ARKANSAS BREAKFAST EQUIPMENT GRANT EXPANSION APPLICATION AND CHECKLIST

The entire application packet must be submitted to the Arkansas Department of Agriculture, Food and Nutrition Division by November 6, 2026.

Equipment must be installed and a request for reimbursement submitted by December 15, 2026.

Checklist

- Applicant Information Completed
- Applicant Authorization and Certification Initialed
- Summary of Grant Funds Requested Completed and Signed
- Scoring/Justification Criteria Form Completed
- Equipment Specifications Attached
- At Least Two Vendor Quotes Attached

Applicant Information

District Name: _____

Piece of Equipment Requested: _____

Total Amount Requested: _____

School Name and LEA Number: _____

School Physical Address: _____

Grant Manager Name, Phone Number, Email: _____

Will the LEA accept partial funding for the equipment requested? YES ___ NO ___

Summary of Grant Funds Requested

School LEA Number	School Site	Equipment Requested	Total Cost Requested

Attach equipment specifications, two or more vendor quotes, and a justification narrative describing how the equipment supports breakfast participation and Arkansas products.

Applicant Authorization and Certification

- Ensure open and free competition for equipment purchasing.
- Ensure employees are properly trained on operation, cleaning, and food safety requirements.
- Maintain instruction manuals and equipment records.
- Do not submit reimbursement requests until equipment is installed and operational. Installation must be completed and a request for reimbursement submitted by **December 15, 2026**.
- Maintain equipment inventory and applicable amortization schedules.
- Provide required reports and documentation requested by the Arkansas Department of Agriculture.
- Ensure grant funds are expended according to the approved application.

Superintendent Initial: _____

Child Nutrition Director Initial: _____

Grant Manager Initial: _____

Breakfast Equipment Grant Expansion Scoring and Justification Form

Questions 1-4 must be completed by the district or the application will be considered incomplete.

1. Focus Area of Equipment (check all that apply)

☐ Supports Use of Arkansas Products (150 points)

☐ Breakfast Program Expansion or Increased Participation (150 points)

☐ Nutrition and Meal Quality Improvement (100 points)

☐ Food Safety (75 points)

☐ Convenience and Student Appeal (50 points)

☐ Energy Efficiency (25 points)

Justification: _____

2. Breakfast Impact

☐ Minimal Impact (25 points)

☐ Moderate Impact (50 points)

☐ Significant Impact (100 points)

☐ Transformational Impact/New Service Model (150 points)

Describe expected impact on breakfast participation:

_____

3. Arkansas Product Utilization

☐ Limited Integration (25 points)

☐ Moderate Integration (50 points)

☐ Significant Integration (100 points)

☐ Comprehensive Arkansas Breakfast Initiative (150 points)

Describe how the equipment will support Arkansas-grown, raised, or processed products:

_____

4. Age/Need of Equipment

☐ 1-10 Years Old (50 points)

☐ 11-20 Years Old (100 points)

☐ Over 20 Years Old (200 points)

☐ Do Not Have This Equipment (200 points)

Programs Operated by the Applying School (check all that apply)

☐ National School Lunch Program (50 points)

☐ School Breakfast Program (50 points)

☐ Afterschool Snack Program (10 points)

☐ Summer Meals Program (10 points)

☐ USDA Foods Distribution (10 points)

State Agency Total Score: _____