



## APPLICATION FOR PARTICIPATION

# 2022 Equipment Assistance Grants for National School Lunch Program Operator

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**Maryland State Department of Education**

200 West Baltimore Street  
Baltimore, Maryland 21201

**Deadline**

February 1, 2023  
No later than 5:00 p.m. EST

**MARYLAND STATE DEPARTMENT OF EDUCATION**

**Mohammed Choudhury**

State Superintendent of Schools  
Secretary-Treasurer, Maryland State Board of Education

**Sylvia A. Lawson, Ph D.**

Deputy Superintendent, Organizational Effectiveness

**Larry Hogan**

Governor

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Jean C. Halle

Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

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## Application Cover Page

Program name: Equipment Assistance Grants for National School Lunch Program (NSLP) Operators

Name of grant contact person:

Title of contact person:

Address:

Phone number:

School's Employer Identification Number (EIN):

School's Unique Entity Identifier (UEI):

Total amount requested: \$

Please list each piece of equipment requested, the cost of the equipment, and the school that will receive the equipment:

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**X**

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School's Authorized Representative Signature

School's Authorized Representative Printed Name:

## Project Narrative

### GOALS, MEASURABLE OUTCOMES, AND EVIDENCE OF IMPACT

Use the following table to briefly describe the following:

- Facility that would receive the requested equipment
- Equipment requested
- Cost of equipment requested
- Key focus areas impacted by the requested equipment
- Child Nutrition (CN) Program(s) that would use this equipment
- Total enrollment served by the proposed equipment
- Percentage of students receiving free and reduced-price meals at the facility that would receive the requested equipment
- Justification for funding
- Goal(s) of the purchase of the requested equipment
- Measurable outcome(s) that the purchase of the requested equipment would have
- Evidence of impact that the equipment purchase would have on the student population and/or CN Program operations

Refer to the Grant Information Guide (GIG) for a list of approved equipment.

If the equipment you are requesting is not listed, you must complete an Equipment and Other Capital Expenditures Approval Request form.

Facility Name	Facility Type <i>Select all that apply</i>	Equipment Requested	Cost of Equipment, Installation, etc.	Key Focus Areas <i>Select all that apply</i>	CN Program(s) Using Equipment <i>Select all that apply</i>	Total Enrollment Served by Proposed Equipment	Free and Reduced-Price Percentage*
	<input type="checkbox"/> School <input type="checkbox"/> Production Kitchen <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> Meal Quality <input type="checkbox"/> Food Safety <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Expand Participation	<input type="checkbox"/> SBP <input type="checkbox"/> NSLP		
<i>Justification for funding</i>							
<i>Goal(s)</i>	1.						
<i>Measurable Outcome(s)</i>	1.						
<i>Evidence of Impact</i>	•						
	<input type="checkbox"/> School <input type="checkbox"/> Production Kitchen <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> Meal Quality <input type="checkbox"/> Food Safety <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Expand Participation	<input type="checkbox"/> SBP <input type="checkbox"/> NSLP		
<i>Justification for funding</i>	1.						
<i>Goal(s)</i>	2.						
<i>Measurable Outcome(s)</i>	1.						
<i>Evidence of Impact</i>	•						
	<input type="checkbox"/> School <input type="checkbox"/> Production Kitchen <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> Meal Quality <input type="checkbox"/> Food Safety <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Expand Participation	<input type="checkbox"/> SBP <input type="checkbox"/> NSLP		
<i>Justification for funding</i>	1.						
<i>Goal(s)</i>	2.						
<i>Measurable Outcome(s)</i>	1.						
<i>Evidence of Impact</i>	•						
	<input type="checkbox"/> School <input type="checkbox"/> Production Kitchen <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> Meal Quality <input type="checkbox"/> Food Safety <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Expand Participation	<input type="checkbox"/> SBP <input type="checkbox"/> NSLP		
<i>Justification for funding</i>	1.						
<i>Goal(s)</i>	2.						
<i>Measurable Outcome(s)</i>	1.						
<i>Evidence of Impact</i>	•						

\*Current free and reduced-price meal data is available at: [www.eatsmartmaryland.org](http://www.eatsmartmaryland.org)

## PLAN OF OPERATION, KEY PERSONNEL, AND TIMELINE

### Plan of Operation

Discuss the strategies and activities that will be used to accomplish the equipment purchase(s), as well as the extent of need.

Type response here.
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### Key Personnel

The management plan clearly defines the roles, responsibilities, tasks, and deadlines of key contributors to make sure your program is a success. Please list the staff members that will be overseeing this grant in the following table.

Ensure that all administrative and key personnel responsible for the successful implementation and monitoring of the grant requirements are captured here. Provide resume(s) as an appendix. Refer to the Grant Information Guide for further guidance.

Person Responsible	Title, Organization	Responsibilities	Time devoted

*\*Add more rows if necessary*

### Project Timeline

The project timeline estimates the achievement of key tasks within Maryland State Department of Education’s (MSDE) grant terms (Phase 1, 10/1/22 – 6/30/24; Phase 2, 7/1/2024-9/30/2024). It should contain three sections: management, implementation, and evaluation. Please project the key milestones of this grant using the table below.

Management Activity	Date(s) of Completion
Procurement Process	Date(s) of Completion
Evaluation Activity	Date(s) of Completion

*\*Add more rows if necessary*

## EVALUATION AND DISSEMINATION

Describe the plan to evaluate the execution of this grant. This includes the submission of quarterly progress reports and a final progress report.

Type response here.

## Budget and Budget Narrative

Please provide a detailed description of the requested funds that will be spent for Phase 1 grant term 10/1/22 – 6/30/24.

An MSDE [Grant Budget C-125](#) form must also be completed, signed, and submitted as an appendix.

### EQUIPMENT

Item	Total
<b>Total for equipment:</b>	

*\*Add more rows if necessary*

Using the space below, explain how the costs for equipment above are necessary, reasonable, and cost-effective.

Type response here.

## Appendix

The following Appendices must be included in the proposal for funding, but do not apply to the page limit of the Project Narrative.

- Resume(s) of key personnel
- A [signed C-1-25 MSDE budget form](#)
- A [signed recipient assurances page](#)