STATE OF MAINE

DEPARTMENT OF EDUCATION

NATIONAL SCHOOL LUNCH PROGRAM

BREAKFAST AFTER THE BELL

NON-COMPETITIVE GRANT FUNDING APPLICATION  
  
Funding is available for school administrative units that start or expand alternative breakfast delivery services that provides a reimbursable breakfast after the start of the school day. A school administrative unit with a public school in which at least 50% of students qualified for free or reduced-price lunch during the preceding school year qualifies for funding

1. Name of LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
2. District / Central Office Information:  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Street  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City, State Zip

3. Name of person completing this form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For each school applying for grant funding please answer the questions below.**

**Handwritten responses will not be accepted.**

**Please limit your response to each question to 200 words or less.**

* Name and address of school to receive funding:
* Funding will be applied to:
* Amount requested:

1. Please provide the applicant school’s eligibility percentage or percentage of students that qualify for Free or Reduced-price meals and total enrollment for 2019. (This information is found on the ED534 report in NEO, please make sure 2019 is selected.
2. Describe in detail how the grant will be used to change the current breakfast model to increase student

accessibility and participation

1. Include what the current breakfast model is. For example, Cafeteria - Traditional, Classroom,

After School Starts and/or Grab & Go and the model the school will implement:

1. Include the locations where students’ pickup breakfast and the locations it is consumed?
2. How has your administration (Principal/Superintendent) shown support for this project?  
     
   A. Name of Administrator and Title
3. How will this project be promoted to students, school staff, parents & community?
4. Provide an implementation plan. If this will be in steps, please indicate activity start and end date?

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| --- | --- | --- | --- |
| **Activity** | **Person Responsible** | **Start Date** | **End Date** |
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1. Is this a one-time expense or purchase or an ongoing expense? If an ongoing expense how will it be funded next SY?
2. Completed Itemized Budget

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| --- | --- | --- | --- |
| **Item/Activity** | **Quantity** | **Cost per unit ($)** | **Total Cost** |
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| **Application Authorization and Certification (All signatures are required for acknowledgement)** | | | |
| This application is submitted for the purpose of applying for Alternative School Breakfast funds. The purpose of this grant is to improve breakfast participation in schools by implementing or expanding the use of **alternative breakfast 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 the application in a manner and timeframe consistent with the grant description. As a result of legislation further information may be requested. | | | |
| **Superintendent/ Director of Schools Name:**  **Email: Phone Number:**  **Signature:** | | | |
| **School Principal Name:**  **Email: Phone Number:**  **Signature:** | | | |
| **Food Service Director:**  **Email: Phone Number:**  **Signature:** | | | |
| **MDOE Representative:**  **Signature: Date:** | | | |

**RETURN TO: Child Nutrition Maine DOE  
 136 State House Station  
 Augusta, ME 04333-0136**

**For Information Email or Call:**

[**nancy.kitteredge@maine.gov**](mailto:nancy.kitteredge@maine.gov) **207- 624-6877**[**kailin.fayle@maine.gov**](mailto:kailin.fayle@maine.gov) **207-624-6666**

**Federal**

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**State**

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire.

Maine is an equal opportunity provider and employer.