SEVERE NEED BREAKFAST APPLICATION WORKSHEET

NAME OF SFA: Effective Date:	
Complete the following worksheet and ide information must be completed and submi	ntify those schools that are eligible to participate in SNB. This tted annually.

This data is based on meals served during the 2nd preceding school year. To apply or renew application for School Year 2002-2003, use data from School Year 2000-2001.

			Number of					
		Number of	RedPriced	Total Free +	Total	Percent/Ratio	Indicate	
	Agreement		Lunches	Reduced		of Free + Red.	SNB	Enrollment
Name of School	Number	Served	Served	Lunches	Lunches	(do not round up)	Eligibility	
(a)		(b)	(c)	(d)	(e)	, , ,	By an "X"	
(=)		(-)	(-)	(b+c)	(-)	(d / e)	(40% or >)	
				(5 - 5)		(4,0)	(1070 01 +)	
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