Attachment B, Memo #2022-2023-74

June 29, 2023

**2023-2024 Breakfast After the Bell
Certification Statement**

**Division Number:** Click or tap to enter division number

**Division Name:** Click or tap to enter division name

**School Nutrition Administrator:** Click or tap to enter school nutrition administrator

**Contact Phone Number:** Click or tap to enter phone number

**Contact Email:** Click or tap to enter email

**Certification**

The school division designated in this application hereby applies for SY 2023–2024 alternative breakfast service model meal reimbursement (known as Breakfast After the Bell) for all schools in the application. I certify that the information contained in this application is correct and complete and the applicant school division has authorized me, as its representative, to file this application. I understand that any funds received through this application must comply with all applicable federal, state, and local procurement laws and regulations. I understand and consent to provide data for a study of BaB funded schools.

**Authorization and Signatures**

The undersigned hereby certify the information in this application is complete and accurate.

**Name of the Division Superintendent:** Click or tap to enter Superintendent's name

**Date:** Click or tap to enter date

**Signature of the Division Superintendent**

**Name of the School Nutrition Administrator:** Click or tap to enter School Nutrition Administrator's name

**Date:** Click or tap to enter date

**Signature of the School Nutrition Administrator**