

2018 School Nutrition Equipment Grant Application

General Information

School District Name	Marion County				
School Nutrition Director Name	Jennifer Wheeler	Applicant's Name			
SND's Email	Jennifer.wheeler@marion.kyschools.us	Applicant's Email			
SND's Phone Number	20-692-3721 270-692-8689	Applicant's Phone Number			

Schools, Programs & Grant Requests

School Name	Name of New Program	Equipment Category*	Description (Include quantity and model number where appropriate)	Total Equipment Value
Marion Country High	2 nd Chance Breakfast	Equipment for transporting food.	Hubert Breakfast on the go Cart. Page 32 in book.	
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^{*}Equipment Categories for Funding Request:

- Cafeteria equipment for preparation of food (e.g. food prep equipment, yogurt pumps, smoothie machines, etc.)
- **Equipment for cold storage** of milk or other perishable items (e.g. coolers, insulated bags, refrigerators or freezers, etc.)
- **Equipment for transporting or serving** food or beverages (e.g. breakfast cart, kiosk, wagon, food bar, serving utensils, etc.)
- Point-of-sale equipment or systems

• Other	
☐ Check this box to indicate this request is for a check in the amount of \$	to purchase equipmen
Provide a brief description of how the equipment would be used and how it would participation:	d help increase school meal
This will be used to serve second chance breakfast. We started second chance are currently using old TV carts which do not have proper space or storage.	•

Which of the following goals could be achieved if the grant is funded? (Check all that apply)

X 30% or greater Breakfast ADP

□ 60% or greater Lunch ADP

□ 2% increase in Lunch ADP

X3% increase in milk usage

X3% increase in yogurt usage

Pre-Data from the 2017-18 School Year

Notes:

- ADP is the average daily meal count (the *number* of students participating daily; NOT a percentage).
- Be sure that the number of serving days is accurate- only include the serving days making up the totals provided for milk & yogurt.
- The milk and yogurt usage is the TOTAL for each school during the pre-data school year.
- Your milk processor/yogurt vendor should be able to provide you with that total.

School Name	2017-18 Enrollment	2017-18 # Serving Days	2017-18 Total Breakfasts Served	2017-18 Total Lunches Serve	2017-18 Milk Usage 8 oz.	2017-18 Bulk Milk Usage (Circle one: half gallons or gallons used)		Single Serve Yogurt container size	2017-18 Bulk Yogurt Count (Units NOT cases)	Bulk Yogurt container size
Marion County	712	170	29786	85393	78997	44	1536	4 oz	394	32
High										OZ

District Level Approval

□ Check this box to indicate your District School Nutrition Director approves this application and will fully support the purchase of the approved school nutrition equipment, if this application is funded.

Guidelines & Terms

Funding Reporting

- X Applicant agrees to provide Post Data for each funded school, same categories as the Pre-Data included in the application.
- X Funds recipient agrees to submit photographs and accompanying signed releases for promotional and informational materials, if requested.
- X Funds recipient agrees to share success, if requested, to demonstrate progress made toward creating a healthy and active school community.

Use of Funding

X Funds recipient agrees to use the funding as outlined in the approved application form and any supporting Letter of Agreement. Any changes to the use of funding must first be reviewed and approved by The Dairy Alliance School Health and Wellness Team.

X Funds recipient may be required to repay the local Dairy Council any portion of the funding that is not used for the purpose outlined in the approved application form, and/or not used by the end of the 2018-2019 school year.

Sign	atu	ıre
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e information in this application is accurate and you agree to the guidelines provided.	
	ate
9/11/18	
Return to: Alan Curtsinger, acurtsinger@thedairyalliance.com	