meet program needs. Or, if renovating equipment, explain why it is more economical, efficient, or necessary to renovate versus replacing with new or different equipment.

iii Explain how the proposed project will support the focus areas that were indicated in Section 4a of this form.

6. Equipment

Regarding this funding opportunity, equipment is defined[1] as tangible, nonexpendable personal property having a useful life of more than one year and an acquisition cost of greater than $1,000 *per unit*.

Provide information about the equipment you will purchase/renovate if awarded:

6a. Type of Equipment Select the type of equipment from the drop-down list

6b. Equipment Description/Specifications

6c. Indicate the location and manner which the equipment will be used for program operations.

Site Name	WINS Site Number

Street Address	City	Zip Code

Equipment will be used for:

- ◯ Individual program site operations only, at the location named above
- ◯ Centralized program operations are conducted at this location; equipment will support multiple program sites

Indicate the type of centralized operations the equipment will be used for and list program sites:

☐ **Centralized Food Production** (Central Kitchen) ☐ **Centralized Product Storage** (Central Warehouse) ☐ **Transport Meals to Program Sites**

Site Name	WINS Site Number	Site Name	WINS Site Number

[1] As it pertains to this funding opportunity, the term "equipment" is defined by federal regulation at 2 CFR Part 200.1 and by Public Law 118-42.

7. Project Budget

The project budget includes costs associated with acquiring new/replacement equipment or renovation of existing equipment. Applicants are encouraged to include reasonable costs associated with successfully installing and using the new/renovated equipment.

Allowable Costs	Projected Amount
Acquisition costs include the net invoice price of the equipment and associated costs to acquire and ready the equipment for its intended use.	
◦ Net invoice price of the equipment (list price, net of any discounts)	
◦ Equipment attachments that are necessary for its intended use (describe):	
◦ Necessary accessories or auxiliary components (describe):	
◦ Shipping, liftgate, and/or delivery	
◦ Disposal of old equipment	
◦ Installation	
◦ Minor kitchen modifications necessary for equipment installation (describe):	
◦ Add-on warranty/maintenance contract specific to the equipment unit	
◦ Ancillary charges such as taxes, freight, and protective in-transit insurance may be included if allowed under State and local accounting practices (describe):	
◦	
Renovation costs include additions, improvements, modifications, replacements, or alterations to existing equipment that significantly extends its useful life and/or materially increases its value – this does NOT include ordinary repairs or maintenance.	
◦ Service charge/labor	
◦ Parts/materials	
◦	
Total Projected Cost: $	**0.00**

Project Funding	Amount
The maximum grant award is $25,000 or the total projected cost, whichever is less.	
Amount of grant funding requested	
Although there are no cost sharing or matching funds requirements, proposals with a total projected cost greater than $25,000 must provide information on other sources of funding that will be used.	
Applicant contribution (e.g., in kind, matching)	
Local contribution	
Other Source of Contribution	
Program Income	
Total Project Funding: $	**0.00**