**Breakfast After The Bell Application**

**General Information**

Division Number:

Division Name:

School Nutrition Contact Person:

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 to provide the data required to be reported to VDOE for each school by June 1, 2019 to be included in the study evaluation for the Governor and the General Assembly.*

**Authorization and Signatures**

Typed Name of Superintendent:

Signature of Superintendent

Date:

Typed Name of School Nutrition Director:

Signature of School Nutrition Director:

Date:

**Instructions:**

1. List the name of the school(s) to participate in Breakfast After the Bell.
2. List the type of school (elementary, middle, high or combo).
3. List the Principal for each school.
4. List the Principal’s email address.
5. For each of school, list the total percentage of free and reduced eligible students. Use the percentage for October 2018 found at <http://www.doe.virginia.gov/support/nutrition/statistics/index.shtml> .
6. Will the school offer a traditional breakfast model? Enter yes or no.
7. List all of the alternative breakfast serving methods for each school.
8. Send the completed application to [SNPPolicy@doe.virginia.gov](mailto:SNPPolicy@doe.virginia.gov) .

For a fillable application please go to the SNPWeb documents or email [SNPPolicy@doe.virginia.gov](mailto:SNPPolicy@doe.virginia.gov).