

# School Nutrition 2023 - Sample Application

*Please note:*

- *This is a sample application and questions may slightly vary from the application in the grantee portal.*
  - *All applications must be submitted through our grantee portal to be considered.*
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*This request for proposal (RFP) is intended for school districts. If you are completing this application on behalf of an organization and government agency, please reach out to [grantshelpdesk@strength.org](mailto:grantshelpdesk@strength.org) for access to the correct RFP.*

The No Kid Hungry School Nutrition Grant Opportunity will provide funding to school districts to maximize child nutrition programs to ensure children and families have access to healthy meals at school and at home during the school year and/or summer months.

No Kid Hungry knows that school districts play an essential role in ensuring students receive nutritious meals to learn, grow, and thrive to reach their full potential. These flexible grants will allow school districts to respond to the growing needs and emerging opportunities to provide meals and resources to kids and families.

## **No Kid Hungry Granting Priorities:**

No Kid Hungry is committed to addressing the systemic and structural health, social, and economic inequities that disproportionately impact historically under-resourced communities. No Kid Hungry will prioritize funding school districts impacting the following communities:

- Communities where 50% or more of the population identifies as Black, Latino, Indigenous Peoples, Asian, Hawaiian Native or Pacific Islander
- Rural and urban communities where schools/school districts face unique challenges in addressing hunger
- Communities experiencing extreme economic hardship, determined through multiple data points
- Communities where members experience intersecting social and environmental inequities

Funds will be prioritized to support applications with a strong and sustainable plan for maximizing participation in the child nutrition programs and/or increasing federal nutrition program enrollment. Share Our Strength's goal is to support school districts in increasing school meal access and realizing breakfast and lunch participation that matches or exceeds pre-Covid-19 participation.

### *Use of Funds*

Funds are intended to support school districts in having the adaptability to meet the changing needs of students and families. Strategies may include:

- Ensuring maximum student participation and improving meal quality in federal nutrition programs.
- Promoting awareness of meal availability to students and families, especially for free and reduced-price eligible students.
- Promoting and supporting enrollment of SNAP, WIC and Pandemic-EBT programs as well as the Child Tax Credit.
- Supporting partnerships with other school districts and/or local community-based organizations to increase access to meal programs.

Budget requests may include:

- Meal service supplies and equipment.
- Costs of hiring additional staff positions, increasing hours for existing staff, and providing incentives for staff retention, recruitment and training.
- Technology requests, including point of service machines.
- Cleaning supplies/equipment, including hand washing stations and PPE.
- Program outreach, benefit enrollment assistance (SNAP, WIC, etc.), and marketing costs.
- Transportation costs associated with meal delivery such as refrigerated trucks or fuel.
- Additional expenses as needed.

### *Corporate Funding*

Grants may be funded through corporate partners working with Share Our Strength. You will be notified upon receipt of the grant award if a corporate partner is sponsoring the grant award.

## Applicant Details

### School Nutrition Director

Are you the School Nutrition Director of your School District? (Y/N)	
If you answered no above, please provide the School Nutrition Director's information below:	
School Nutrition Director First Name	
School Nutrition Director Last Name	
School Nutrition Director Phone	
School Nutrition Director Email	
Did you work with the School Nutrition Director to confirm the project details outlined in this funding application? (Y/N)	

### Superintendent

Are you the Superintendent of your School District? (Y/N)	
If you answered no above, please provide the Superintendent's information below:	
Superintendent First Name	
Superintendent Last Name	
Superintendent Phone	
Superintendent Email	

How would you like your school district name listed on public-facing materials?

Person Authorized to Sign a Grant Agreement Letter for this Grant  
*If awarded funds this would be the person who will receive and sign the grant agreement.*

First Name	
Last Name	

Title	
Email Address	
Phone Number	

## Use of Grant Funds

*In this section, No Kid Hungry would like to learn more about the programming that will be impacted specifically by No Kid Hungry grant funding.*

Please provide a concise description (2-3 sentences) of the project for which you will be using grant funds. What is the desired impact of your project and how will it help the students in your district? (1,500 Characters Max)

Please select which programs your school district will be improving/implementing as a result of No Kid Hungry grant funding. Select all that apply.

Afterschool meals/snacks	School Lunch
CACFP child day care meals/snacks	SNAP outreach or services
Fresh Fruit and Vegetable Program	Summer Meals (served at no cost to all participants)
Pandemic EBT Outreach	WIC outreach or services
School Breakfast	Other (please describe)

If you selected 'other,' please describe the other program(s) No Kid Hungry funding will be used to support.

Please provide 1-2 primary objectives for how this project will expand participation and/or improve the programs you have listed above. Please specify how grant funds will support these objectives. Well-written objectives will be specific, measurable, achievable, relevant, time-specific, and include a brief description of your distribution plan.

*Example: Our district will aim for a 10% increase in Breakfast After the Bell participation by the end of the grant period.*

Objective 1 (Maximum Characters: 32,000):
Objective 2 (Maximum Characters: 32,000):

Please list all schools in the district that will be impacted by these grant funds.  
(Maximum Characters: 15,000)

List other organizations, if any, you are working with on the project and the role of each.

Please provide the anticipated start date of the project you are proposing with the use of grant funds. The start date indicates the beginning of project implementation. Funds should be at least partially spent and equipment should be purchased in order for your programming to begin. The standard grant period is one year unless otherwise discussed.

Start Date:

***IF GRANT IS SUPPORTING SCHOOL BREAKFAST:***

When will breakfast be offered? Select all that apply.

Before the first instructional bell
10-15 minutes into the first period
Between 1st and 2nd period

When will breakfast be allowed to be eaten by students? Select all that apply.

Before the first instructional bell
10-15 minutes into the first period
Between 1st and 2nd period

In which of the following locations, if any, will breakfast be served or made available?  
Select all that apply.

Cafeteria	Playground/Outdoor Area
Entryway	Classroom
Gymnasium	Other

Hallway	
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In which of the following locations, if any, will breakfast be eaten by students? Select all that apply.

Cafeteria	Playground/Outdoor Area
Entryway	Classroom
Gymnasium	Other
Hallway	

Please provide the projected average daily participation of school breakfast across the entire district in SY22-23.

Please provide any other details about your school breakfast programs. This can include timing, locations, or any other details that were not captured in the above questions. (Maximum Characters: 2,000)

***IF GRANT IS SUPPORTING SCHOOL LUNCH:***

In which of the following locations, if any, will lunch be served or made available? Select all that apply.

Cafeteria	Playground/Outdoor Area
Entryway	Classroom
Gymnasium	Other
Hallway	

In which of the following locations, if any, will lunch be eaten by students? Select all that apply.

Cafeteria	Playground/Outdoor Area
Entryway	Classroom
Gymnasium	Other
Hallway	

Please provide the projected average daily participation of school lunch across the entire district in SY22-23.

Please provide any other details about your school lunch programs. This can include timing, locations, or any other details that were not captured in the above questions. (Maximum Characters: 2,000)

**IF GRANT IS SUPPORTING AFTERSCHOOL MEALS/SNACKS:**

How many afterschool supper or snack sites is your organization planning to sponsor in SY2022-23?

Projected Supper Only Site(s)	
Projected Snack Only Sites (s)	
Projected Supper and Snack site(s)	

Please provide the projected total snacks your district will serve in SY2022-23.

Please provide the projected total suppers your district will serve in SY2022-23.

In SY22-23, how many days will your organization serve afterschool suppers or snacks? If your organization has more than one site serving afterschool suppers or snacks and their days of operation will vary, please enter the maximum number of operating days.

**IF GRANT IS SUPPORTING SNAP OUTREACH:**

*We prioritize SNAP outreach and application assistance efforts that focus on enrolling underserved families and children, in particular immigrant and mixed-status families, communities of color, and rural communities. We encourage efforts that target outreach to likely eligible families, support families with navigating the application process, and/or lower barriers to SNAP access.*

Please select the outreach strategies you are planning to use to increase access to SNAP.

Provide information on SNAP through various ways – website, social media, fliers, newsletters	Provide translation services
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Send/distribute information directly to families/participants through letters, fliers, text message and/or robocall scripts	Host events and/or incorporate into school activities
Directly contact families participating in other social assistance programs such as through phone or email	Train and encourage key staff to share about SNAP
Work with community members as promotional partners	Set up referral process to connect families to partners or state agencies providing SNAP information and enrollment support
Conduct data analysis, matching or other research to determine underserved communities	Use technology to conduct streamlined outreach
Focus outreach on underserved communities particularly immigrant and mixed-status families	Other (please describe)

Please select any application assistance strategies you are planning to use to increase enrollment in SNAP.

Help households complete SNAP screener tools to verify eligibility	Use technology to streamline the application assistance and enrollment process
Provide case management and application assistance on site	Operate phone line to provide application assistance
Host SNAP enrollment events	N/A
Refer families to applicable state agency or community partner	Other (please describe)

Please tell us more about why you are choosing those outreach and assistance strategies. What makes them the right fit for your community?

Please tell us if your project will address needed systems or policy changes. If yes, please describe these changes you plan to address. If no, please enter N/A.

Please estimate the number of households that will be reached through outreach activities during the grant period.

Additionally, if possible, estimate the number of children that will be reached through outreach activities during the grant period. If unknown, enter 0.

Please estimate the number of households that will be screened for SNAP eligibility during the grant period.

Additionally, if possible, estimate the number of children that will be screened for SNAP eligibility during the grant period. If unknown, enter 0.

Please estimate the number of households that will apply for SNAP during the grant period.

Additionally, if possible, estimate the number of children that will apply for SNAP during the grant period. If unknown, enter 0.

Please estimate the number of households that will enroll in SNAP during the grant period.

Additionally, if possible, estimate the number of children that will enroll in SNAP during the grant period. If unknown, enter 0.

Please estimate the dollar value of benefits your SNAP work will unlock. If unknown, enter 0.

Please provide information on your community and the specific ways your project will address inequitable SNAP access or experiences for underserved communities. Please include any relevant demographic information about the population you are trying to reach, such as age, disability, religion, income, unhoused, LGBTIA+, kinship caregiver, college students with children, people living in rural communities, and race/ethnic composition including persons of color, immigrant and refugee families, and Native and Indigenous communities.

Who are your partners in this work and/or what partnerships are you hoping to build to make this work possible?

What is your school district's experience with doing SNAP outreach and enrollment and/or conducting SNAP systems or policy change? If your school district does not have experience doing SNAP outreach and enrollment, please explain another time where you do have experience with other program outreach and enrollment.

What support do you need from No Kid Hungry, such as technical assistance or resources in regards to SNAP outreach, enrollment, etc.?

***IF GRANT IS SUPPORTING CACFP CHILD DAY CARE MEALS/SNACKS:***

Please provide the projected number of meals/snacks that will be served through CACFP child day care meals/snacks in SY22-23.

***IF GRANT IS SUPPORTING FRESH FRUIT AND VEGETABLE PROGRAM:***

Please provide the projected number of schools in your district doing the FFVP in SY22-23.

Please provide the projected number of students served through the FFVP in your district in SY22-23.

Please provide the projected number of weeks your school district will run the FFVP in SY22-23.

***IF GRANT IS SUPPORTING PANDEMIC EBT OUTREACH OR SERVICES:***

Please provide the projected number of households that will be reached through your P-EBT outreach strategies during SY22-23.

Please provide the projected number of households that will enroll in P-EBT during SY22-23.

Please provide the projected number of households that will apply for P-EBT as part of your outreach efforts during SY22-23.

Please select the outreach strategies you are planning to use to increase access to Pandemic EBT. Select all that apply.

Directly contact families participating in other social assistance programs such as through phone or email	Record a robocall to inform families about P-EBT
e-newsletters	Send/distribute a letter or flier directly to families/participants
Provide information on P-EBT on the website or social media outlets	Text messages
Provide translation services	Other (please describe)

**IF GRANT IS SUPPORTING WIC OUTREACH OR SERVICES:**

Please provide the projected number of households that will be reached through your WIC outreach efforts during SY22-23.

Please provide the projected number of households that will enroll in WIC during SY22-23.

Please provide the projected number of households that will apply for WIC as part of your outreach efforts during SY22-23.

Please select the outreach strategies you are planning to use to increase access to Pandemic EBT. Select all that apply.

Directly contact families participating in other social assistance programs such as through phone or email	Record a robocall to inform families about WIC
e-newsletters	Send/distribute a letter or flier directly to families/participants
Provide information on WIC on the website or social media outlets	Text messages
Provide translation services	Other (please describe)

**Challenges**

*Please specify up to three challenges your organization is facing related to the proposed project. If applicable, please describe the actions your school district will take to address the challenge. (Please note, you are required to submit at least one challenge below before moving forward with your application.)*

<b>Challenge 1</b> (select from picklist):	Does your school district have a plan to address this challenge? We know not all challenges have easy solutions so, if not, please indicate how No Kid Hungry can help you to address this challenge.
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<b>Challenge 2</b> (select from picklist):	Does your school district have a plan to address this challenge? We know not all challenges have easy solutions so, if not, please indicate how No Kid Hungry can help you to address this challenge.
<b>Challenge 3</b> (select from picklist):	Does your school district have a plan to address this challenge? We know not all challenges have easy solutions so, if not, please indicate how No Kid Hungry can help you to address this challenge.

#### Picklist of Challenges

Administrative buy-in	Low program awareness among students/children or parents/caregivers
Difficulties with logistics such as extra trash and food waste	Poor meal quality
Difficulties with student/child preferences	Procurement of food, packaging, equipment
Increased Costs	Reduced revenue from sources beyond reimbursable meals
Lack of equipment	Staff hiring challenges/inability to fill open positions
Late bus arrivals	Too few staff
Lower nutritional quality than desired	Transportation Issues
Low program awareness	Other (if selected, please describe)
Lack of technology access	

## Budget

*Grant funds are intended for your school district to use to help address barriers and challenges that will enable you to serve more meals through your nutrition programs. Please use the table below to provide details on how the grant funds will be used. We prefer to fund items that will help sustain your programs beyond the grant year. **You may add up to nine budget categories.***

*For examples of what items can be funded for this specific grant, please refer to the RFP.*

Category (Picklist)	Description of item and how it will be used:
Estimated cost of item	Purpose of Cost of Category (Picklist)

Category	Description of item and how it will be used:
Estimated cost of item	Purpose of Cost of Category

Category	Description of item and how it will be used:
Estimated cost of item	Purpose of Cost of Category

*You can add up to 9 budget items.*

### Category Picklist

Food costs	Kitchen Appliance(s), such as refrigerator, oven, stove top, etc.	PPE equipment or cleaning supplies	Storage
Grab and Go Carts	Meal service supplies	Program outreach (flyers, banners, ads, etc.)	Technology, such as Point of Service Machines and Laptops
Handwashing stations	Milk Coolers	Retrofitting existing equipment to meet new needs	Transportation (fuel, vehicle purchase, etc.)
Insulated Coolers or Warmers	Office expenses	Staffing	Other, please specify

### Purpose of Cost of Category Picklist

Offsetting existing expenses	Funding new costs	Both offsetting existing expenses as well as funding new expenses
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## Implementation Strategies

Please describe strategies you are implementing in your district, if any, to ensure you are feeding and supporting the students and families most in need in your community. Please include any relevant demographic information about the population you are trying to reach such as free- and reduced-price meal eligibility, disability, religion, unhoused, LGBTQIA+, persons of color, immigrant and refugee families, and Indigenous communities. **See how No Kid Hungry is prioritizing grant funds.** (Maximum Characters: 1,000)

Please describe plans, if any, to engage students and families as partners in decision-making and/or any efforts to ensure decision-makers are reflective of the community your school district impacts. Children and families are invaluable thought partners in designing effective school meal programs. For support, please see resources including **Let Your Community Shape Your Program** and **Conversation Starters For Designing More Inclusive School Meals Programs**. (Maximum Characters: 1,000)

How do you plan to reach students who are at greatest risk for hunger?

### ***Marketing Tactics***

Which of the following marketing tactics, if any, is your district planning to implement this year? Select all that apply.

Announce the availability of school meals using the PA system	Parent text messages
Discuss the program at Back to School Night, Parent Teacher meetings or during other school events	Post flyers or information about school meals availability throughout the school
Encourage teachers, administrators, coaches and other staff to promote meals	Provide information on the school meals on the website or social media outlets
e-newsletters	Record a robocall to inform parents about school meals
Have school staff asking if children ate breakfast and encouraging them to get a school breakfast	Send a letter or flyer about school meals directly to parents
Host events throughout the year (e.g., taste	Social Media



tests, themed breakfasts, etc.)	
Incentivize participation (e.g. prizes for a certain number of visits)	Other (please describe)
Mail postcards	Unsure; Would like a No Kid Hungry representative to discuss if this application is approved for funding

## Current Nutrition Programs

*No Kid Hungry is interested in understanding your district's holistic plan for nutrition programming provided to students and families both at school and at home during the upcoming school year.*

How many total schools are currently in your district?

What is your current total district enrollment for the 2022-23 school year?

We're interested in learning how the pandemic has impacted school budget financial environments. What is the overall assessment of your current financial situation? (Maximum Characters: 15,000)

Are you concerned about covering all of the operation costs for the school year?  
Do you need grants to cover additional expenditures?

Yes	No
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If you would like, please expand upon your answer above as to why or why not you are concerned about covering all of the operating costs for this school year. (Maximum Characters: 1,000)

### **CEP/Provision 2**

Will your school district participate in CEP in the 2022-2023 school year? (Yes/No)

- IF YES: Will all schools in your district participate in CEP in SY2022-23?  
(Yes/No)
  - If YES: What is your district's identified student percentage (ISP) for the current school year?
  - If NO:
    - Are you offering universal free breakfast in any of your schools?  
Yes/No
      - IF YES: Please list the schools.
    - How many schools in the district currently participate in CEP?
    - How is CEP currently implemented throughout the district? (A/B)
      - a. Via multiple school groupings and/or individual schools operating CEP
      - b. All CEP schools grouped together with one ISP
    - IF VIA MULTIPLE SCHOOL GROUPINGS...:

- Of the schools that currently participate in CEP, what was their combined enrollment?
- Of the schools that currently participate in CEP, what is their average identified student percentage (ISP)?
- IF ALL CEP SCHOOLS WERE GROUPED...:
  - What is your district's current identified student percentage (ISP)?
- Of the schools that do NOT currently participate in CEP, please provide the total number of free and reduced eligible students.

Number of Students Eligible for Free Meals:	Number of Students Eligible for Reduced Meals:
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- IF NO: Will your school district participate in Provision 2 in SY2022-23? (Yes/No)
  - IF YES: Do all schools in your district participate in Provision 2? (Yes/No)
    - IF YES: Please enter the school's current annual claiming percentage for each of the following reimbursement types?

Current Free P2 Percentage:	Current Reduced P2 Percentage:	Current Paid P2 Percentage
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- IF NO:
  - How many schools in the district participate in Provision 2?
  - Of the schools that participate in Provision 2, what is their current combined enrollment?
  - Of the schools that participate in Provision 2, what is their current average annual claiming percentage for each of the following reimbursement types?

Current Free P2 Percentage:	Current Reduced P2 Percentage:	Current Paid P2 Percentage
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- Of the schools that do NOT participate in Provision 2, please provide the total current number of free and reduced eligible students.

Number of Students Eligible for Free Meals:	Number of Students Eligible for Reduced Meals:
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- IF NO, please provide the total current number of free and reduced eligible students in your district.

Number of Students Eligible for Free Meals:	Number of Students Eligible for Reduced Meals:
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### Current Nutrition Programs

Which of the following programs are currently offered by your district or do you plan to offer during SY2022-23, regardless of No Kid Hungry funding? Select all that apply.

Afterschool meals/snacks	School Lunch
CACFP child day care meals/snacks	School Pantry
Farm to School	SNAP outreach or services
Fresh Fruit and Vegetable Program	Summer Meals (served at no cost to all participants)
Pandemic EBT Outreach	WIC outreach or services
School Breakfast	

During SY2022-23, which of the following reimbursement models do you plan to use to serve meals? Select all that apply.

CACFP afterschool meals or snacks	NSLP Afterschool Meals
NSLP/SBP (using traditional free/reduced/paid structure)	Universal free meals through state funded programs
NSLP/SBP through CEP or Provision 2	

### Distance Learning

If students are participating in distance learning, what meal options will be available on days they are learning from home? Select all that apply.

Pre-order via app, phone, or online form	Meals for adults/families
Walk-up distribution	Food or groceries for families
Drive-thru curbside distribution	Take-home meals (for students alternating between in-class and distance learning)
Distribution along bus or mobile routes	Other (Please describe)
Home delivery via mail	N/A
Direct home delivery	

## Historic School Meals Participation

*No Kid Hungry is interested in understanding what nutrition programs your district offered last school year as a baseline. Please provide the following data points from the previous school year.*

*Please enter zero ("0") for any meals, sites, or days where your program did not serve.*

How many total schools were in your district in SY2021-22?

What was your total district enrollment in October 2021?

During SY2021-22, which of the following programs and reimbursement models did you use to serve meals? Select all that apply.

Afterschool meals/snacks	SNAP outreach or services
CACFP child day care meals/snacks	Summer Meals (served at no cost to all participants)
Farm to School	Weekend Backpack Program
Food skills and/or nutrition education	WIC outreach or services
Fresh Fruit and Vegetable Program	NSLP/SBP (using traditional free/reduced/paid structure)
Pandemic EBT Outreach	NSLP/SBP through CEP or Provision 2
School Breakfast	NSLP Afterschool Meals
School Lunch	Universal free meals through state-funded programs
School Pantry	

During SY21-22, where were meals served and consumed, either in school buildings or during distance learning? Select all that apply.

Meals served in the cafeteria	Meals consumed in classrooms
Meals served outside of the cafeteria	Meals consumed in the cafeteria

Meals consumed outside of the cafeteria and classroom like gym, hallways, library, outdoors, etc.	Drive-thru or curbside distribution
Direct home delivery	Take Home Meals
Other	N/A

How did the number of meals served across all programs in SY2021-22 compare to the number of meals served in SY2020-21? (Select one)

Many Fewer (a decrease of more than 50 percent)
Fewer (a decrease of 25-49 percent)
About the Same
More (an increase of 25-49 percent)
Many more (an increase of more than 50 percent)
Do not Know

### ***CEP/Provision 2***

Did your school district participate in CEP in SY2021-22? (Yes/No)

- IF YES: Did all schools participate in CEP in SY2021-22?
  - IF YES: What was your district's identified student percentage (ISP) for SY2021-22?
  - IF NO:
    - How many schools in the district participated in CEP?
    - Of the schools that participated in CEP in SY2021-22, what was their combined enrollment in October 2020?
    - How was CEP implemented throughout the district?
      - A. Via multiple school groupings and/or individual schools operating CEP
      - B. All CEP schools grouped together with one ISP
    - IF VIA MULTIPLE SCHOOL GROUPINGS: Of the schools that participated in CEP, what was their average identified student percentage (ISP) for SY2021-22?

- IF ALL CEP SCHOOLS WERE GROUPED: What was your district's group identified student percentage (ISP) for SY2021-22?
- Of the schools that did NOT participate in CEP, please provide the total number of free and reduced eligible students at these schools in October 2021.

Number of Students Eligible for Free Meals:	Number of Students Eligible for Reduced Meals
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- IF NO (your school did not participate in CEP): Did your school district participate in Provision 2 in SY2021-22?
  - IF YES: Did all schools participate in Provision 2? (Y/N)
    - IF YES: Please enter the school's annual claiming percentage for each of the following reimbursement types?

Historic Free P2 Percentage:	Historic Reduced P2 Percentage:	Historic Paid P2 Percentage:
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- IF NO:
  - How many schools in the district participated in Provision 2?
  - Of the schools that participated in Provision 2, what was their combined enrollment in October 2021?
  - Of the schools that participated in Provision 2, what was their average annual claiming percentage for each of the following reimbursement types in SY2021-22?

Historic Free P2 Percentage:	Historic Reduced P2 Percentage:	Historic Paid P2 Percentage:
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- Of the schools that did NOT participate in Provision 2, please provide the total number of free and reduced eligible students at these schools in October 2021.

Number of Students Eligible for Free Meals:	Number of Students Eligible for Reduced Meals
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- IF NO: Please provide the total number of free and reduced eligible students in your district in October 2021?

Number of Students Eligible for Free Meals:	Number of Students Eligible for Reduced Meals
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### ***Breakfast & Lunch***

How many days did you serve school lunch in October 2021? Please report the highest number if service days varied across schools.

How many meals by reimbursement type were served in October 2021? For CEP and Provision 2 schools as well as any district that utilized the SFSP or SSO universal free meals waiver, please list all meals as "Free" and place a "0" in the reduced and paid category.

Free Breakfast Meals:	Reduced Breakfast Meals:	Paid Breakfast Meals:
Free Lunch Meals:	Reduced Lunch Meals:	Paid Lunch Meals:

Did you serve CACFP or NSLP Afterschool snacks or supper in SY21-22? If yes, please answer the below questions concerning CACFP/NSLP Afterschool snacks or suppers. If no, please enter 0.

Please provide the number of schools that participated in CACFP/NSLP Afterschool snacks or suppers in October 2021.

Please provide the number of NSLP/CACFP Afterschool Snacks served in SY21-22.

Please provide the number of CACFP Afterschool Suppers served in SY21-22.

## **Additional Contacts**

Who will be the person responsible for grant reporting?

First Name	
Last Name	
Title	

Email	
Phone Number	

## Understanding Grant Requirements

If awarded funding, I understand I will be required to:

- Expend the grant award for the purpose(s) approved in the grant award letter by the deadline stated in the grant letter.
- Submit four quarterly reports for a full year grant. Specific reporting requirements will be communicated at the time of grant award notification. Sample reports are coming soon!
- Permit a representative from No Kid Hungry to visit my program at a convenient date(s) to see my program in action.
- Cooperate, if asked, with a representative from No Kid Hungry to publicize the grant award and how it has contributed to the success of my program.
- Provide Share Our Strength the right to include the name, location, and website of my school district, along with a brief description of what funding is supporting, on the online No Kid Hungry Grants Map to promote the great work my school district is doing.
- Understand that grants may be funded through corporate partners working with Share Our Strength and the No Kid Hungry Campaign. You will be notified immediately if corporate partners are sponsoring this opportunity.