



# School Breakfast Mini-Grant Application

Applicant Information	
Date of Application:	Grant Amount Requested (Auto-Fill from below):
Local Education Agency/School District Name:	
Agreement Number (Must match CN PEARS):	
School Building Name:	County:
Building Site Number (Must match CN PEARS):	

## Grant Application Information

1. Breakfast program service model currently used at this school (check all that apply):
  - Breakfast is not offered
  - Traditional breakfast service in the cafeteria
  - Grab n Go
  - Breakfast in the Classroom
  - Second Chance Breakfast
  - Other:  
Describe:
2. Type of alternative breakfast program service model to be implemented or expanded with the grant funds (check all that apply):
  - Grab n Go
  - Breakfast in the Classroom
  - Second Chance Breakfast
  - Other:  
Describe:
3. Describe how the school will implement or expand the breakfast program service models selected above in #2 (limit 500 words):



## School Breakfast Mini-Grant Application

4. Goal for increasing breakfast participation (minimum 20% increase in meals from baseline number of breakfasts served in October 2017) \_\_\_\_\_%

5. Describe how school administration (superintendent, principal, etc.) will support implementation of alternative breakfast program service model(s) identified in #2, (i.e., how will they communicate the importance of breakfast to students, teachers, and students, how will they model their support, etc.) (limit 250 words):

6. Describe the meal counting method that will be used in the alternative breakfast program service model to ensure the school maintains an accurate and effective meal counting system (limit 250 words):

## School Breakfast Mini-Grant Application

7. Provide the timeline for implementing alternative breakfast program serving model(s), identified in #2, by beginning of the 18-19 SY.

Activity	Start Date	End Date	Individual Responsible

8. Itemized budget (20% may be allocated for learning connection, but must be itemized separately in the Learning Connection section on the below chart)

Item/Activity .....	Quantity	Cost per unit (\$)	Total Cost (\$)

## School Breakfast Mini-Grant Application

<b>Learning Connection</b>			
Item/Activity	Quantity	Cost per unit (\$)	Total Cost (\$)
<b>Total Cost (\$)</b>			

9. If you are applying for this mini-grant and have Excess Net Cash Resources in your Non-profit Food Service Account, please justify why you feel you should still be considered for the grant. (limit 100 words):

<b>Applicant Authorization and Certification (All signatures are required for acknowledgement)</b>			
<p>This application is submitted for the purpose of applying for School Breakfast Mini-Grant funds. The purpose of this grant is to improve breakfast participation in schools by implementing or expanding the use of alternative breakfast program delivery models. We have reviewed this application and attest to the accuracy of the information provided. If selected, we agree that the funding will only be utilized for allowable costs as identified in the grant description. Additionally, funds will be utilized as identified in this application in a manner and timeframe consistent with the grant description. Further, we agree to provide information requested by the specified deadlines.</p>			
Superintendent/Chief Administrator Name:			
Title:			
Email:	Phone Number:	Date:	
Signature:			
Building Principal Name:			
Title:			
Email:	Phone Number:	Date:	
Signature:			
Business Manager Name:			
Title:			
Email:	Phone Number:	Date:	
Signature:			
Food Service Director Name:			
Title:			
Email:	Phone Number:	Date:	
Signature:			