COVID-19 Emergency School Meal Delivery Fund

Please complete the online form if your school is in need of funding to assist in continuing school meals during the COVID-19 Pandemic. This PDF is for planning purposes only.

GENYOUth wants to do everything we can to help schools, however, funding is limited and we may not be able to award funding to all schools.

IMPORTANT: The application is short and should only take 5 to 10 minutes to complete. Before completing the online application, please gather the information requested since you need to complete the application in one sitting. Once you start your application, you will not be able to save it and come back to it.

Be sure to have the following information available when you complete your application:

1. Your school's ZIP code
2. Your school principal’s name and email address
3. Your school nutrition professional’s name and email address
4. Approximate total number of meals served at your location per day (or the location you are supporting)
5. How your school wants to receive funding, if approved. Options are via check or an electronic transfer of the funding.
6. If opting to receive a check, who the check should be made out to, and the mailing address
7. School District’s Federal Employer Identification Number
   (Note: This is a 9-digit number in the following format XX- XXXXXXX; also called the Tax ID Number or the Federal EIN. It is NOT the same as tax-exempt number or State EIN. Your district’s business office or the school’s front office should be able to provide the FEDERAL EIN.)

Things to know about this funding opportunity:

- You may apply for a maximum of $3,000 in funding per school building.
- Each school may only submit one application.
- The person completing the application must be one of the following:
  - School Principal
  - School Nutrition Manager
  - District School Nutrition Director
  - District Superintendent
- Each application is for a single school to apply. If multiple schools from a school district would like to apply, a separate application is required for each school.
- Applications will be reviewed on a rolling basis. The applicant, principal and school nutrition manager will be notified of the decision on your application.
- If your application is approved, you will receive your funding within four weeks of receiving your email notification.
Eligibility:
• School must be located in the United States
• School must participate in the National School Lunch Program
• School must include at least one of the grades K-12
• School must be located in a recognized “brick and mortar” school building

Application Assistance:
If you have any questions or technical issues with the application, please contact the Help Desk via email or at 800-752-4337, Monday through Friday, 9:00 AM to 5 PM ET.

Please complete the online application to be considered for funding; this PDF is for planning purposes only.

SCHOOL INFORMATION

1. School District: _____________________________
2. School: _____________________________
3. School Address: _____________________________
4. City: _____________________________
5. State: _____________________________
6. ZIP Code: _____________________________
7. School Phone Number (include area code): _____________________________
8. Grades served by school: _____________________________
9. School District’s Federal Employer Identification Number: _____________________________
   (Note: This is a 9-digit number in the following format XX- XXXXXXX. Also called the Tax ID Number or the Federal EIN. It is NOT the same as tax-exempt number or State EIN. Your district’s business office, or the school’s front office should be able to provide you the FEDERAL EIN)

10. Does your school participate in school meal programs (National School Lunch Program and School Breakfast Program)? (check all that apply)
   • Yes, in the National School Lunch Program
   • Yes, in the School Breakfast Program
   • No, not in either program

APPLICANT INFORMATION

11. Applicant’s Name: _____________________________
12. Job title (select one): _____________________________
   a. School Principal
   b. School Nutrition Manager
   c. School Nutrition Director
   d. District Superintendent
13. Your email address: _____________________________

14. Phone number (include area code): _____________________________

15. School Nutrition Professional’s name: _____________________________
   School Nutrition Professional’s email address: _____________________________

16. Principal’s name: _____________________________
   Principal’s email address: _____________________________

SITE INFORMATION

17. Is your school serving as a feeding site or supporting another feeding site for your school district’s students? (select one)
   o Serving as a feeding site
   o Supporting another feeding site for our school district’s students

18. What meals are being offered at your feeding site, or the site in which you are supporting? (check all that apply)
   □ Breakfast
   □ Lunch
   □ Supper

19. How many days per week is the site serving the above meals?
   o 1
   o 2
   o 3
   o 4
   o 5
   o 6
   o 7

20. Approximately how many TOTAL meals per day are being distributed at your feeding site, or the site in which you are supporting? _____________________________

FUNDING REQUEST

21. How much funding is your school requesting? (maximum of $3,000) __________________

22. What will the funding be used to purchase? (check all that apply)
   a. Equipment for cold storage of milk or other perishable items (e.g., coolers, insulated bags, refrigerators or freezers, etc.)
   b. Equipment for transporting or serving food or milk (e.g., breakfast cart/ kiosk, travel carts to move food, serving tables, cardboard boxes, paper/plastic bags, etc.)
   c. Sanitation equipment (cleaning supplies, hand sanitizing dispensers, rubber gloves, etc.)
   d. Cafeteria equipment for preparation of food (e.g., food prep equipment, slicers, etc.)
   e. Stipends for Staff
   f. Other (describe): _____________________________
23. Briefly explain how your purchases will maintain continuity in the school’s feeding of your students.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

CHECK INFORMATION

24. If your school is awarded funding, how would your school like to receive the funding? (Select one):
   • By electronic transfer of funds (you will receive funding quicker with this method)
   • By a check delivered via USPS mail

If you select ELECTRONIC TRANSFER and are approved for funding, you will need to provide electronic
transfer information for the account where the money will be deposited, including the bank account
number, bank routing number, and name on the account. More information on this will be outlined in
the approval email you receive. You will not need to answer the questions below.

If you select to RECEIVE A CHECK, you will need to answer the questions below.

The following questions are ONLY for schools opting to RECEIVE A CHECK:

25. Who should the check be made out to? Include the name of the school or school district, if the
    check is made out to the school or district nutrition department. May NOT be an individual, the
    PTA/PTO, or other organization.
    _____________________________

26. To whose attention should the check be sent? _____________________________

27. To where should the check be mailed? IMPORTANT: Be sure this is a valid school or school district
    address. Please supply a street address, NOT a P.O. Box.
    School or School District Name: _____________________________
    Address 1: _____________________________
    Address 2: _____________________________
    City: _____________________________
    State: _____________________________
    ZIP Code: _____________________________

FUNDING GUIDELINES AND TERMS

In order to submit the application, you will need to read and agree to the Guidelines and
Terms:
   • Schools in the United States are eligible for this funding provided the school participates in child
     nutrition programs or school meal programs; the school includes at least one of the grades K-12; the
     school is located in a recognized “brick and mortar” school building.
Funding requests may only be submitted by schools, not individuals.
The total amount of money awarded for this special opportunity may not exceed $3,000.

Use of Funding
- Funding may be used to assist in continuing school meals to feed students during the COVID-19 Pandemic.
- Funding recipient agrees to use the funding as outlined in the approved application form.
- Funds recipient will not use the COVID-19 Emergency School Meal Delivery Fund to:
  - Influence legislation
  - Influence the outcome of any public election or to carry on, directly or indirectly, any voter registration drive
  - Make any grant to any other individual or organization
  - Undertake any activity other than for charitable, scientific or educational purposes

Other Terms
- Funding applications will be approved on a rolling basis at the sole discretion of the funder.
- Funding may not be transferred to another school, institution or individual without prior written approval from GENYOUth.
- Schools receiving funding agree to provide information about use of funds if requested by GENYOUth.
- All information provided to GENYOUth is true, correct and complete.