



June 21, 2019

Dominic Machi
FNS Director
Mt. Diablo Unified School District
1936 Carlotta Drive, Concord, California 94519

Dear Dominic Machi,

Share Our Strength and the California No Kid Hungry Campaign are pleased to award a grant of \$15,000.00 to Mt. Diablo Unified School District. The purpose of the grant is to provide start-up funds to increase student participation in the school breakfast program, as described in your proposal.

Schools Approved with this Breakfast Grant

School Name	Amount	Implementation (Start) Date
Riverview Middle School	\$15,000.00 Total Grant Amount: \$15,000.00	November 1, 2019

Using Grant Funds

The approved grant amount(s) may be used only for the budget items you’ve outlined to help implement your alternative breakfast model. Changes may be approved in advance, in writing, to Share Our Strength by emailing GrantsHelpDesk@strength.org with your School’s name and budget request. Improper or unauthorized use of grants funds may result in a request to return all or part of the grant funds.

Grant Period

It is our understanding that you will operate and report on your new program for one full calendar year from the Implementation (start) date for your schools listed above. We expect your school(s) to continue an alternative delivery model beyond the grant year.

Please notify us as soon as possible if you anticipate or experience any delays in the following:

- Spending the grant funds before the end of the one-year grant period.
- Implementing your new program on the date(s) listed above.
- Continuing your breakfast program throughout the school year(s) or grant period.

Reporting Requirements

By accepting these grant funds, you agree to provide us with four quarterly reports and one final narrative report on behalf of each school approved with this grant.

Please check your dashboard up to one week following submission of your signed grant agreement to review your quarterly due dates. You will have one full month to submit each quarterly report. For a sample quarterly report with due dates, please email GrantsHelpDesk@strength.org.

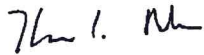
Reporting Requirements & EFT Payment Information on Next Page

Site Visits and Publicity Efforts

As a condition of this grant, the Grantee and the recipient school agree to participate in site visits and/or publicity efforts relating this grant, by either Share Our Strength or the California No Kid Hungry campaign. Please note that all such site visits or publicity efforts will be coordinated in advance and with consideration for the Grantee and the school's schedule.

If you have any questions about any of the conditions described in this letter, or about your grant in general, please contact Liz Evancho, Director, Grants Administration at 202.478.6576 or eevancho@strength.org. We wish you the best of success and look forward to hearing about your progress throughout the school year.

Sincerely,



Tom Nelson
President & CEO

ACH (Bank to Bank) Grant Deposit Information

Please fill-in the banking information below to receive your grant funds via direct bank deposit to your school district or organization. We cannot process any grant payments with missing fields or blank signature.

BANK NAME: _____

BANK ADDRESS: _____

(9) DIGIT ROUTING NUMBER: _____

DEPOSITOR ACCOUNT NAME: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT:

The information being collected on this form will be used by Share Our Strength to securely transmit payment data, by electronic means, to your organization's financial institution. By checking this box, you agree that the above ACH payment information listed is accurate and that you are an authorized representative of your organization permitted to share this ACH payment information.

Authorizing Signature

Signing the below indicates your agreement to all grant requirements and authorizes a bank transfer of the grant amount stated in this letter.

Signature: 
Print Name: Dominic Machi Roger Bylund

Date: 7/3/19
Title: Interim superintendent

Organization Name or School District: Mt. Diablo Unified School District

Warning: If you keep this page open without saving, the Grants Portal will time-out and automatically log you out. You may lose information you entered if you leave this page open and do not click Save before moving on to the next page. Do not leave this page idle. Be sure to Save frequently and confirm that all your answers have saved successfully before leaving this page.

Review/Submit
Riverview Middle School - CABREAKFAST2019

Applicant Details

Please search for the school for which funds are being requested by clicking the magnifying glass to the right of the text box below. You may then search by city, state, or zipcode by selecting "All Fields" below the search bar.

RIVERVIEW MIDDLE

Is the address listed for your school incorrect?

If it is incorrect, please fill in the correct address below.
 Street Address: 205 Pacifica Ave

City: Bay Point

State: California

Zip Code: 94565

Point of Contact (POC) information for this application:
 First Name: Zetta

Last Name: Reicker

Phone Number: (415) 377-4635

Email Address: zetta.reicker@gmail.com

Title: Other

Please share the FNS director's name and contact information if different from the POC.
 First Name: Dominic

Last Name: Machi

Phone Number: (925) 682-8000 ext 4124

Email Address: machid@mdusd.org

Are you the person who will be responsible for reporting grant progress on behalf of the school? Yes

If another person will be reporting grant progress on behalf of the school, please share their name, phone number and email address:
 First Name: Zetta

Last Name: Reicker

Phone Number: (415) 377-4635

Email Address: zetta.reicker@gmail.com

Title: other

What grades will be supported as part of this funding for the school listed in this application? *Please select all that apply.* 6th; 7th; 8th

Which of the following other programs, if any, are currently offered by your school or do you plan to offer during the grant period? *Please select all that apply.* NSLP Afterschool Snacks; Food skills and/or nutrition education; Child and Adult Care Food Program afterschool meals/snacks; Seamless Summer Option meals

What is your total school enrollment? 858

Historic Breakfast Participation

This past October, how many students were eligible for free or reduced price school meals? *If none, please enter "0".* 632
 Number of students eligible for free school meals:

Number of students eligible for <u>reduced price</u> school meals:	105
How many days did you serve school breakfast this past October?	23
How many meals by reimbursement type were served this past October? If none, please enter "0".	77,292
Free Breakfast Meals:	
Reduced Breakfast Meals:	12,192
Paid Breakfast Meals:	22,304
Free Lunch Meals:	143,109
Reduced Lunch Meals:	27,393
Paid Lunch Meals:	77,231
Please describe your current breakfast program.	Traditional breakfast served and eaten in the cafeteria before the first bell; Breakfast after the bell
Please enter in the blank below the date upon which you plan to start your breakfast after the bell program.	11/1/2019

Implementation Strategies

Which, if any of the following breakfast after the bell models BEST describes the model you plan to implement this year?

1. Breakfast in the classroom - breakfast is offered/served in the classroom and eaten in the classroom
2. Grab and Go to the classroom served at the start of the day - breakfast is offered/served from one or more central locations at the start of the day only, and students have the option to eat it in their classroom after the bell has rung
3. Second Chance Breakfast (Grab and Go to the Classroom) - breakfast is offered/served from one or more central locations, and students have the option of picking it up between 1st and 2nd period to eat it in their classroom after the bell has rung 2
4. Second Chance Breakfast (Cafeteria) - breakfast is offered/served and eaten in the cafeteria between 1st and 2nd period and students have at least 15 minutes to eat
5. Grab and Go to a Common Area (only select if pre-approved) - breakfast is offered/served from one or more central locations, and students must finish their breakfast in a common area before going to their classroom.

When will breakfast be offered? *Select all that apply.* Before the first instructional bell; Between 1st and 2nd period

When will breakfast be allowed to be eaten by students? (select all that apply) Before the first instructional bell; Between 1st and 2nd period

In which of the following locations, if any, will breakfast after the bell be served or made available? *Please select all that apply.* Auditorium; Cafeteria; Entryway; Playground

If you chose 'Other' for the above question, please specify which location:

Will your school serve breakfast free to all students during your breakfast after the bell program?

What steps have you already taken or plan to take to prepare for breakfast after the bell implementation: Identifying needed equipment and supplies; Developing an implementation timeline; Promoting your breakfast after the bell program to raise awareness of its importance; Providing breakfast after the bell training to staff and students

If you chose 'Other' for the above question, please specify what step:

Which of the following key stakeholders approve of the implementation changes. *Please select all that apply.* Principals; Food service staff; Wellness staff

Challenge 1: Lack of equipment

How challenge will be addressed:

Need funding to purchase mobile cart

POC in charge (Title):

Dominic Machi, Director of Food & Nutrition Services

Challenge 2:

How challenge will be addressed:

POC in charge (Title):

Challenge 3:

How challenge will be addressed:

POC in charge (Title):

Which of the following marketing tactics, if any, is your organization planning to implement this year? *Please select all that apply.*

Send mailings or flyers to parents about the school breakfast program; Use morning announcements to promote school breakfast; Discuss the program at Back to School Night, PTA meetings or during other school events

If you chose 'Other' for the above question, please specify what the marketing tactic is.

What organizations, people or resources have you used in developing your plan and strategies for the upcoming year? *Please select all that apply.*

No Kid Hungry's Center for Best Practices

If you chose 'Other' for the above question, please specify what the other resource is.

Please share any additional strategies or innovative ideas you plan to implement in your school breakfast programs.

Mobile Golf Cart

In the space provided below, please describe your plan to sustain and support your program after the end of the grant period. Please include all additional current and future funding sources for your breakfast program.

IF SUCCESSFUL, MORE STUDENTS WILL EAT BREAKFAST AND THEREFOR BRING IN MORE FUNDS TO THE PROGRAM, WHICH WILL SUSTAIN IT.

Budget

Category 1:

Grab and Go Carts

Description of item and how it will be used:

Serve Hot & Cold Meals from Mobile Golf Cart

Will item be used for other childhood hunger programs?*

Yes

Estimated cost of item:

\$15,000.00

Category 2:

Description of item and how it will be used:

Will item be used for other childhood hunger programs?*

Estimated cost of item:

Category 3:

Description of item and how it will be used:

Will item be used for other childhood hunger programs?*

Estimated cost of item:

Category 4:

Description of item and how it will be used:

Will item be used for other childhood hunger programs?*

Estimated cost of item:

Category 5:

Description of item and how it will be used:

Will item be used for other childhood hunger programs?*

Estimated cost of item:

Category 6:

Description of item and how it will be used:

Will item be used for other childhood hunger programs?*

Estimated cost of item:

Category 7:

Description of item and how it will be used:

Will item be used for other childhood hunger programs?*

Estimated cost of item:

Total: \$15,000.00

Additional Contacts

OPTIONAL: Please select "Add Existing Team Members" to add any additional team members who you would like to have privileges to view and edit the online application and report forms via the grants portal. If you do not see your team member listed under Existing Team Members, please select the "Invite New Team Members" button to add their contact information, and they will receive an automated email inviting them to join the online grants portal.

IMPORTANT: If you are filling out more than one application at a time you can only invite a new person on ONE application. Once the person accepts the invitation and is no longer the pending members section, you can add them to your other applications by clicking the "Add Existing Team Members" button and finding them on the list.

Please Note: Once a person has accepted the invitation and completed registration, they will no longer show up in the Pending Invited Team Members section and will automatically moved to the current team list as an Applicant. When that occurs, you must edit the team member and select the applicable "Role" and "Additional Role" for that person. This is an important step that should not be overlooked as this helps our internal processes for identifying the correct person for notifications.

Role	Contact
Applicant	Dominic Machi
Point of Contact	Zetta Reicker
Reporting Contact	Paula Onofrio
Reviewer	CARReviewTeam

Pending Invited Team members

First Name	Last Name	Email	Status	Role
Zetta	REicker	zetta.reicker@gmail.com	Pending	Point of Contact

Understanding Grant Requirements

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

◆ Expend the grant award

◆ within one year of grant award letter (or later if approved in writing), and

◆ solely for the purpose(s) approved in grant award letter.

◆ Submit reports at the end of each quarter that describe how I used the grant money, observations on my school breakfast program, and participation numbers. Specific reporting requirements will be communicated at the time of grant award notification.

◆ Permit a representative from No Kid Hungry to visit my program at a convenient date(s) to see my school breakfast 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 school breakfast program.

Contact Information

Full Name	Zetta Reicker
Email	zetta.reicker@gmail.com
Title	NKH Consultant
Confirm Email	zetta.reicker@gmail.com
Business Phone	(925) 682-8000

School Information

Organization/School District Name	Mt. Diablo Unified School District
Organization Phone	(925) 682-8000 ext 4124
EIN	68-0191157
Primary Mailing Street	1936 Carlotta Drive
Organization Type	School or University
Primary Mailing City	Concord
Does organization have a Fiscal Agent?	
Primary Mailing State/Province	California
Fiscal Agent EIN/Tax ID	
Primary Mailing Zip/Postal Code	94519
Website	http://www.mdusd.org
Primary Mailing Country	United States