

**Healthy Start Award Application Form**

*To Qualify:* Any Massachusetts school that has reached a breakfast participation rate of 80% or higher for **two consecutive months** of the 2017-2018 school year is eligible to apply for a Healthy Start Award.

*Completing this form*: This is intended to be a simple application submitted by School Principals in partnership with your district’s School Nutrition Director (SND). **The Application Form is** **due no later than 5:00pm on Thursday, February 15th, 2018.**

*If your school is accepted as a Healthy Start Award Recipient:* Your presence is requested at an awards ceremony hosted at the Massachusetts State House on May 10th, 2018. Please save that date on your calendar pending award approval.

**Full School Name:** Click here to enter text.

**Grades Served:** Click here to enter text.

**Student Enrollment:** Click here to enter text.

**Number of classrooms:** Click here to enter text.

**Percentage of students eligible for free and reduced-price meals:** Click here to enter text.

**Percentage of eligible students who are directly certified:** Click here to enter text.

**Is this a CEP school?** Click here to enter text.

**Are you a CEP district?** Click here to enter text.

**Average Daily Participation (ADP\*) for school breakfast during SY17/18**

\*ADP=total meals served/operating days/average daily attendance

|  |  |
| --- | --- |
| Month | ADP(please enter percentage) |
| September 2017 | Click here to enter text. |
| October 2017 | Click here to enter text. |
| November 2017 | Click here to enter text. |
| December 2017 | Click here to enter text. |
| January 2018 | Click here to enter text. |

\*Note: These percentages relate to question 1e below.

**If you receive the award:**

**If this will be your school’s first Healthy Start Award, you will receive a banner indicating your status as a Healthy Start School. How should the name of your school appear on the banner?** Click here to enter text.

**To whom should the grant award check be made out to? For example: School Name, School PTO, District, etc. Note: the check cannot be made out to an individual.**

Click here to enter text.

**If you are unable to attend the May 10th awards ceremony, to whose attention and where should the check be mailed?** Click here to enter text.

 **Principal (Applicant) Name:** Click here to enter text.

**Number of years leading this school:** Click here to enter text.

**Email Address:** Click here to enter text.

**School Mailing Address, City, and Zip Code:** Click here to enter text.

**Phone Number(s):** Click here to enter text.

**School Nutrition Director Name:** Click here to enter text.

**Number of years in this role:** Click here to enter text.

**Self op. or Management Company:** Click here to enter text.

**Email Address:** Click here to enter text.

**Phone Number(s):** Click here to enter text.

**Mailing Address, City, and Zip Code:** Click here to enter text.

**Signature of Principal\* (Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_***Note: Principals may submit this application with an electronic signature or email confirming their sign-off on the application.*

Please answer the following questions:

1. **Breakfast Profile**
	1. What breakfast delivery mechanism do you use at your school and how does that help sustain 80%+ ADP? Please indicate:
		1. Time your school breakfast is offered:

[ ]  After the bell (after time on learning begins), or

[ ]  Before the bell, or

[ ]  Hybrid. Please explain Click here to enter text.

* + 1. Breakfast delivery type:

[ ]  Breakfast in the Classroom, or

[ ]  Grab and Go, with meal eaten in the Click here to enter text., or

[ ]  Traditional cafeteria model, or

[ ]  Hybrid. Please explain Click here to enter text.

* 1. How long have you been delivering school breakfast this way?
	Click here to enter text.
	2. We would like to understand your school’s morning schedule, including the amount of time allocated for breakfast. Please complete the chart below.

|  |  |
| --- | --- |
| **Time** | **Activity** |
| Click here to enter text. | Students allowed into school building |
| Click here to enter text. | Students go to their classroom |
| Click here to enter text. | Teachers contractually start their day |
| Click here to enter text. | Breakfast starts (indicate location)Click here to enter text. |
| Click here to enter text. | Breakfast ends |
| Click here to enter text. | School Day officially begins (point at which children are marked as tardy) |

* 1. We would like to understand how your students arrive to school: What percentage of your students walk, take the bus, are dropped off, or other?

Click here to enter text.

* 1. Please work with your School Nutrition Director to attach your school’s monthlyschool meals report (i.e. your district’s DESE Supplement to Claim for Reimbursement form) for all months in which your school reached 80% participation in breakfast.
1. **Breakfast Delivery**
	1. What is the physical layout of your school? How many floors? Is there an elevator?

Click here to enter text.

* 1. Are breakfasts bundled or are students taking individual components as directed by the teacher? Please discuss.

Click here to enter text.

* 1. How are breakfasts accounted for? Do teachers or students check off who takes the meals on a roster? Please discuss.
	Click here to enter text.
	2. If you use Breakfast in the Classroom:
		1. Who delivers the breakfast bags to each classroom and at what time?

Click here to enter text.

* + 1. Who removes the breakfast bags from the classroom and at what time are the breakfasts no longer available to students?
		Click here to enter text.
		2. Who returns the breakfast delivery bags to the cafeteria and at what time are they returned? Click here to enter text.
	1. Are share tables utilized in your breakfast programs? If so, how? If not, why not?

Click here to enter text.

1. **Impact of School Breakfast**.

Eos is collecting a catalogue of quotes from school leaders across the state. Please provide a brief quote regarding the impact that achieving higher breakfast participation rates has had on your school community. Click here to enter text.

**Instructions**: Please complete this form and have it signed by the School Principal. Scan the original signed form and include it and your district’s DESE Supplement to Claim for Reimbursement forms as PDF attachments in an email sent to award@EosFoundation.org. *Note: Principals may submit this application with an electronic signature or email confirming their sign-off on the application.*

**Applications are due no later than 5:00pm on Thursday, February 15th, 2018.**

**Eos due diligence:** In addition to reviewing submitted applications, Eos will conduct due diligence calls and site visits to select schools. Awards will be made to schools who meet the Foundation’s due diligence requirements.

**Award Notification:** Award winners will be notified the week of April 2nd, 2018.

**Award Ceremony:** Schools selected to receive a Healthy Start Award will be invited to the Massachusetts State House on **May 10th, 2018** to celebrate this great achievement. We encourage schools to attend the event as a cohort of two to three individuals who have been influential in the success of your breakfast program.