|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

Please refer to the Guidance Manual for additional information

|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

Please refer to the Guidance Manual for additional information

|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

Please refer to the Guidance Manual for additional information

|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

Please refer to the Guidance Manual for additional information

|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

Please refer to the Guidance Manual for additional information

|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

Please refer to the Guidance Manual for additional information

|  |  |
| --- | --- |
| **SFA Name:** |  |
| **RA Name:** |  |
| **Total # of Items Requested:** |  |

**Part 4 – Equipment Request (5 Points)**

Complete the following chart(s) to identify the equipment item requested including all related costs. Please be specific. The total cost provided will help determine the award amount. Please provide supporting documentation (price quotes, equipment specification sheets, etc.) for requested items.

**SFAs who wish to add or replace an entire serving line, may complete one set of application questions (Part 5 of this application form); however, a separate Equipment Request chart MUST be completed for each piece of equipment requested for the serving line to identify the per-unit cost. There are 7 equipment request charts in this document. Complete one chart for each piece of equipment included in the serving line and include the document with your application submission.**

|  |  |
| --- | --- |
| **Equipment Name/ Description:** |  |
| **Equipment is:** |[ ]  New Equipment |
|  |[ ]  Renovation of old equipment |
|  |[ ]  Replacement equipment |
| **Make & Model:** |  |
| **Size:** |  |
| **Primary Use:** |  |
| **Equipment Cost:** | $  |
| **Delivery Cost:** | $  |
| **Installation Cost:** | $  |
| **Disposition of Old Equipment Cost:** | $  |
| **Other Cost (specify):** | $  |
| **Total Per-Unit Request:** | $  |
| **Number Requested:** |  |
| **Total Request:**(Per-Unit Cost multiplied by Number requested) | $  |

 Please refer to the Guidance Manual for additional information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.  Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)     mail: U.S. Department of Agriculture

         Office of the Assistant Secretary for Civil Rights

         1400 Independence Avenue, SW

         Washington, D.C. 20250-9410;

(2)     fax: (202) 690-7442; or

(3)     email: program.intake@usda.gov.

This institution is an equal opportunity provider.