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 2022. (This information is found on the October Survey in CNP web. please make sure 2022 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 School Year?
2. Completed Itemized Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**

[jodi.truman@maine.gov](mailto:jodi.truman@maine.gov)  **207- 624-6877**[**kaitlin.fayle@maine.gov**](mailto:kaitlin.fayle@maine.gov) **207-592-4198**

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2FUSDA-OASCR%2520P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf&data=05%7C01%7CPaula.Nadeau%40maine.gov%7C8662eda17df646c3d5ea08da38c8743d%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637884730830351761%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=OeYhSpIJPVT%2F7gK70PpHBCGkTzr2aFKaZe%2BLnyUR%2FxI%3D&reserved=0), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**(1)       mail:**

            U.S. Department of Agriculture  
            Office of the Assistant Secretary for Civil Rights  
            1400 Independence Avenue, SW  
            Washington, D.C. 20250-9410; or

**(2)       fax:**

 (833) 256-1665 or (202) 690-7442; or

**(3)       email:**  
            [program.intake@usda.gov](mailto:program.intake@usda.gov)

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