Attachment A, Memo #179-19

July 26, 2019

**Breakfast after the Bell Certification**

**General Information**

**Division Number:**

**Division Name:**

**School Nutrition Administrator:**

**Contact Phone Number:**

**Contact Email:**

**Certification**

*We, the undersigned, reviewed this application and attest to the information provided. If the school(s) is/are selected to receive state funding for alternative or traditional service models, we understand the appropriated funding is limited and may not be sufficient for the entire school year. We agree to implement the program consistent with the policies and procedures established by the USDA and the Virginia Department of Education (VDOE) and provide the data required to be reported to VDOE for each school by August 1, 2020, to be included in the study evaluation for the Governor and the General Assembly.*

**Authorization and Signatures**

**Typed Name of the Division Superintendent:**

**Date:**

**Signature of the Division Superintendent:**

**Typed Name of the School Nutrition Administrator:**

**Date:**

**Signature of the School Nutrition Administrator:**