Attachment B

Memo #179-21

July 2, 2021

**Breakfast after the Bell Application**

**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's name

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

**Contact Email:** Click or tap to enter 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. Examples include breakfast in the classroom, grab and go breakfast, and second chance breakfast.
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](mailto:SNPPolicy@doe.virginia.gov)**. APPLICATIONS NOT SUMBITTED TO THE SNP POLICY MAILBOX WILL NOT BE CONSIDERED.**
9. **The Certification Statement signed by the division superintendent must accompany the application.**

**Example**

To add more rows, hit the tab button at the end of the table.

| **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.** |
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