# GRANT APPLICATION INFORMATION

Sponsor Name:

Agreement Number:

Grant Contact Person & Title: Sponsor Contact Information:

Address:

City: Zip:

Contact's Phone:

Other Phone:

Contact's E-mail:

Send the completed application packet to:

Summer Food Service Program - Grant Nutrition Services

Nebraska Department of Education 301 Centennial Mall South

P.O. Box 94987

Lincoln, Nebraska 68509

*Or email to*: [kayte.partch@nebraska.gov](mailto:kayte.partch@nebraska.gov)

*Or fax to*: (402) 471-4407

If submitting via fax, please verify application was received by calling (402) 471-2488. Questions: contact Nutrition Services at (402) 471-2488 or outside Lincoln (800) 731-2233.

Applicant Checklist:

Site Worksheet (if 2019 is first year of operation, fill in only your estimates for 2019)

Justification/Cost Worksheet

* include specific information for each grant request separately; if requesting funds for outreach activities, please include number staff hours, hourly wage, etc.

\_\_\_\_\_ Three price quotes/bids for all grant equipment and goods requested

Signature Page

# Justification / Cost Worksheet

**Instructions:**

Describe the Sponsor's plans to expand or initiate Summer Food Service Program services by completing the table for all grant activities that apply.

Activity

|  |  |
| --- | --- |
| Justification | Cost |
|  |  |

Total Cost

Add another activity

0

Remove activity

**Site Worksheet**

***Please list below all of the sites that will be supported by this grant application. Copies of the form may be made if additional pages are needed. Indicate “Same” if the information is the same as previous site in the list. New Summer Food Service Program (SFSP) sponsors complete information for 2019 only.***

\* B = Breakfast; L = Lunch; Sn = Snack; Su = Supper

Is this a

Total # Operating Days

2019

Meals Served (B/L/Sn/Su) \*

2019

Daily Meal Count

Projected Daily

Offer education for

Percent Change (DMC 2018-2019)/

Site Name & Address

new SFSP

site? (Y/N)

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

2018

(projected) 2018

(projected)

B L

Sn Su

B L

Sn Su B L

Sn Su

B L

Sn Su B L

Sn

Su B

L

Sn Su

(DMC)

2018

Meal Count (DMC)

2019

B L

Sn Su

B L

Sn

Su B L

Sn Su B L

Sn Su B L

Sn

Su B

L

Sn Su

physical activity or

nutrition? (Y?N)

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

DMC-2018 (DMC =

daily meal count)

# Budget Summary Page

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Grant Amount Requested | Local Cash/in-Kind | Total Cost |
| Purchase of Equipment | 0 |  | 0 |
| Minor alterations to accommodate equipment | 0 |  | 0 |
| Staff salaries | 0 |  | 0 |
| Training | 0 |  | 0 |
| Outreach | 0 |  | 0 |
| Purchase of vehicle | 0 |  | 0 |
| Other | 0 |  | 0 |
|  |  | Total Project Cost | 0 |

Summer Food Service Program (SFSP) Grant Signature Page

Grant reporting is a mandatory requirement of this grant. By submitting an application to this grant, you are agreeing to comply with grant reporting expectations. The grant reporting information is due at the Nebraska Department of Education, Nutrition Services on or prior to September 30, 2019.

Grant report(s) will include summaries of successes and challenges, meal counts, estimated number of unduplicated children served, information regarding expenditures of funds and feedback from participants. If the person responsible for grant reporting differs form the individual filling out the application, please provide their contact information below

Name:

Address:

City: State: Zip:

Phone: Email:

Signature of Authorized Representative:

Title: Date: