

Part 1- General Information

Office of P-12 Instructional Support Child Nutrition Program Administration 89 Washington Avenue, Room 375 EBA, Albany, NY 12234 (518) 473-8781 Fax (518) 473-0018 www.cn.nysed.gov

Local Food for Schools Cooperative Agreement Program Application Form

Instructions: School Food Authorities (SFAs) should thoroughly review the Local Food for School Cooperative Agreement Program (LFS) Request for Application prior to completing the application form. Email farm2school@nysed.gov or call 518-473-8781 to speak to a special team representative if you have any questions.

SFA Name:	
SFA LEA Code:	
Address:	
Primary Contact Name:	Title:
Phone:	Email:
 Yes! The SFA has actively engaged in Farm to School for Sometimes No, the SFA is new to Farm to School 	of years (#)
Has the SFA worked with a Farm to School Coordinator b	efore?
Yes, provide name:	
No	

Part 2- LFS Objectives and Work Plan

LFS Objectives:

Describe in the space provided below how you will meet each objective of the program and demonstrate that your organization has the ability to carry out the procurements with ample planning, resources, financial controls, reporting ability and risk management plans. In addition, provide a timeline and milestones. Please include to what extent the SFA will use Cornell Cooperative Extension (CCE) to meet each objective.

LFS Objective #1:

Provide economic opportunities to historically underutilized farmers/producers to participate in the school food marketplace; remove barriers and create lasting connections to strengthen food systems within your school communities.

LFS Objective #2:

Build and expand economic opportunities for small businesses within your school communities.

LFS Object Share lesse	tive #3: ons learned and bes	st practices v	vith the Ne	w York State	e Education De	epartment to s	trengther
	l systems statewide					P	
LFS Object Strengthe	tive #4: 1 and broaden p	artnerships	between	farmers/pro	ducers and	your schools	to ensur
	n of fresh and nutr			, , , , ,	•	,	

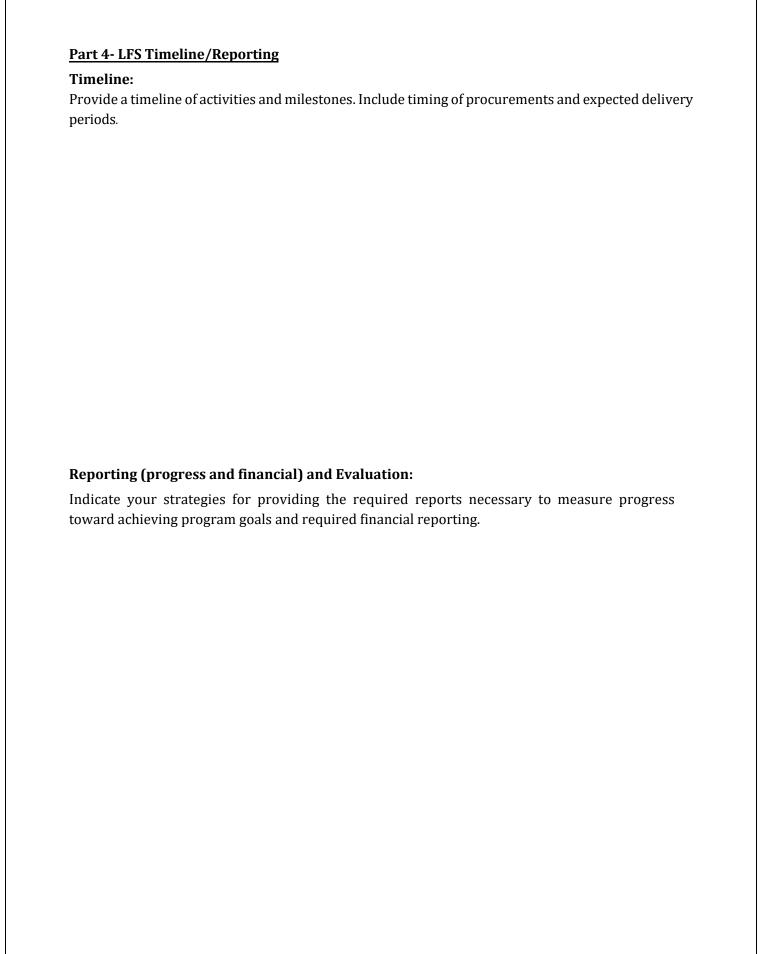
	now your SFA will ensure the identified producers are engaged in procurements and to ensure use of foods in school meals programs.
your plan	to ensure use of foods in school means programs.
Provide a	plan for evaluating accomplishments and outcomes, matching to project objectives
and verif	plan for evaluating accomplishments and outcomes, matching to project objectives fable indicators to demonstrate how progress will be measured and achieved apturing lessons learned and strategies to improve program outcomes.
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Part 3- LFS Resources/Financial Control:

Discuss the resources you will assign to this project and how you plan to manage the procurement process. Identify key personnel involved in tasks identified in your plan. List partner organizations and collaborators including key personnel involved and their roles in the program.

Financial Controls:

Discuss how you will provide adequate financial controls to monitor the award and how you will ensure that funding is being used for the stated objective. Include systems and methods to ensure adequate controls will be in place.



Part 5- Outcome Estimate:

Provide estimate target numbers in the chart below. These outcome indicators will also be required to be provided for quarterly progress reports.

Description	Estimated Number
Total number of local producers/vendors that you expect to purchase from	
Of the number above what is the number of producers/vendors that are socially disadvantaged	
Total dollars expected to be expended to purchase local and regional food through this program	
Of the number above, how many dollars will be expended to purchase food from socially disadvantaged producers/vendors.	
What % of LFS funding do you anticipate using for storage/distribution?	%

Part 6- Certification Statement

The certification statement must be signed by the applicant's chief school/administrative officer. The food service director may not sign the application.

I hereby certify that I am the applicant's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable federal and State laws and regulations, and <u>Agricultural Marketing Service (AMS) Grants Division General Terms and Conditions.</u> It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the SED Child Nutrition program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

I have read and understand the guidelines of the program, and, if selected, agree to implement the grant as outlined above in a manner consistent with the policies and procedures established by the United States Department of Agriculture (USDA) and the New York State Education Department. I agree to participate in any USDA-sponsored evaluation and to provide the information requested by the specified deadlines.

Signature	Date
Print Name	Title