FFVP Large Equipment Request

Administrative Expense

Equipment purchases are limited to <10% of the grant award

**MUST BE SUBMITTED BY JANUARY 31**

Fax To: Janet Celi 609-984-0878

E-Mail To: janet.celi@ag.state.nj.us

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| --- |
| Name of Local Education Agency (LEA) or District: |
| **School Building/Site Name:** |
| **Child Nutrition Program Agreement Number:** |
| **Coordinator or Contact Person:** |
| **Fax Number:** |
| **Phone Number:** |
| **E-Mail:** |
| **Total FFVP Budget:** |
| **Date:** |

List any **large** equipment needed to implement and operate the FFVP; e.g. coolers,

tables, refrigerators, etc. **NJDA pre-approval must be obtained prior to purchase.**

**REMINDER: Proper Federal /State procurement procedures must be followed, which for purchases such as these includes a minimum of 3 price quotations.**

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| --- | --- | --- | --- |
| **Equipment:**  *(Large Equipment Required to Implement & Operate the FFVP)* | **Cost:** | **Percentage Used for FFVP\*:** | **FFVP Expense:**  *(Cost X Percentage Used for FFVP)* |
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**\***Equipment not exclusively used for FFVP must be cost shared. Determine approximate percentage that will be used for the FFVP.

**STATE OFFICE COMPLETION:**

**NJ Dept. Of Agriculture Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**