

STATE OF NEW MEXICO PUBLIC EDUCATION DEPARTMENT 300 DON GASPAR SANTA FE, NEW MEXICO 87501-2786 Telephone (505) 827-5800 www.ped.state.nm.us

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:Deme	etrious P. Giovas, SNS_
E-mail addressdgiovas@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.n	m.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 compliant 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 S	tudents	300 points
2. School Lunch Data		150 points
3. Individual Focus Overview		200 points
4. Individual Focus Area Purchase Plan		200 points
	TOTAL	850 points

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	2 7 7
School Name:	
Chaparral Middle School	
School Address: if different than SFA address	
290 E. Lisa Drive, Chaparral, New Mexico 88081	1 3
CONTACT INFORMATION	
CONTACT INFORMATION	
(Person designated to receive information regarding the Economic Stimulus Fundin Assistance Program)	g for the 2009 NSLP Equipment
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 ELIGBILE 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?	☐ Yes or X No
Book the control of the death at the new properties of	100
If multiple sites are served from the central site, list each site's eligible	
free/reduced percentages.	
N/A	
	79
Did the school food outhority (SEA) availed its three months operating	V Voc. or □ No
Did the school food authority (SFA) exceed its three months operating balance in 2008?	X Yes or □ No
Dalance in 2000:	
If No Why? N/A	1

SCHOOL DATA

1. Programs of	grams offered at school: (Check all that apply)				X NSLP X SBP X Seamless Summer X After School Snack				
				□Tr	☐ Traditional X Enhanced ☐ Nutrient Standard				
				□ As	ssisted	Nutrient :	Standard		
Food Preparation Method: (required but nor scored)				X Or	n-site	ПС	entral Kitch	en	
				□ Caterer: Name of Caterer:					
							t Company		
4. Grades serv	ed by school: (requ	ired but not sco	red)	X K-5	5 or 6	□ 7-8 □] 9-12 ¹	th
					□ Ot	her: (spec	ific)		
				LUNC	H DA	ATA			
							For Octo	ober 20	008
1. School Enro	llment:							46	
2. Serving Day								18	
3. Number of F					7037 433				
5. Number of F								58	
5. Calculate So	-		8 monthly Partic						
	# claimed	÷	# Serving d	lays	÷		igible	=	% Participation
FREE	7037	÷	18		÷		461	=	.8481
REDUCED	433	÷	18		÷		28	=	.8592
PAID	858	÷	18		÷	57		=	.8363
ALL(F+R+P)	8328	÷	18		÷	;	546	=	.8474
			crease, if any, ement of the ed			new	□ 31-40%	□ 41 □ □ 71	20% 21-30% -50% 51-60% -80% 81-90%
7	- t- b- (E Name			Danat	1 /Def:	- d\	
7. Equipment i	s to be for:				rchase				of equipment being
0 1- 4 054		D	haning Cara				V M-		
8. Is the SFA a	a member of a	Purc	nasing Co-op:		□ Y	es or	X No		

dietary guidelines	X Meets Standard
What was your last SMI score?	☐ Does not Meet Standards
	☐ Does not Meet Standards, Needs Follow-up
Please respond to the following gu	estions. Answers will be used to score the application. The material shoul
	complete, clear and concise. Incomplete applications will not be considered
Describe your school nutrition envi	ronment, including the goals from your wellness policies, nutrition entary school provides nutrition value meals as described in the wellness policy, which
adheres in strict nutrition standards of lo	w sodium, low fat and sugar. The school follows the enhanced meals pattern, which
,	ay and 12 servings of grain per week. There is NO Vending, Ala Carte or Snack
Bars.	
Please include how the purchase of	of this equipment will:
	ative compliance and improve upon your most recent SMI evaluation. uality of meals through both preparation and offering a longer variety of foods.
	of reimbursable meals to ensure compliance with the dietary guidelines are in frequency of deliveries. The school will be able to ensure compliance with the able of preparation.
	ment being purchased/renovated (refurbished, replaced)
Describe in detail the type of equip	ment being purchased/renovated (refurbished, replaced) en, walk-in freezer, etc.)Convection Oven
Describe in detail the type of equip Item (i.e. steam convection over	
Describe in detail the type of equip Item (i.e. steam convection over Manufacturer:Blodgett full size	en, walk-in freezer, etc.)Convection Oven
Describe in detail the type of equip Item (i.e. steam convection ove Manufacturer:Blodgett full size Model Number:DFG 200	en, walk-in freezer, etc.)Convection Oven
Describe in detail the type of equip Item (i.e. steam convection over Manufacturer:Blodgett full size Model Number:DFG 200Other: (i.e. size, capacity):[Rank the necessity of equipment:	en, walk-in freezer, etc.)Convection Oven
Describe in detail the type of equip Item (i.e. steam convection over Manufacturer:Blodgett full size Model Number:DFG 200Other: (i.e. size, capacity):[Rank the necessity of equipment:	en, walk-in freezer, etc.) Convection Oven double compartment with casters convection oven ach compartment will accept five (5) 18" X 26" standard full size bake pans Use 1-10, and select the priority of purchased renovations/refurbished/
Describe in detail the type of equip Item (i.e. steam convection over Manufacturer:Blodgett full size Model Number:DFG 200 Other: (i.e. size, capacity):[Rank the necessity of equipment: replacement) this type of equipment	en, walk-in freezer, etc.)Convection Oven double compartment with casters convection oven ach compartment will accept five (5) 18" X 26" standard full size bake pans Use 1-10, and select the priority of purchased renovations/refurbished/ Int (1 = Very Necessary; 10 — would like to have)
Describe in detail the type of equip Item (i.e. steam convection over Item (i.e. size, Described Item (i.e. size, Capacity):[Rank the necessity of equipment:	en, walk-in freezer, etc.)Convection Oven double compartment with casters convection oven ach compartment will accept five (5) 18" X 26" standard full size bake pans Use 1-10, and select the priority of purchased renovations/refurbished/ Int (1 = Very Necessary; 10 — would like to have)
Describe in detail the type of equip Item (i.e. steam convection over Item (i.e. size, Blodgett full size Item Item Item Item Item Item Item Ite	en, walk-in freezer, etc.)
Describe in detail the type of equip Item (i.e. steam convection over Manufacturer:Blodgett full size Model Number:DFG 200Other: (i.e. size, capacity):[Rank the necessity of equipment: Preplacement) this type of equipment of the size and the site. See Model Number:DFG 200Other: (i.e. size, capacity):[Rank the necessity of equipment:Rank the necessity of equipment:	en, walk-in freezer, etc.)Convection Oven double compartment with casters convection oven ach compartment will accept five (5) 18" X 26" standard full size bake pans Use 1-10, and select the priority of purchased renovations/refurbished/ Int (1 = Very Necessary; 10 – would like to have) Be X Replacement Purchase uotes for each type to be purchased/renovated (refurbished) /replaced for de delivery fees, installation costs, service agreements, 90 day quote etc. Ition that adequate price quotes were obtained.

Equipment Installation Plan (Timeframes included)					
Will be purchased and installed within 60 days upon app	Drova				
Explain the availability of existing State and local fun	·				
The current budget for local funding is \$30,000.00	and to equipment parentage.				
SFA's current food service budget and operating bala	ance: \$9,000.00				
□ Focus Area 2: Equipment that improves the safet	ty of school foodservice meals programs				
What was the date and score of the last Health	Date:				
Department Inspection? Please submit a copy of your last Health Department Inspection.	Date:				
Do you have a Food Safety / HACCP plan in	XYes or □ No				
place?					
Please respond to the following questions. Answers	will be used to score the application. The material should				
be well presented, well organized, complete, clear as	nd concise. Incomplete applications will not be considered.				
Overview Describe your appeal's current food safety status, in	oluding any corrective action from your health department				
inspection report. The Student Nutrition Program at	cluding any corrective action from your health department				
inopodion report. The Student (Author) regramat	this school has good record for safety and sameation.				
Please include how the purchase of this equipment v	will:				
Thouse monate her the parentage of the equipment					
	nce. Will provide accurate temperature readings, keep food				
within the necessary range of temperature and reduce t	he time of preparation.				
	eals program. Will provide a constant flow of preparation to				
serving time, and temperature.					
Purchase Plan					
Describe in detail the type of equipment being purch					
Item (i.e. steam convection oven, walk-in freeze	r, etc.)_Blodgett Convection Oven				
Manufacturer:Blodgett 200					
MandiactarorDioagett 200					
Model Number:DFG					
Other: (i.e. size, capacity):ach compartment will a	accept five (5) 18" x 26" standard full size bake pans.				
Rank the necessity of equipment: Use 1-10, and sel replacement) this type of equipment (1 = Very Nece	lect the priority of purchased renovations/refurbished/essary; 10 – would like to have)				
□1 □2 X3 □4 □5 □6 □7 □	□8 □9 □10				
Equipment: New Purchase X Replacement	Purchase				

The SFA must obtain three price quotes for each type to be purchased/renoval this site. The quote could include delivery fees, installation costs, service a			
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 X1 double oven = \$15,200.00			
Price Quote (Number of Pieces Amount of Grant to be purchased)			
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 purcha	ise.		
The current budget for local funding is \$30,000.00			
SFA's current food service budget and operating balance: \$9,000.00			51 FS
☐ Focus Area 3: Equipment that improves the overall energy efficiency of the	school foodserv	vice operation	ons
What is the equipment and the age of the equipment that would be replaced?_			
gears 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	X No	2 2
f 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	1 8		
Please respond to the following questions. Answers will be used to score the a presented, well organized, complete, clear and concise. Incomplete application			ould be wel
<u>Overview</u>			
Describe your school's equipment inventory status, including any new purchas	se within the last	t five years	
Please include:	4 9		- (E)
1. The estimated annual energy savings (dollars) from the purchase of the new Savings of over \$2,000.00 per year.	w equipment.		
2. Prior to the 2009 Equipment Assistance Grant, when was the equipment the to be replaced (normal replace timeframe) Equipment are placed according	-	_	
			- 12

Manufacturer: Blad	sett 27	20	173				
			tment will accept five (5)		125	size bake pans	
Ottror: (1.0. 0120, 0	лараон	J)	iment will decept rive ()) 10 X	20 Standard ran	size bake pans.	
	_				- E	7	
			nd select the priority o Necessary; 10 – would			s/refurbished/	
□1 □2 X3	□ 4	□5 □6 □	7 🗆 8 🗆 9 🗆 10	0			
quipment: New			ement Purchase				
this site. The quo	te cou	ld include delivery	ach type to be purchas fees, installation costs equate price quotes w	s, serv	ice agreements, 9		
Lowest and best	price f	or the type of equip	oment be purchased:	\$	15,2000.00		
15,200.00	X	_1 double oven_	= \$15,200.0	00			
Price Quote		(Number of Pictor) to be purchas		unt of	Grant requested	for this site	
quipment Installatio	n Plan	(Timeframes inclu	ided)	-			
Vill be purchased and							
			cal funding for equipm	nent pu	urchase.		
The current budget fo	or local	funding is 30,000.0	00				
				-			
SFA's current food se	ervice	budget and operat	ing balance: \$9,000	0.00_			
SFA's current food se	ervice	budget and operat		0.00_			
J <mark>Focus Area 4</mark> : Eq	uipme	nt that allows SFA	ing balance: \$9,000	d partic			
□ <mark>Focus Area 4</mark> : Eq Γo demonstrate SFA	uipme s març	nt that allows SFA	ing balance: \$9,000 s to support expanded	d partic			
□ <mark>Focus Area 4</mark> : Eq Γo demonstrate SFA	uipme s març	nt that allows SFA	ing balance: \$9,000 s to support expanded	d partic	the Meal Equiva		
☐ Focus Area 4: Eq Fo demonstrate SFA under the "Lunch dat Meal Equivalents	uipme s març	nt that allows SFA gin for a potential in tion to complete ch October 2008 serving days	s to support expanded norease in participation nart - October 2008 Enrollment	d partic	the Meal Equiva Participation		
☐ Focus Area 4: Eq To demonstrate SFA Inder the "Lunch dat Meal Equivalents	uipme s març	nt that allows SFA gin for a potential in tion to complete ch October 2008	s to support expanded necrease in participation nart - October 2008	d partion, use	the Meal Equiva		
☐ Focus Area 4: Eq Fo demonstrate SFA under the "Lunch dat Meal Equivalents	uipme s març	nt that allows SFA gin for a potential in tion to complete ch October 2008 serving days	s to support expanded norease in participation nart - October 2008 Enrollment	d partid	the Meal Equiva Participation		
Focus Area 4: Equation of the Focus	uipme s marg ta" sec - - e follor nized,	nt that allows SFA gin for a potential in tion to complete ch October 2008 serving days 18 wing questions. An complete, clear an	s to support expanded nerease in participation nart - October 2008 Enrollment 546 (District Enrollment = 13) Iswers will be used to d concise. Incomplete	d partion, use = = ,892) score applie	the Meal Equiva Participation Daily = 553 the application. Totations will not be vice espansion presented to the second content of the second content o	he material should be considered.	De we
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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): ach 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 X3 □4 □5 □6 □7 □8 □9 □10
Equipment: New Purchase X Replacement Purchase
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Price Quote (Number of Pieces Amount of Grant requested for this site to be purchased)
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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.

chool 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
chool Food Service Program Level:
Food Service Director Signature: <u>Sem h Cenny</u> Date:
(Please Print Name):Demetrious 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

File: School application grant proposal for ARRA Equipment Assistance Program SY 2009-2010