## **ABSTRACT**

## SPECIAL FUND PROPOSAL

		From: 10/01/2020
Section I. BASIC IN	FORMATION	To:06/30/21
Proposed Project Title:	NSLP Equipment Assistance Grant	New
Grant Source and Agency	c: CT Department of Education – Child Nutrition Office	Continuation Previous Bd. of Ed.
Total Amount Requested	\$ 19,750.00 <b>Due Date of Application:10/30/2020</b>	Approval:  Planning
System Contact: Gail Sha		Operational
Telephone #: 475-220-1611		Bd. of Ed. Information  Action Information
	The goal of the Equipment Grant is to provide our staff with equipment that will improve food safety and energy efficiency. 5 schools were selected, Wilbur Cross, J Hillhouse, East Rock, Sound, and Cooperative High School. The Lidding machine is a machine that will wrap items that are usually open in our salad bars. It creates a professional wrapping of food items to keep free from students	
	touching the items. <u>bur Cross, J Hillhouse, Sound, East Rock, and Coopera</u> Grade Level(s): <u>prek - 12</u>	Gail Sharry tive High

CENTRAL OFFICE USE ONLY – MUST REMAIN ON PAGE 1				
ABSTRACT TIMETABLE	REVIEW			
Return to:  Received:	Grants Manager			
Board of Education FINANCE & OPERATIONS Meeting Date	Finance Manager			
Board of Education Meeting Date: / 2 \( \sqrt{2} \tau \)	Human Resource Manager			
Due Date to Grantor:				

GRANT PERIOD:

Proposed Project Title: NSLP Equipment Grant

**Total Amount Requested:** \$19,750.00

Proposed Grant Receiving Agency: New Haven Public Schools Food Service Program

## **SECTION II: FISCAL INFORMATION**

#### **PERSONNEL**

#FT	#PT		COST
		Administrators	\$
		Teachers	\$
		Management	\$
		Paraprofessionals	\$
		Clerks	\$
		Others	\$
		Stipend	\$
		Longevity	
		SUBTOTAL	\$

### **NON PERSONNEL**

	COST
Supplies & Materials	\$
Student Transportation	\$
Staff Travel	\$
Internal Evaluation	\$
External Evaluation	\$
Independent Contractors	\$
Equipment	\$19,750.00
Other	\$
Indirect Costs, if allowed	\$
TOTAL	\$19,750.00
NON- PERSONEL	

#### **FIXED COSTS:**

Health Benefits	\$
Pension (Paras & Mgmt.)	\$
FICA/Medicare	\$
Workmen's Compensation	\$
SUBTOTAL	\$
TOTAL PERSONNEL &	
FIXED COSTS	\$

#### Notes:

- 1) Total Personnel and Non Personnel columns must equal grant total.
- 2) The Abstract budget must be aligned with the Grant Application budget/ED114.
- 3) All applications should budget for staff development (stipends) and evaluation wherever appropriate.

## SECTION IIA: BUDGET EXPLANATION

The following categories must be explained:

<u>All Personnel</u>: explain positions; **Salary**: if the grant pays a percent of salary and fixed costs, please describe below, breaking down **percentages and <u>amounts to be paid by grant and by NHPS</u>. Other; and <u>All Non-Personnel items</u>. If additional space is needed, continue to next page.** 

The budget covers the cost of the equipment purchased through the grant.

Wilbur Cross, J Hillhouse, Sound, East Rock, and Cooperative High will receive \$ 3,950 each for the lidding machine.

Proposed Project Title:	NSLP Equi	pment Grant		
Total Amount Requested: \$19	9,750.00			
Proposed Grant Receiving Age	ncy: Nev	v Haven Public Schoo	ols Food Service Program	
SECTION III: SYSTEM OF Project support from other pro		[ONS]  ☑ None ☐ Yes	Explain:	
Linkage with other programs:		⊠ None □Yes	Explain:	
Local Fiscal costs, (include reno	ovation):	⊠ None ☐ Yes	Explain:	
Future local personnel obligation	ons:	⊠ None ☐ Yes	Explain:	
PROJECT OR GRANT REQU	IREMEN	<u>rs</u>		
Local Maintenance	Replicatio	n Pa	arent Involvement	
☐ In-Service Training ☐	Advisory (	Committee	inkage w/other Programs	
Non-Public School Involved		<b>D</b> i	issemination	
ADDITIONAL RESTRICTION	NS OR CO	<u>DNCERNS</u>		
SUBMITTING ADMINISTRA	TOR:(	Joil Shary Signature	10/13/2020 <b>Date</b>	
		~======================================	Dut.	

Proposed Project Title:	NSLP Equipment Grant	_
Total Amount Requested:	\$19,750	
Proposed Grant Receiving	Agency: New Haven Public Schools Food Service Program	

## **SECTION IV: PROPOSED PERSONNEL**

List, <u>individually</u>, each position proposed by this grant application. **If no personnel**, please indicate **N/A** in the chart below

F/T	P/T	Classification	Position Description	Duration of Proposed Service	Proposed Employee	Current NHPS Employee Yes/No	If Yes Current Employee Number
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## V. PROPOSED CONTRACTS

List <u>individually</u>, each contract that will be prepared by this proposed project. <u>If contractors will not be utilized</u>, please indicate <u>N/A</u> in the chart below.

Proposed Independent Contractor	Brief Description of Service	Proposed Pay Rate	Proposed Total
N/A			

# VI. <u>ADDITIONAL INFORMATION:</u> Please Answer All Questions -- Use Additional Pages if Necessary

1.	Please state specific goals for this grant or the grant period.
	Increase Food Safety
	a. If this is a <u>continuation grant</u> , please detail past year goal performance and accomplishments. Use additional space if needed:
	New
2.	How does this grant address School Reform goals?
	Improving Efficiencies
3.	Please explain why this proposal is significant and important in relation to improving student and/or staff performance, as well as any additional pertinent information that is specific and relevant: (Include resume of person(s) providing service for contracts \$10,000 and over)
	This will improve staff performance of meal production.
	REQUIRED:
	A COPY OF THE GRANT APPLICATION MUST BE
	ATTACHED TO THE ABSTRACT.