



June 6, 2019

Andrea Wright  
FNS Director  
Jefferson County Public Schools  
3332 Newburg Rd., Louisville, Kentucky 40218

Dear Andrea Wright,

Share Our Strength and the National No Kid Hungry Campaign are pleased to award a grant of \$6,350.00 to Jefferson County Public Schools. 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. Please note that Pleasure Ridge Park High School is generously funded by Amazon.

#### **Schools Approved with this Breakfast Grant**

School Name	Amount	Implementation (Start) Date
Pleasure Ridge Park High School	\$6,350.00 Total Grant Amount: \$6,350.00	August 19, 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](mailto: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](mailto:GrantsHelpDesk@strength.org).

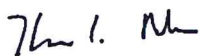
*Reporting Requirements & EFT Payment Information on Next Page*

*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 National 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](mailto: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

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**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.

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**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: \_\_\_\_\_

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

Print Name: Martin Pollio Ed.D.

Title: SUPERINTENDENT

Organization Name or School District: Jefferson County Public Schools