

# ABSTRACT

## SPECIAL FUND PROPOSAL

### Section I. BASIC INFORMATION

**Proposed Project Title:** No Kid Hungry School Nutrition Grant

**Grant Source and Agency:** No Kid Hungry Organization

**Total Amount Requested:** \$ 25,000

**Due Date of Application:**  
11/14/20

**System Contact:** Gail Sharry

**Telephone #:**  
475-220-1611

**Description of Project:** The goal of the grant is to provide delivery carts, insulated containers, and other equipment to support meal pickup/delivery for our students while they are learning remotely during the pandemic. This will help our program increase participation.

#### GRANT PERIOD:

From: 10/01/2020

To: 06/30/2021

☒ New

☐ Continuation

#### Previous Bd. of Ed. Approval:

☐ Planning

☒ Operational

#### Bd. of Ed. Information

☒ Action

☐ Information

☐ Support

☒ Competitive

☐ Entitlement

☒ Grant

#### PROPOSAL DEVELOPERS:

Gail Cairns Sharry  
Lauren Strillacci

**TARGET: Schools/Unit:** Food Service Program – All schools

**No. of Students:** 23,000 **Grade Level(s):** Prek – 12

**Eligibility Criteria:** N/A

### CENTRAL OFFICE USE ONLY – MUST REMAIN ON PAGE 1

#### ABSTRACT TIMETABLE

**Return to:** \_\_\_\_\_

**Received:** \_\_\_\_\_

**Board of Education FINANCE  
& OPERATIONS Meeting Date** 12/7/20

**Board of Education  
Meeting Date:** 12/14/20

**Due Date to Grantor:** \_\_\_\_\_

#### REVIEW

**Grants Manager** 

**Finance Manager** \_\_\_\_\_

**Human Resource Manager** \_\_\_\_\_

Proposed Project Title: No Kid Hungry School Nutrition Grant

Total Amount Requested: \$25,000

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	
		<b>SUBTOTAL</b>	<b>\$</b>

### NON PERSONNEL

	COST
Supplies & Materials	\$
Student Transportation	\$
Staff Travel	\$
Internal Evaluation	\$
External Evaluation	\$
Independent Contractors	\$
Equipment	\$25,000
Other	\$
Indirect Costs, if allowed	\$
<b>TOTAL</b>	<b>\$25,000</b>
<b>NON- PERSONEL</b>	

### **FIXED COSTS:**

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

### 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:

**All Personnel:** explain positions; **Salary:** if the grant pays a percent of salary and fixed costs, please describe below, breaking down **percentages and amounts to be paid by grant and by NHPS**. **Other;** and N/A

**All Non- Personnel items.** If additional space is needed, continue to next page.

The \$25,000 equipment budget covers the cost of delivery carts, insulated containers, and other meal service and delivery equipment needed to provide pick-up meals for our students during the pandemic.

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**SECTION III: SYSTEM OBLIGATIONS**

**Project support from other programs:** ☒ None ☐ Yes **Explain:**

**Linkage with other programs:** ☒ None ☐ Yes **Explain:**

**Local Fiscal costs, (include renovation):** ☒ None ☐ Yes **Explain:**

**Future local personnel obligations:** ☒ None ☐ Yes **Explain:**

**PROJECT OR GRANT REQUIREMENTS**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Local Maintenance          | <input type="checkbox"/> Replication        | <input type="checkbox"/> Parent Involvement       |
| <input type="checkbox"/> In-Service Training        | <input type="checkbox"/> Advisory Committee | <input type="checkbox"/> Linkage w/other Programs |
| <input type="checkbox"/> Non-Public School Involved |   | <input type="checkbox"/> Dissemination            |

**ADDITIONAL RESTRICTIONS OR CONCERNS**

None

**SUBMITTING ADMINISTRATOR:** Gail Cairns Sharry 11/30/2020  
**Signature** **Date**

**Proposed Project Title:** No Kid Hungry School Nutrition Grant

**Total Amount Requested:** \$25,000

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**SECTION IV: PROPOSED PERSONNEL**

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

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

**VI. ADDITIONAL INFORMATION:**  
**Please Answer All Questions -- Use Additional Pages if Necessary**

1. Please state specific goals for this grant or the grant period.

The goal of the grant is to provide delivery carts, insulated containers, and other equipment to support meal pickup/delivery for our students while they are learning remotely during the pandemic. This will help our program increase participation.

a. If this is a continuation grant, please detail past year goal performance and accomplishments. Use additional space if needed:

N/A, new grant.

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)

The delivery carts and insulated containers purchased with the funding from this grant will improve the Food Services Department ability to safely and efficiently distribute meals to schools and other pick-up locations so that our students can continue to receive nutritious meals while they are learning remotely during the pandemic.

**REQUIRED:**

**A COPY OF THE GRANT APPLICATION MUST BE  
ATTACHED TO THE ABSTRACT.**