Arkansas FY 2026 NSLP Equipment Assistance Grant Application and Checklist

The entire application packet must be complete and submitted via Email to:

agri.equipmentgrant@ arkansas.gov

Checklist:

- ☐ Applicant Information Completed
- ☐ Applicant Authorization and Certification Initialed
- ☐ Summary of Grant Funds Requested Completed and Signatures
- ☐ Scoring/Justification Criteria Form Completed (if this is not completed, your application will be void)
- ☐ Equipment Specifications
- ☐ Bid Quotes (2 or more)

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Applicant Information

District Name:

_____

1 Piece of Equipment Requested:

_____

Total Amount Requested (>$1,000):

_____

School Name and LEA # for Grant Request:

_____

School Physical Address:

_____

Grant Manager Name, Phone Number, Email:

_____

_____

Funding will be awarded on a point system evaluating the criteria listed on the Scoring Criteria Form. In some cases, a LEA grant request may not be fully funded due to remaining fund balance and score. In this event, the State Agency will contact the district with the estimated partial fund.

Will the LEA accept partial funding for the piece of equipment requested on the application? Please circle the answer.

YES NO

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Summary of Grant Funds Requested

Complete and Attach Documentation

School LEA Number	School Site	Equipment Requested	Total Cost Requested >$1000

1. **Attach** bid specifications. This is what you want in the piece of equipment and what was sent to the companies to obtain price quotes or bids. Please refer to the bid specification regulations to ensure compliance.

2. **List at least two** (or more) names of manufacturers, equipment companies, etc. that have provided price quotes/ bids for the piece of equipment requested and **attach** the documentation.

Company 1.	Company 2.
Amount:	Amount:

3. **Attach** the justification for the equipment requested. This must address the focus area(s) checked for the piece of equipment applied for (see pages 3 - 4 of Instructions.)

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUL Y AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL ASSURANCES (LISTED IN INSTRUCTIONS AND APPLICATION) IF THE ASSISTANCE IS AWARDED.

_____

Signature of Superintendent

_____

Signature of Child Nutrition Director

_____

Signature of Grant Manager

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Applicant Authorization and Certification

Please read in full and initial at the bottom.

1. Ensure open and free competition for equipment purchasing.

2. Ensure food service employees are properly trained on operation, safe use, and cleaning of equipment.

3. Ensure instruction manual(s) are placed in kitchen work area, Food Service Managers office, and/or Child Nutrition Directors office.

4. Do not submit paid invoice or pay for equipment until equipment is deemed functional and operational by LEA and/or Child Nutrition Director or Manager.

5. Assume financial obligation for appropriate utilities (gas, water, electricity, etc.) within three feet of equipment. ***Installation costs within three feet are reimbursable as part of grant award, with acceptable documentation.**

6. Ensure on time response to FND data and report requests based on USDA requirements.

7. Maintain up-to-date equipment inventory with all appropriate and applicable amortization schedule.

8. Ensure that funds are expended in accordance with the LEA's approved application by the deadline of Friday, July 16, 2027 (see page 5 of the instructions for the full award and report timeline).

The applicant hereby applies for the 2026 NSLP Equipment Assistance Grant funds available under the Full Year Continuing Appropriations and Extensions Act, 2025 and Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extension Act, 2026. The LEA agrees to comply with all provisions thereof and with any instructions or procedures issued in connection with accepting Federal funds in accordance with applicable regulations. The applicant assures that the NSLP Equipment Assistance Grant will be administered and implemented in compliance with all applicable statues, regulations, and policies related to approved awards (see pages 6-7 of the Instructions for this list).

_____	_____	_____
Superintendent Initial	Child Nutrition Director Initial	Grant Manager Initial

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Fiscal Year 2026 Arkansas NSLP Equipment Assistance Grant
Scoring/Justification Criteria Form

Questions 1-3 must be completed by the district or the application will be void

1. **Focus Area of the Equipment:** (Please check all that apply)

☐	Nutrition and Quality	(100 Points)	Maximum Points:
☐	Food Safety	(100 Points)	100
☐	Expands Participation, Maintenance or Expansion of the SBP	(50 Points)	
☐	Convenience and Appeal	(50 Points)	
☐	Energy Efficiency	(25 Points)	

2. **Age of Equipment:**

☐	1-10 Years Old	(50 Points)	Maximum Points:
☐	11-20 Years Old	(100 Points)	200
☐	Over 20 Years Old	(200 Points)	
☐	Do not have this equipment	(200 Points)	

3. **Programs Administered by the Applying School in SY 2026-27:** (Please check all that apply)

☐	National School Lunch Program	(50 Points)	Maximum Points:
☐	School Breakfast Program	(20 Points)	100
☐	Afterschool Snack Program	(10 Points)	
☐	Served Meals During Summer 2025	(10 Points)	
☐	USDA Foods / Commodity Distribution	(10 Points)	

To be completed by the State Agency:

Percentage of Students Eligible for Free and Reduced Price Meals reported on October 1 data or the CEP claiming percentage at the Applying School:

0-49.9%	(50 Points)	Maximum Points:	100
50-59.9%	(60 Points)		
60-69.9%	(70 Points)		
70-79.9 %	(80 Points)		
80-89.9%	(90 Points)		
90-99.9%	(100 Points)		

Total Points:_____

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