

**Team Nutrition Grant 2022**

**APPLICATION FOR PARTICIPATION**

**Maryland State Department of Education**200 West Baltimore Street

Baltimore, Maryland 21211

**Deadline**April 22, 2022

No later than 5:00 pm EST

MARYLAND STATE DEPARTMENT OF EDUCATION

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Secretary-Treasurer, Maryland State Board of Education

**Dr. Sylvia A. Lawson**Deputy State Superintendent for Organizational Effectiveness

**Leslie Sessom-Parks, MSW**Chief, Professional Development and Performance, Office of School and Community Nutrition Programs

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1. mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

1. fax: (202) 690-7442
2. email: program.intake@usda.gov

# Instructions

Complete this application electronically by typing directly into the fillable fields and charts. Do not alter or remove sections. When finished, save the application document as a pdf to your computer and obtain appropriate signatures. Be sure to include the required attachments.

Required application components for the Maryland Team Nutrition Grant 2022 include:

* + - 1. Completion of the Grant Application Form (Microsoft Word document, saved to pdf), and
      2. Submission of Required Attachments and Supporting Documentation (#1 – #3).

Email to [NutritionTraining.MSDE@maryland.gov](mailto:NutritionTraining.MSDE@maryland.gov).

Maryland State Department of Education

Office of School & Community Nutrition Programs

Attention: Sara Booker

Phone: 410-767-0204

# A. Maryland Team Nutrition Grant Application Cover Sheet

LEA Name: Click or tap here to enter text. MARS Agency Number: enter number

Mailing Address: Click or tap here to enter text.

Amount of request for grant period (May 2022 – September 2023): $ Click here to enter amount.

Number of participating schools (up to 3): Click or tap here to enter number.

**Local Education Agency (LEA) Grant Coordinator**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Signature:** | |

**Participating School #1**

|  |  |
| --- | --- |
| **School Name:** Click or tap here to enter text. | **Principal Name:** Click or tap here to enter text. |
| **School Address:** Click or tap here to enter text. | **Grade Level:** Choose level |
| **Phone:** Click or tap here to enter number. | **Email:** Click or tap here to enter text. |
| **Participation in National School Lunch or Seamless Summer Option in 2021-2022:**  Yes or No | |
| **Enrolled as a Team Nutrition School:**  Yes or No | |
| **Principal Signature:** | |

**Participating School #2 (optional)**

|  |  |
| --- | --- |
| **School Name:** Click or tap here to enter text. | **Principal Name:** Click or tap here to enter text. |
| **School Address:** Click or tap here to enter text. | **Grade Level:** Choose level |
| **Phone:** Click or tap here to enter number. | **Email:** Click or tap here to enter text. |
| **Participation in NSLP or SSO in 2021-2022:**  Yes or No | |
| **Enrolled as a Team Nutrition School:**  Yes or No | |
| **Principal Signature:** | |

**Participating School #3 (optional)**

|  |  |
| --- | --- |
| **School Name:** Click or tap here to enter text. | **Principal Name:** Click or tap here to enter text. |
| **School Address:** Click or tap here to enter text. | **Grade Level:** Choose level |
| **Phone:** Click or tap here to enter number. | **Email:** Click or tap here to enter text. |
| **Participation in NSLP or SSO in 2021-2022:**  Yes or No | |
| **Enrolled as a Team Nutrition School:**  Yes or No | |
| **Principal Signature:** | |

# B. Grant Project Requirements

See pages 5-10 of the Grant Information Guide (GIG) for a description of all Maryland Team Nutrition Grant requirements. Each participating school must prepare at least one of the chef-designed recipes and host at least two taste tests. After the first round of taste tests, the recipes will be updated based on student and school nutrition staff feedback. Schools will use the revised version of the recipe for the second taste test. The goal is to get an 85% acceptance rate from students for each of the four recipes. Supplemental Nutrition Assistance Program Education (SNAP-Ed) will provide schools with taste test tools to gather student feedback and asses their rate of acceptance. This project is funded using U.S. Department of Agriculture Team Nutrition grant funds.

# Recipe Testing Timeline

There are four (4) recipes that schools can choose to test. The recipes will be tested in different phases. Please note these timelines are subject to change. Schools can choose to test one recipe, two, three, or all four recipes.

1. Vegetable Side Dish: Spring – Fall 2022
2. Chicken or Fish Bowl: Fall 2022 – Winter 2023
3. Vegetarian Bowl: Winter – Spring 2023
4. Entrée Salad: Winter – Spring 2023

Choose the recipe(s) that **School #1** will taste test at least twice. (Select all that apply)

Vegetable Side Dish  Chicken or Fish Bowl

Vegetarian Bowl  Entrée Salad

Choose the recipe(s) that **School #2** will taste test at least twice. (Select all that apply)

Vegetable Side Dish  Chicken or Fish Bowl

Vegetarian Bowl  Entrée Salad

Choose the recipe(s) that **School #3** will taste test at least twice. (Select all that apply)

Vegetable Side Dish  Chicken or Fish Bowl

Vegetarian Bowl  Entrée Salad

# LEA and School Agreement Forms

Local Education Agencies (LEAs) can select up to three schools to participate. If an LEA selects more than one school, at least two schools must be different grade levels. Certain exceptions may be approved. If an LEA selects schools with the same grade levels, The Maryland State Department of Education (MSDE) will assess the grade level distribution across all applications. If there is not good representation from certain grade levels from applications across the state, schools within an LEA that have the same grade levels may be allowed to participate.

Complete a School Agreement Form for each participating school. Print the completed application to obtain required signatures for each school.

**LEA Agreement Form**

To ensure success for the LEA and participating schools, MSDE requests that the LEA verify participation in the Team Nutrition program.

|  |  |
| --- | --- |
|  | District Implementation Team: LEA agrees to designate a Grant Coordinator to serve as the primary liaison with MSDE and grant partners, manage subgrant funds, and ensure grant activities are implemented at all participating schools. |
|  | District Implementation Team: LEA agrees to Grant Coordinator Responsibilities, including:   * Participating in periodic virtual meetings with grant partners * Facilitating and communicating logistics for all training events for participating schools * Facilitating and communicating logistics for all tasting events for participating schools * Managing the collection of data from recipe tasting events (a template to gather feedback will be provided to LEAs.) * Submitting quarterly reports on grant activities and utilization of grant funds * Securing photographs training attendance records, data, and success stories to be incorporated into MSDE quarterly progress reports to USDA. |
|  | District Implementation Team: LEA commits to prepare at least one of the chef-designed recipes and host two or more student taste tests per recipe between Spring 2022 - Spring 2023 at participating schools. This includes ensuring adequate staff are available to prepare the recipe and to run the taste tests. |
|  | * District Implementation Team: LEA agrees to place on the menu and serve at least one of the final new recipes in a reimbursable meal at one of the participating schools by the end of the grant. |
|  | Professional Learning: The district currently and will continue to work toward, supporting professional learning communities as a means of building educator capacity in the participating schools. |
|  | Compensation for Implementation: The district will provide compensation (stipends) for school staff to participate in professional learning and additional planning needed to implement new practices. |

Signed: Date:

**Local School System Superintendent**

Signed: Date:

**Food and Nutrition Services Director**

Signed: Date:

**LEA Grant Coordinator**

**School Agreement: School #1**

**School Name:** Click or tap here to enter text.

**LEA Name:** Click or tap here to enter text.

The purpose of this School Agreement Form is to identify the school responsibilities related to the MSDE, Office of School and Community Nutrition Program’s Team Nutrition Grant 2022.

The goal of the Team Nutrition Grant is to create four new, high quality, appealing standardized recipes for Maryland schools using local agricultural products. MSDE is working with chefs from Prince George’s Community College’s Department of Wellness, Culinary Arts, and Hospitality to develop the recipes.

The purpose of the subgrant award is to provide funding for LEAs to participate in staff training on recipe preparation, purchase food and supplies for taste tests, and gather feedback from students and school nutrition staff. The feedback will be used to modify the recipes, so they align with students’ flavor preferences and are realistic for schools to implement. Nutrition education resources will be developed by Maryland Supplemental Nutrition Assistance Program Education (SNAP-Ed) and available to school nutrition staff and teachers.

Each participating LEA will designate a Grant Coordinator to serve as the primary liaison between schools, MSDE, and grant partners, manage subgrant funds, and ensure grant activities are implemented.

|  |  |
| --- | --- |
|  | Principal agrees that this work is important and will support designated school nutrition staff attending required training events hosted by MSDE and/or grant partners. |
|  | Participating school will prepare at least one of the chef-designed recipes and host two or more student taste tests per recipe between Spring 2022 - Spring 2023. Ensure adequate staff and/or volunteers are available to prepare the recipe and to run the taste tests. |
|  | Collect feedback from students and school nutrition staff and submit to LEA Grant Coordinator after each tasting event. Templates to gather feedback will be provided to LEAs. |
|  | Implement nutrition education for the local products used in the recipe (with nutrition education resources provided to participating LEAs). |
|  | Submit photographs and other documentation of the grant activities to LEA Grant Coordinator. |
|  | Serve at least one of the final new recipes in a reimbursable meal by the end of the grant. |

Signed: Date:

**School Principal**

Signed: Date:

**School Cafeteria Manager/Supervisor**

Signed: Date:

**Third School Staff Member** (Should be able to help navigate school communication channels,

for example, a School Health Council member, Title 1 Coordinator, or Community Coordinator)

**School Agreement: School #2 (if applicable)**

**School Name:** Click or tap here to enter text.

**LEA Name:** Click or tap here to enter text.

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|  | Submit photographs and other documentation of the grant activities to LEA Grant Coordinator. |
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Signed: Date:

**School Principal**

Signed: Date:

**School Cafeteria Manager/Supervisor**

Signed: Date:

**Third School Staff Member** (Should be able to help navigate school communication channels,

for example, a School Health Council member, Title 1 Coordinator, or Community Coordinator)

**School Agreement: School #3 (if applicable)**

**School Name:** Click or tap here to enter text.

**LEA Name:** Click or tap here to enter text.

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|  | Serve at least one of the final new recipes in a reimbursable meal by the end of the grant. |

Signed: Date:

**School Principal**

Signed: Date:

**School Cafeteria Manager/Supervisor**

Signed: Date:

**Third School Staff Member** (Should be able to help navigate school communication channels,

for example, a School Health Council member, Title 1 Coordinator, or Community Coordinator)

# C. Grant Budget Form and Budget Narrative

Complete the attached Team Nutrition Budget Form (excel sheet). Instructions are provided in the first tab of the Budget Sheet. The Budget Form includes school and LEA costs for the Team Nutrition Grant.

Provide a description of each budget category in the spaces below. For example, under Salaries and Wages, describe the number of staff attend trainings. If funds are used to hire substitute school nutrition staff, include amounts. Include FICA/Benefits if applicable.

1. Salaries and Wages

|  |
| --- |
| Click or tap here to enter text. |

2. Contracted Services

|  |
| --- |
| Click or tap here to enter text. |

3. Supplies and Materials

|  |
| --- |
| Click or tap here to enter text. |

4. Other Charges

|  |
| --- |
| Click or tap here to enter text. |

5. Equipment and Furniture

|  |
| --- |
| Click or tap here to enter text. |

# Required Attachments

The following attachments must be included in the proposal for funding.

1. MSDE Signed Assurances Page (available on [MSDE Grants page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf))
2. Signed copies of the LEA and School Agreement Forms
3. Team Nutrition Budget (excel file)