

**After the Bell Breakfast in the Classroom (ATB BIC) Program Application  
To launch or Improve Upon ATB BIC in School Year 2024/2025 (SY24/25)**

**Cover and Signature Page**

**Applying as: Individual School   
 *Multiple Schools - (If applying for funding at more than one school, you will need a   
 modified application, please contact Megan Martino at*** [***martino@EosFoundation.org***](mailto:martino@EosFoundation.org) ***for information.)***

**Target ATB BIC Launch Date:**

Total Budget Request ($10,000 for launching a new program or $5,000 to improve upon an existing program):

School Name:   
School District:   
DESE District ID #:

Applicant:

(This must be either a School Leader or District Superintendent)

**Contact Information for this Application:**

Contact Name:

Contact Title:

Email Address:

Phone Number(s):

Mailing Address:

City and Zip Code:

Signatures required:



**Section 1. Proposal Narrative**

* **Brief Summary of Project**Please provide a summary of your approach to the project and why you want to implement the ATB BIC program, including why you think your school/district is a good candidate to successfully implement/expand the ATB BIC program and why you think you will be successful in achieving at least 80% breakfast participation?
* **School Meals Profile**Please answer the following questions regarding this school’s meals program:

|  |  |
| --- | --- |
| Average Daily Participation (ADP) Rate for Breakfast for May 2024 (%) |  |
| Where is breakfast served today? |  |
| Is your school operating under Community Eligibility Provision (if other, what program)? If so, what is your school’s Direct Certification (DC) rate? |  |
| If your school is not operating under CEP, what is your  Free and Reduced enrollment percentage? |  |

* **School Nutrition Department information**We’d like to better understand how your school nutrition department operates.
* Are you a self-operated or outsourced school nutrition department?

* If you outsource school nutrition services, who is your vendor partner?
* Please re-state the name of your district’s school nutrition director? How long has this individual been in this position? How many staff do they manage? Please include this individual’s contact information.
* If outsourced, is the vendor aware and supportive of implementing ATB BIC at the school(s)?

* **Analysis of and approach to barriers**  
  What do you see as the current barriers to breakfast participation, and specifically, to implementing the ATB BIC program? Include any technical and logistical barriers and how will you address these and who will be involved.

**Section 2. School Profile**

* **School Principal/School Leader**It is important that the school principal/charter school leader be a strong advocate for ATB BIC. Please provide the following information.

Name:

Title:

Number of years in position:

Number of years in district/charter school:

Additional comments (optional):

* **General School Demographics**

|  |  |
| --- | --- |
| * **General** |  |
| Grades served |  |
| School level (1-5) as defined by DESE |  |
| Number of students |  |
| Number of classrooms |  |
| **Selected Populations as of May 2024** | **Percentage** |
| Homeless Population |  |
| Mobility/Churn Rate |  |
| Special Needs |  |
| English Language Learners |  |

Please return completed application with related materials to Megan Martino at [martino@eosfoundation.org](mailto:martino@eosfoundation.org).