

**VIRGINIA DEPARTMENT OF EDUCATION  
SCHOOL NUTRITION PROGRAMS (SNP)  
APPLICATION "SEVERE NEED" BREAKFAST REIMBURSEMENT RATES  
SCHOOL YEAR 2001 - 2002**

**INSTRUCTIONS:** Indicate your participation in SY 2001-02 by placing an "YES" or "NO" next to each eligible school .  
For each "YES" response, place an estimated Per Meal Breakfast Cost (in dollars and cents) in the designated column.

<u>SFA / SCHOOL NAME</u>	<u>SNP UNIT No.</u>	<u>SY 1999-2000 NSLP MEALS SERVED</u>				<u>SY 1999-2000 Free/Red SBP Meals Served</u>	<u>Do you want to participate in SY 2001-02? YES/NO</u>	<u>SY 2001-02 Estimated Per Meal Breakfast Cost - \$</u>
		<u>Free</u>	<u>Red</u>	<u>Total</u>	<u>Pct - %</u>			

**The Form SNP10A-2.2 with individual schools listed is sent directly to the School Nutrition Contact Person.**

# SAMPLE

I certify that the information on this application is true and correct, to the best of my knowledge and that the additional funds requested are needed to operate the School Breakfast Program.

I fully understand that yearly expenditure information to support the actual costs involved to operate the Breakfast Program for the current School Year, will be verified by School Nutrition Programs via reports and reviews. If the School Breakfast Program expenditures are insufficient to support the increased Severe Need Reimbursement, any excess payments will have to be repaid to the Department of Education.

Superintendent's Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_