



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Child Nutrition Services
 Old Capitol Building
 PO BOX 47200
 OLYMPIA WA 98504-7200

Summer Food Service Program
“MEALS FOR KIDS” GRANT APPLICATION
School Year 2006–07

GENERAL INFORMATION

SPONSOR
ADDRESS

CONTACT PERSON	
TELEPHONE NUMBER ()	E-MAIL
FISCAL CONTACT PERSON	
TELEPHONE NUMBER ()	E-MAIL

Submit completed application to:

Child Nutrition Services
 “Meals for Kids” Grant
 Office of Superintendent of Public Instruction
 600 Washington Street SE
 PO BOX 47200
 OLYMPIA WA 98504-7200

APPLICATIONS MUST BE POSTMARKED ON OR BEFORE APRIL 20, 2007 HAND-DELIVERED APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 PM ON APRIL 20, 2007, IN THE CHILD NUTRITION OFFICE AT OSPI, OLYMPIA, WA. FAXES WILL NOT BE ACCEPTED.

OSPI USE ONLY	
Application approved by: _____	Date: _____
Grant amount awarded: \$ _____	
Comments:	

GRANT INFORMATION

Grant amount requested \$ _____

Estimated total number of children impacted _____

Grant amount requested per child
(Total amount requested ÷ estimated total
number of children impacted) _____

Check one if applicable:

_____ New Summer Food Service Program sponsor

_____ Received Meals for Kids Grant previously

Year Grant Received	Amount of Grant

I. ASSESSMENT OF NEED FOR PROJECT OR PURCHASE

In the space provided below, plus no more than one additional page, please state the problem you seek to address and provide a brief written description of the proposed purchase or project. The description must include:

1. Statement of need for the proposed project or purchase, including barriers that currently prevent this need being met. Is this need for a single school/site or district/program wide? Specify the name of the school(s)/site(s) for which the grant is applied.
 - a. If grant funds were received previously, were these used for the same school(s)/site(s)? How did the grant funds previously received improve participation?
2. Statement of how you plan to address the need.
 - a. Indicate if there has been parent or community input regarding the need for this project or purchase.
3. Statement of how the project or purchase will affect the SFSP and the impact the project or purchase(s) will have on the number of children participating in the programs.

State start-up, improvement, and expansion grants shall not be used for the acquisition of land or existing buildings, improvement of grounds, construction of buildings, additions to buildings, or the remodeling of buildings to be consistent with federal regulation 7 CFR Part 210.14(a).

II. IMPLEMENTATION PLAN

In the space provided below, plus no more than one additional page, provide in detail the process that will be used to implement a new Summer Food Service Program (SFSP) or to expand an existing program. This may include the need for a new SFSP or the expansion of an existing program, equipment, staff training, travel of staff to observe existing programs, and outreach efforts to publicize a new program and/or promote an existing program. Address the following:

1. Goals and objectives for the SFSP.
2. The projected total number of children that will be affected by the purchase or project at the site(s) for which the equipment purchase is intended.
3. The number of children eligible for free and reduced-price meals that will be affected.
4. The timetable and action steps the sponsor will use to start a new program.
5. The impact the sponsor expects the purchase(s) or project to have on the number of children that will participate in the SFSP.
6. The availability of other sources of money to assist in funding the proposed project or purchase.

III. BUDGET

Indicate on the attached budget pages how the grant money will be spent, if awarded. This must have been identified in Parts I and II.

1. Equipment must be relevant to the operation of only a Summer Food Service Program (SFSP)

- a. List in priority order each requested equipment item separately.
- b. Include the full price of the requested item including tax, delivery charges, and installation fees.
- c. Indicate use for the piece of equipment.
- d. Indicate if the item is new or a replacement for existing equipment.
- e. Indicate the percentage of time the equipment will be used in summer and with other food programs.
- f. Indicate the brand name, capacity, size, and finish of equipment.

2. Outreach

Indicate the types of activities and related costs such as additional labor needed to promote the SFSP or the costs of publication or promotional materials.

3. Training

- a. Indicate the staff that will be trained, the number of staff members to be trained, and the number of hours for training.
- b. Indicate the cost of the training, i.e., training materials, staff salaries, cost of trainer. Are these costs in addition to staff salaries and work time?
- c. Indicate if this training is in addition to that which is required for the SFSP. If so, indicate what percent of training is to be claimed by this grant and by program reimbursement.

4. Other

Indicate the wiring or installation costs necessary for the equipment item(s) requested. Will this be part of the grant request?

Specify the availability of other sources of money to assist in funding the proposed purchases or project, whether this is cash or in-kind services.

IV. BUDGET PAGE

EQUIPMENT Requested Item	Proposed Use	N (New)/ R (Replace)	Cost	OSPI USE ONLY GRANT AWARD
TOTAL				

OUTREACH Requested Item	Proposed Use	Cost	OSPI USE ONLY GRANT AWARD
TOTAL			

TRAINING Staff Position	Cost Per Hour	No. of Hours	Cost	OSPI USE ONLY GRANT AWARD
TOTAL AMOUNT REQUESTED				

SPONSOR CONTRIBUTION (cash or in-kind)	\$	
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NOTE: If lines provided above are insufficient, use additional page(s).

V. ASSURANCES

The sponsor assures one or more of the following:

A USDA start-up grant was not available.

The sponsor will continue the Summer Food Service Program (SFSP) for at least three years after the grant is awarded.

The sponsor will provide a report to Child Nutrition Services of OSPI upon request, and each year thereafter for three years. The total number of meals served for the SFSP and the average number of children served each day will be included.

CERTIFICATION

I, _____, certify that to the best of my knowledge and belief,
Print Sponsor's Representative Name
data in this application are true and correct, the document has been duly authorized by the governing body
of the sponsor, and the sponsor will comply with the attached proposal if the assistance is approved.

Sponsor Representative's Signature

Date

Typed or Printed Name of Sponsor Representative