Attachment A

Memo #179-21

July 2, 2021

**Breakfast after the Bell Certification**

**General Information**

**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**

*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, 2022, to be included in the study evaluation for the Governor and the General Assembly.*

**Authorization and Signatures**

**Name of the Division Superintendent**

**Signature of the Division Superintendent**

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

**Name of the School Nutrition Administrator**

**Signature of the School Nutrition Administrator**

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