Attachment B, Memo #166-20

July 10, 2020

**Breakfast after the Bell Application**

**Division Number:**

**Division Name:**

**School Nutrition Administrator:**

**Contact Phone Number:**

**Contact Email:**

**Instructions:**

1. List the name of the school to participate in Breakfast after the Bell.
2. Enter the type of school (elementary, middle or high).
3. For each school, list the total percentage of free and reduced-price eligible students. You can use the percentage for October 2019 or a more recent month if that is a better reflection of your eligibility.
4. Indicate the month used for eligibility percentage.
5. Will the school offer a traditional breakfast model? Enter yes or no.
6. List all of the alternative breakfast serving models for each school.
7. Place cursor in the last box and hit the “tab” key to continue adding schools.
8. Send the completed application to SNPPolicy@doe.virginia.gov**. APPLICATIONS NOT SUMBITTED TO THE SNPPOLICY MAILBOX WILL NOT BE CONSIDERED.**
9. **The certification form signed by the division superintendent must accompany the application.**

**Example:**

| **1. Name of School** | **2. School Type** | **3. Percentage Free/Reduced Eligibility** | **4. Month used for Eligibility** | **5. Traditional Model- Yes/No** | **6. List all breakfast serving methods.** |
| --- | --- | --- | --- | --- | --- |
| *ABC Elementary* | *Elementary* | *60%* | *January 2020* | *Yes* | *Grab and Go, Breakfast in Classroom* |