

IMPLEMENTATION PLAN FOR SCHOOL BREAKFAST PROGRAM

School District _____

Program Contact Name _____

Agreement # _____

Phone _____

County _____

	School Name (as listed on Schedule A)	Grade Level	Implementation Date	Type of Food Service/Prep	Method of Breakfast Service	Accountability Method	Collection Method
1							
2							
3							
4							
5							
6							
7							
8							

Grade Level

P = PreK or Nursery only
 KE = PreK or KG through Grade 8
 E = Elementary, any combination
 LM = Lower Middle including Grade 6
 UM = Upper Middle Grade 7 & above
 A = All Grades
 H = High School
 V = Vocational

Type of Food Service/Prep

SP = Self Prep
 CK = Central Kitchen
 SK = Satellite Kitchen
 VK = Vended Kitchen

Method of Breakfast Service

Cafeteria
 Classroom/Homeroom
 Grab 'N' Go
 After 1st Period
 Other (attach explanation)

Accountability Method

Coded Ticket or Token
 Coded Roster
 Tally Method
 Computerized Point of Sale
 Other (attach explanation)

Collection Method

Register, Cashbox,
 or computer
 Classroom
 Envelope
 Non-Pricing
 Post Payment bill

 Signature of Authorized Representative

 Date

 Print Name/Title

 Phone

STATE AGENCY USE ONLY
 Date approved _____
 By _____