## **This document is for planning purposes only. You will need to complete the online application to be considered for funding.**

## **Overview**

* To be eligible to receive grant funding, your school must participate in the National School Lunch Program; additional consideration will be given to schools that also participate in the National School Breakfast Program.
* Schools will be evaluated to receive grant funding based on a variety of factors including the strength of the program, enrollment, Free and Reduced rate, and potential for dairy sales impact with equipment investment.
* Grantees are expected to implement the service model and equipment no later than January 31, 2024.
* GENYOUth will ship all equipment packages upon approval. The district/school will assume ownership of the equipment once delivered and is responsible for all maintenance and future disposal, as needed.
* All applications will be reviewed, and approvals/notifications will be made by mid-October.

**How to Apply**

* **Step 1** - To start or access your application, enter your school’s ZIP code, click the Enter button, select your school from the drop-down list, then click the Continue button to go to the next step.
* **Step 2** - Select the program you’d like to implement. Equipment Packages include mobile meal carts, and grab and go carts; both packages also include milk cooler bags.
* **Step 3** - Please complete all 3 tabs of the application before submitting. You can also click the Save button at the bottom of the page and return later to complete your application.

# Application – School Information Tab

## Contact Information

**\*Your Name:**

**\*Your Title:**

**\*Your Email:**

### School Nutrition Director – This person will be responsible for implementation and reporting.

**\*School Nutrition Director Name:**

**\*School Nutrition Director Phone:**

**\*School Nutrition Director Email:**

## School Information

**\*District Name** *[pre-filled, not editable]*

**\*District 9-Digit Federal Employer Identification Number** (XX-XXXXXXX)**:**

**\*School Name:** *[pre-filled, not editable]*

**\*School Enrollment:** *[pre-filled]*

**\*Mailing Address** (where the equipment should be delivered)**:**

Building Name: *[pre-filled, editable]*

Attention: *[pre-filled, editable]*

Address Line 1: *[pre-filled, editable]*

Address Line 2 (optional): *[pre-filled, editable]*

City: *[pre-filled, editable]*

State: *[pre-filled, editable]*

ZIP Code: *[pre-filled, editable]*

**\*** **Does the building listed above have a loading dock/liftgate or a doorway accessible by a ramp that is at least 58" in width?** *[Yes/No]*

**\*Does your school participate in the National School Lunch Program?** *[Yes/No]*

**\*Does your school participate in the National School Breakfast Program?** *[Yes/No]*

# Application – Program Information Tab

## Program Information

**\*Please select your preferred equipment package below:** *[Drop-down list: Mobile Meal Cart, Grab and Go Cart]*

**\*If your first selection is not available, would you accept the other package instead?** *[Yes/No]*

**\*Anticipated program start date:** *[date picker; cannot be in the past]*

**\*Total number of service days in the school year:**

**\*Provide a detailed description of how the equipment will be utilized:** *[text box; 1,000-character limit]*

**\*If there were to be changes to your operations during the current school year, please explain your contingency plan for utilizing the equipment funded by this grant & program opportunity:** *[text box; 1,000-character limit]*

 **Does your school:**

* \*Have an afterschool/weekend feeding program? *[Yes/No]*
* \*Have a summer feeding program? *[Yes/No]*
* \*Have a school pantry? *[Yes/No]*

 **\*Please note which of the following you will commit to in recognition of the grant:**

* Social media outreach
* School newsletter
* Provide GENOUth with pictures of equipment being utilized
* Other – please describe

# Application – Schools & Reporting Tab

## School Data

Please enter the appropriate school metrics for the month of April 2023 - this will be your PRE-Implementation data. If funding is approved, you will be asked to provide the same data points for the month of April 2024, after the program has been implemented in your school.

NOTE: "ADP" is the average number of student reimbursable meals served in a school nutrition (SN) program on a daily basis.

### **PRE -Implementation: April 2023**

Please provide the following data for your school:

* Total Number of Serving Days (will be a field above the data table)
* Current Enrollment
* Total Number of Students Eligible for Free/Reduced Lunch
* Breakfast Average Daily Participation
* Lunch Average Daily Participation
* Total Number of 8oz Milk Servings (for the Total Number of Serving Days indicated)