



STATE OF NEW MEXICO  
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DR. VERONICA C. GARCÍA  
SECRETARY OF EDUCATION

BILL RICHARDSON  
Governor

**Attachment A**



The American Recovery and Reinvestment Act of 2009 (ARRA)  
Public Law 111-5  
Equipment Assistance Program

SFA Child Nutrition Director: \_\_\_Demetrious P. Giovas, SNS \_\_\_  
E-mail address \_\_\_dgiovas@gisd.k12.nm.us\_\_\_  
Phone: \_ (575) 882-6771 \_\_\_\_\_ Fax : \_\_\_(575) 882-6779\_\_\_

Grant Contact Person/Project Director: \_\_Demetrious P. Giovas, SNS  
E-mail address \_\_dgiovas@gisd.k12.nm.us\_\_\_  
Phone: \_ (575) 882-6771 \_\_\_\_\_ Fax: \_ (575) 882-6779 \_\_\_\_\_

Grant Applicants must be received to Student Nutrition Bureau on or before May 06,  
2009 to:

Leonard Mirabal, State Director  
Student Nutrition Bureau  
120. S. Federal Place, Room 105  
Santa Fe, NM 87501

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer

## Instructions for Submitting the Application

1. Complete application for one (1) (or more) of the four (4) focus areas. Indicate which focus area(s) the application pertains to by filling in the appropriate check box. If all the questions are not answered, the application will be considered incomplete.
2. The signature page must be signed by the Food Service director, the school principal and the district superintendent (or equivalent positions as determined by the SFA).
3. The required attached\* must be attached.

\*Focus Area 1 – No attachment required

\*Focus Area 2 – Health Inspection Report

\*Focus Area 3 – Equipment Replace plan; List of Vendors, if applicable

\*Focus Area 4 – No attachment required

Applicants must organize the information in their application in the following order. All pages should be numbered consecutively. Late applications will not be considered in this process.

1. Cover Page. This is the title page of your application. **See Attachment A**
2. Proposal SFA and school summary justification need. Provide a summary that describes the activities and justification. **See Attachment B**
3. Equipment Assistance Program Grant Focus Areas. **See Attachment C**

### Application will be scored using the following criteria:

1. School Percentages of Eligible Free/Reduced-Price Students	300 points
2. School Lunch Data	150 points
3. Individual Focus Overview	200 points
4. Individual Focus Area Purchase Plan	<u>200 points</u>
<b>TOTAL</b>	<b>850 points</b>

## 2009 NSLP EQUIPMENT ASSISTANCE PROGRAM GRANT APPLICATION

SCHOOL INFORMATION

School District Name: Gadsden Independent School District
School District Address: P. O. Drawer 70, Anthony, NM 88021
School Name: Chaparral Middle School
School Address: if different than SFA address 290 E. Lisa Drive, Chaparral, New Mexico 88081

CONTACT INFORMATION

(Person designated to receive information regarding the Economic Stimulus Funding for the 2009 NSLP Equipment Assistance Program)

Name: Demetrious P. Giovas, SNS
Title: Student Nutrition Program Director
Address: P. O. Drawer 70, Anthony, NM 88021
Phone: (575) 882-6771
Email: dgiovas@gisd.k12.nm.us

SCHOOL ELIGIBLE FREE/REDUCED STUDENTS – 300 POINTS

School Percentage of eligible Free/Reduced students as of October 2008	
Does the school serve as a central kitchen preparation site?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
If multiple sites are served from the central site, list each site's eligible free/reduced percentages. N/A	_____ _____ _____
Did the school food authority (SFA) exceed its three months operating balance in 2008?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
If No Why? N/A	

## SCHOOL DATA

1. Programs offered at school: (Check all that apply)	<input checked="" type="checkbox"/> NSLP <input checked="" type="checkbox"/> SBP <input checked="" type="checkbox"/> Seamless Summer <input checked="" type="checkbox"/> After School Snack
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2. Meal Pattern (required but not scored)	<input type="checkbox"/> Traditional <input checked="" type="checkbox"/> Enhanced <input type="checkbox"/> Nutrient Standard <input type="checkbox"/> Assisted Nutrient Standard
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3. Food Preparation Method: (required but not scored)	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Central Kitchen  <input type="checkbox"/> Caterer: Name of Caterer: _____  <input type="checkbox"/> Food Management Company Name of FSMC: _____
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4. Grades served by school: (required but not scored)	<input checked="" type="checkbox"/> K-5 or 6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-12th  <input type="checkbox"/> Other: (specific) _____
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## LUNCH DATA

	For October 2008
1. School Enrollment:	546
2. Serving Days	18
3. Number of Free lunches claimed	7037
4. Number of Reduced lunches claimed	433
5. Number of Paid lunches claimed	858

5. Calculate School's October 2008 monthly Participation Percentage by categories in the chart							
	# claimed	÷	# Serving days	÷	# eligible	=	% Participation
FREE	7037	÷	18	÷	461	=	.8481
REDUCED	433	÷	18	÷	28	=	.8592
PAID	858	÷	18	÷	57	=	.8363
ALL(F+R+P)	8328	÷	18	÷	546	=	.8474

6. Anticipated percentage of increase, if any, due to the new purchase / renovation / replacement of the equipment?	<input checked="" type="checkbox"/> 1-10% <input type="checkbox"/> 11-20% <input type="checkbox"/> 21-30% <input type="checkbox"/> 31-40% <input type="checkbox"/> 41-50% <input type="checkbox"/> 51-60% <input type="checkbox"/> 61-70% <input type="checkbox"/> 71-80% <input type="checkbox"/> 81-90% <input type="checkbox"/> 91-100%
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7. Equipment is to be for:	<input type="checkbox"/> New Purchase <input type="checkbox"/> Renovated (Refurbished) <input checked="" type="checkbox"/> Replacement Purchase – How old is the piece of equipment being replaced? <input type="checkbox"/> 1-10 yrs <input type="checkbox"/> 11-20 yrs <input checked="" type="checkbox"/> 21-30 yrs
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8. Is the SFA a member of a Purchasing Co-op:	<input type="checkbox"/> Yes    or <input checked="" type="checkbox"/> No
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Equipment Installation Plan (Timeframes included)

Will be purchased and installed within 60 days upon approval

Explain the availability of existing State and local funding for equipment purchase.  
The current budget for local funding is \$30,000.00

SFA's current food service budget and operating balance: \$ 9,000.00

**Focus Area 2:** Equipment that improves the safety of school foodservice meals programs

What was the date and score of the last Health Department Inspection? Please submit a copy of your last Health Department Inspection.	Date: _____ Score: _____
Do you have a Food Safety / HACCP plan in place?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No

Please respond to the following questions. Answers will be used to score the application. The material should be well presented, well organized, complete, clear and concise. Incomplete applications will not be considered.

**Overview**  
Describe your school's current food safety status, including any corrective action from your health department inspection report. The Student Nutrition Program at this school has good record for safety and sanitation.

Please include how the purchase of this equipment will:

- Increase Food Safety plan / HACCP plan compliance. Will provide accurate temperature readings, keep food within the necessary range of temperature and reduce the time of preparation.
- Improve the safety of food served in the school meals program. Will provide a constant flow of preparation to serving time, and temperature.

**Purchase Plan**  
Describe in detail the type of equipment being purchased/renovated (refurbished, replaced)  
Item (i.e. steam convection oven, walk-in freezer, etc.) Blodgett Convection Oven

Manufacturer: Blodgett 200

Model Number: DFG

Other: (i.e. size, capacity): Each compartment will accept five (5) 18" x 26" standard full size bake pans.

Rank the necessity of equipment: Use 1-10, and select the priority of purchased renovations/refurbished/ replacement) this type of equipment (1 = Very Necessary; 10 – would like to have)

1  2  3  4  5  6  7  8  9  10

Equipment:  New Purchase  Replacement Purchase

The SFA must obtain three price quotes for each type to be purchased/renovated (refurbished) /replaced for this site. The quote could include delivery fees, installation costs, service agreements, 90 day quote etc.

NOTE: Maintain all documentation that adequate price quotes were obtained.

Lowest and best price for the type of equipment be purchased: \$ 15,200.00

\$15,200.00 X 1 double oven = \$ 15,200.00  
Price Quote (Number of Pieces to be purchased) Amount of Grant requested for this site

Equipment Installation Plan (Timeframes included)

Will purchased and installed within 60 days upon approval.

Explain the availability of existing State and local funding for equipment purchase.

The current budget for local funding is \$30,000.00

SFA's current food service budget and operating balance: \$ 9,000.00

**Focus Area 3:** Equipment that improves the overall energy efficiency of the school foodservice operations

What is the equipment and the age of the equipment that would be replaced? Blodgett Convection Oven, 22  
years old.

(If multiple pieces are to be replaced, please list each piece and age) N/A

Prior to the 2009 Equipment Assistance Grant, was equipment replacement plan in place for the school?

Yes or  No

If yes, please submit a copy of the replacement plan.

Provide the list of equipment vendors who the SFA has worked with in the past.

Annabelle Systems of Albuquerque, NM

Please respond to the following questions. Answers will be used to score the application. The material should be well presented, well organized, complete, clear and concise. Incomplete applications will not be considered.

**Overview**

Describe your school's equipment inventory status, including any new purchase within the last five years..

Please include:

1. The estimated annual energy savings (dollars) from the purchase of the new equipment.

Savings of over \$2,000.00 per year.

2. Prior to the 2009 Equipment Assistance Grant, when was the equipment the SFA is requesting scheduled

to be replaced (normal replace timeframe) Equipment are placed according to need and budget. Average of 30 years.



**Purchase Plan**

Describe in detail the type of equipment being purchased/renovated (refurbished, replaced) Item (i.e. steam convection oven, walk-in freezer, etc.) Blodgett Convection Oven

Manufacturer: Blodgett 200

Model Number: DFG

Other: (i.e. size, capacity): Each compartment will accept five (5) 18" x 26" standard full size bake pans.

Rank the necessity of equipment: Use 1-10, and select the priority of purchased renovations/refurbished/ replacement) this type of equipment (1 = Very Necessary; 10 – would like to have)

- 1  2  3  4  5  6  7  8  9  10

Equipment:  New Purchase  Replacement Purchase

The SFA must obtain three price quotes for each type to be purchased/renovated (refurbished) /replaced for this site. The quote could include delivery fees, installation costs, service agreements, 90 day quote etc. NOTE: Maintain all documentation that adequate price quotes were obtained.

Lowest and best price for the type of equipment be purchased: \$ 15,2000.00

15,200.00 X 1 double oven = \$ 15,200.00  
Price Quote (Number of Pieces to be purchased) Amount of Grant requested for this site

**Equipment Installation Plan (Timeframes included)**

Will be purchased and installed within 60 days upon approval.

**Explain the availability of existing State and local funding for equipment purchase.**

The current budget for local funding is 30,000.00

SFA's current food service budget and operating balance: \$ 9,000.00

**Focus Area 4: Equipment that allows SFAs to support expanded participation in a school meal program**

To demonstrate SFAs margin for a potential increase in participation, use the Meal Equivalents, as calculated under the "Lunch data" section to complete chart

Meal Equivalents	-	October 2008 serving days	-	October 2008 Enrollment	=	Participation
9946	-	18	-	546	=	Daily = 553

(District Enrollment = 13,892)

Please respond to the following questions. Answers will be used to score the application. The material should be well presented, well organized, complete, clear and concise. Incomplete applications will not be considered.

**Overview**

Describe your school's current meal service plan and proposed meal service espansion proposal to increase reimbursable meal service. Quality of food, keep hot meals hot, speed of service.



**Purchase Plan**

Describe in detail the type of equipment being purchased/renovated (refurbished, replaced) Item (i.e. steam convection oven, walk-in freezer, etc.) Blodgett Convection Oven

Manufacturer: Blodgett 200

Model Number: DFG

Other: (i.e. size, capacity): Each compartment will accept five (5) 18" x 26" standard full size bake pans.

Rank the necessity of equipment: Use 1-10, and select the priority of purchased renovations/refurbished/ replacement) this type of equipment (1 = Very Necessary; 10 – would like to have)

- 1    2    3    4    5    6    7    8    9    10

Equipment:  New Purchase    Replacement Purchase

The SFA must obtain three price quotes for each type to be purchased/renovated (refurbished) /replaced for this site. The quote could include delivery fees, installation costs, service agreements, 90 day quote etc. NOTE: Maintain all documentation that adequate price quotes were obtained.

Lowest and best price for the type of equipment be purchased: \$ 15,200.00

<u>15,200.00</u>	X	<u>1 double oven</u>	= \$	<u>15,200.00</u>
Price Quote		(Number of Pieces to be purchased)		Amount of Grant requested for this site

**Equipment Installation Plan (Timeframes included)**

Will be purchased and installed within 60 days upon approval.

**Explain the availability of existing State and local funding for equipment purchase.**

The current budget for local funding is 30,000.00

SFA's current food service budget and operating balance: \$ 9,000.00

The American Recovery and Reinvestment Act of 2009 (ARRA)  
Public Law 111-5  
Equipment Assistance Program

**SIGNATURES**

**(All original signatures in blue ink are required)**

We have reviewed this application and attest to the information provided. If selected, we agree to implement the ARRA Equipment Assistance Program in accordance with the plan outlined above and to implement the program in a timely manner. Further, we agree to participate in the USDA/Food Nutrition Service sponsored evaluation and to provide the information required by the specified deadlines.

**School Level:**

Principal Signature:  Date: 5/8/09

(Please Print Name): Marti Muela

Phone Number: (575) 824-4847 Fax Number: (575) 824-4045

E-mail Address: mmuela@gisd.k12.nm.us

**School Food Service Program Level:**

Food Service Director Signature:  Date: \_\_\_\_\_

(Please Print Name): Demetrius P. Giovas, SNS

Phone Number: (575) 882-6771 Fax Number: (575) 882-6779

E-mail Address: dgiovas@gisd.k12.nm.us

**Superintendent Office Level:**

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print Name): Cynthia Nava

Phone Number: (575) 882-6203 Fax Number: (575) 882-6229

E-mail Address: cnava@gisd.k12.nm.us

**State Agency Level:**

State Child Nutrition Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print Name): Leonard Mirabal

Phone Number: (505) 827-1821 or 1814 Fax Number: (505) 827-1815

E-mail Address: leonard.mirabal@state.nm.us