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| NEW STUDENT NUTRITION PROGRAM APPLICATION FORM |

**FOOD GRANTS ELIGIBILITY FOR STUDENT NUTRITION PROGRAMS**

Provincial funding for the program is allocated to local program providers for purchasing nutritious food for students. A program, for the purposes of being eligible for government funding, is not site-based but meal-based. A program is a breakfast, early morning meal, lunch or a snack program.

**UNIVERSALITY**

* The program is available to all students regardless of their socioeconomic background and ability to pay.
* All students are made to feel welcome and the program does not stigmatize or single out students from low-income families.

**PROGRAM OPERATION**

* Designated programs are expected to operate a breakfast and/or morning meal every day.
* Existing non-designated student nutrition programs are encouraged to operate at least 2 days per week.

**PARENTAL CONTRIBUTIONS AND LOCAL FUNDRAISING**

* The program will inform parents of the costs associated with the program delivery.
* Parents will be asked to contribute based on their ability to pay.
* Local fundraising and partnership development with community sponsors is required to fund the program.

**NUTRITIOUS FOOD IN A SAFE ENVIRONMENT**

* The foods offered (whether purchased or donated) are nutritious and follow the SNP Nutrition Guidelines, July 2008.
* The foods offered are inclusive and sensitive to the faiths and cultures of the children and youth and their families.
* Student Nutrition Program facilities must follow public health regulations relating to food premises.
* Student Nutrition Programs must have an awareness of anaphylaxis management and have measures in place, to reduce the risk of accidental exposure and to respond appropriately in an emergency.

**LOCAL PROGRAM COMMITTEE**

* A local program committee is established to oversee the administration of the program at the local site.
* Membership on the committee should include but is not limited to: the school principal, teachers and other staff, parents, students, volunteers, public health personnel and other interested stakeholders.
* The committee will be responsible for applying for funding, fundraising, approving the menus and budget, communicating with parents and coordinating volunteers.

**FINANCIAL ACCOUNTABILITY**

* School Based programs are required to have an umbrella category called “Student Nutrition Program” within the school’s banking program. Community based programs are required to have a separate bank account in the local program committee’s name.
* The program will complete monthly on-line activity reports utilizing the regional web-tracker system.
* The program will provide monthly financial reports detailing how the funds were spent.
* The program responds to all requests for additional information as required.
* Receipts must be kept on site.

**DATA PROVISION**

* The program will provide data to the local service provider and/or Haldimand-Norfolk R.E.A.C.H including the number of children and youth registered or participating at a site and the number of meals/snacks served;
* The program provides the local service provider and/or Haldimand-Norfolk R.E.A.C.H with information identifying additional sources of program funding (e.g. parents, caregivers, corporate sponsors, charities, volunteers, in-kind donations etc); and
* The program responds to all requests for additional information as required.

**PROGRAM TYPES**

* Programs are meal based not site based.
* Community based programs, both licensed and unlicensed that provide before and after school programs may be eligible for funding if they contribute to children’s/youth’s school readiness and/or student success.
* The following programs will not be eligible to receive funding for student nutrition programs:
	+ Child care facilities because they are mandated to provide meals to the children they serve; and
	+ Community Kitchens

**BUDGETING**

* Provincial funding for non-designated Student Nutrition Programs may contribute up to 15% of the total costs incurred by the local program.
* In designated programs, provincial funding for Student Nutrition Programs may contribute up to 15% of the cost for food.
* The program will need to demonstrate that additional contributions are being provided by parents/caregivers as well as identify other sources of donations such as local charities and corporate sponsors.

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Ministry of Child and Youth Services (MCYS), administered regionally through Haldimand-Norfolk R.E.A.C.H.

**STUDENT NUTRITION PROGRAM INFORMATION**

Provincial funding for student nutrition programs (SNP) will be allocated to programs that are dedicated to meeting the provincial and regional eligibility requirements Programs may be funded to a maximum of 15% of the total costs incurred and are eligible to apply for funding once within a 12-month period. To assist in the completion of this application, please consult the following support documents:

* [Student Nutrition Program Nutrition Guidelines (July 2008)](http://www.children.gov.on.ca/htdocs/English/documents/topics/schoolsnacksandmeals/nutrition_guidelines_2008.pdf)
* [Anaphylaxis in Schools & Other Settings (3rd Edition)](http://www.anaphylaxis.ca/files/Anaphylaxis%20in%20Schools%203rd%20Edition.pdf)

**PART 1: CONTACT INFORMATION**

 **School / Organization** Click here to enter text.

 **Affiliation** [ ]  HWDSB [ ]  HWCDSB [ ]  CSVIAMONDE [ ]  CSDCCS [ ]  Community [ ]  Private

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| **Address** Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | (If mailing address is different from program address, please indicate) | City and Postal Code |
| **Principal / Director** Click here to enter text. |
| **Email** Click here to enter text. | **Phone No.** Click here to enter text. |
| **Program Coordinator** Click here to enter text. |
| **Email** Click here to enter text. | **Phone No.** Click here to enter text. |
| **OPTIONAL: Additional Contact (e.g. Receptionist)** Click here to enter text. |
| **Email** Click here to enter text. | **Phone No.** Click here to enter text. |

**I have read and understood the Food Grants Eligibility for Student Nutrition Programs, which outlines expectations and responsibilities.**

 Yes [ ]  No [ ]  **INITIAL HERE**

**PART 2: PROGRAM INFORMATION**

**Describe how the program will operate** (Days of operation, food groups served, amount of preparation, etc.)

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**Total number of students enrolled in school:** Click here to enter text.  **Estimated student participation in nutrition program**  Click here to enter text.

 **Grades of participating students (please check all that apply):**

[ ]  JK [ ]  SK [ ]  Grade 1 [ ]  Grade 2 [ ]  Grade 3 [ ]  Grade 4 [ ]  Grade 5 [ ]  Grade 6 [ ]  Grade 7

[ ]  Grade 8 [ ]  Grade 9 [ ]  Grade 10 [ ]  Grade 11 [ ]  Grade 12 [ ]  Other Click here to enter text.

 **If a community agency, please indicate schools that students visit from:**

Click here to enter text.

**Please fill in details about your program:**

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| --- | --- | --- | --- |
| **Program Type** | **No. of students per day** | **No. of days per week(1 – 5)** | **No. months per year** |
| Breakfast |  |  |  |
| Early morning meal |  |  |  |
| Snack (AM) |  |  |  |
| Snack (PM) |  |  |  |
| Lunch |  |  |  |

I commit that our program will be available to all students in your school or organization regardless of family income and we will ensure to reduce stigma.

 Yes [ ]  No [ ]  If no, please explain Click here to enter text.

Who will volunteer for your program? (Please check all that apply)

[ ] Parents/Guardians [ ]  Seniors

[ ]  Students [ ]  Teachers/Principal

[ ]  Service clubs [ ]  Business

[ ]  Educational Assistants [ ]  Programming staff

[ ]  Supervisors [ ]  Community workers

[ ]  Receptionists [ ]  Faith based groups or clubs

[ ]  Other (specify) Click here to enter text.

Estimate volunteer time commitment (in hours) per week for:

|  |  |
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| Food preparation |  |
| Set up and cleaning |  |
| Food purchasing |  |
| Reporting, records and/or accounting |  |
| Food distribution/serving |  |
| Menu planning |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**PART 3: SAFE FOOD AND MENU PLANNING**

FACILITIES & EQUIPMENT

Please describe the facility and equipment used for food preparation (i.e. school kitchen, appliances, food storage, etc.) and the area where the food will be served.

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NUTRITIOUS FOOD

Did you consult the Provincial Nutrition Guidelines or contact a local dietitian when planning your menu?

 Yes [ ]  No [ ]

**WORKSHOP ATTENDANCE**

Tastebuds’ hosts three workshops a school year. Would you or someone from your student nutrition program be interested in attending a workshop on any of the following topics?

[ ]  Anaphylaxis
[ ]  Safe Food Handling

[ ]  Menu Planning

[ ]  Fundraising for your Program

[ ]  Volunteer Management

[ ]  Other Click here to enter text.

**ANAPHYLAXIS MANAGEMENT**

Do you have an awareness of anaphylaxis management and have measures in place to reduce the risk of accidental exposure and to respond appropriately in an emergency?

 Yes [ ]  No [ ]

**MENU PLANNING - Please complete the following menu template.**

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| **PROGRAM TYPE:** |
| **Vegetable/****Fruit** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
|  |  |  |  |  |
| **Grain** |  |  |  |  |  |
| **Dairy/****Alternative** |  |  |  |  |  |
| **Meat/****Alternative** |  |  |  |  |  |
| **Extras** |  |  |  |  |  |
| **NOTES** |  |  |  |  |  |

Are additional servings of food available? Yes [ ] No [ ]

**REQUIREMENTS**

* Minimum of 1 serving vegetables and/or fruit at every meal and snack
* Minimum of 1 serving from a second food group at every snack from one of the following: milk or milk alternatives, grain products, meat or alternative
* If serving a meal (breakfast, lunch or EMM), a third food group needs to be offered and this needs to be from milk or milk alternatives group
* Portion sizes for each food group are based on Canada’s Food Guide serving sizes and are age appropriate
* Plain tap water is always available

**PART 4: FINANCIAL INFORMATION**

Program costs should be calculated as follows:

**$1.00/meal per student** (3 food groups available for breakfast, early morning meal (EMM), and lunch)

**$0.60/snack per student** (2 food groups available)

**\*To see your totals, right click and select “Update Field”.**

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| **A. No. of program days per week** |  |
| **B.** **Cost of individual meal**  (Breakfast, EMM, lunch, or snack) |  |
| **C. No. of students participating each day** |  |
| **D. No. of weeks of funding requested** *(Entire school year = 38 weeks)* |  |
| **TOTAL FOOD COST****A x B x C x D =** | **$ 0.00** |
| **E. Total in-kind donations**(In-kind donations refer to any donation of food, space, equipment or service, including volunteer hours, that support the delivery of the student nutrition program) |
| 1. **Dollar value of volunteer hours**

(This time is for helping prepare and serve food, shopping, etc.)*Use Chart A to calculate this figure.* |  |
| 1. **In-kind donations**

(Food, space, and service)*Use Chart B to calculate space.* |  |
| **TOTAL DOLLAR VALUE OF IN-KIND DONATIONS****Step 1 + Step 2 =**  | **$ 0.00** |
| **F. Total cost of the program** **(A x B x C x D) + E =** | $ 0.00 |
| **G. Anticipated Opening Balance**(E.g. Parental contributions, fundraising, community business, other.) |  |

**\*To see your totals, right click and select “Update Field”.**

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| **CHART A: CALCULATION OF IN-KIND VOLUNTEER SUPPORT** |
| **VOLUNTEER** | **QTY** | **HOURLY RATE** | **PROGRAM DAYS**(1 - 5) | **TOTAL**(QTY x RATE x DAYS) |
| Administrative |  | 20.00 |  |  0.00 |
| Educational Assistants |  | 21.00 |  |  0.00 |
| Janitorial services |  | 17.00 |  |  0.00 |
| Parents / Community |  | 17.00 |  |  0.00 |
| Principal / Executive Director |  | 60.00 |  |  0.00 |
| Teachers |  | 35.00 |  |  0.00 |
|  |  |  | Total support costs as calculated above |  0.00 |
|  |  |  | Number of program weeks x |  |
|  |  |  | **Total dollar value of in-kind support =** | **$ 0.00** |

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| **CHART B: CALCULATION OF IN-KIND SPACE UTILIZED** |
| **SPACE** | **HOURLY RATE** | **NO. OF****HOURS** | **PROGRAM DAYS**(1 - 5) | **TOTAL**(RATE x NO. x DAYS) |
| Classroom | 10.00 |  |  |  0.00 |
| School kitchen | 20.00 |  |  |  0.00 |
| Elementary or secondary food service classroom | 24.00 |  |  |  0.00 |
| Cafeteria | 50.00 |  |  |  0.00 |
| Staff Room | 15.00 |  |  |  0.00 |
|  |  |  | Total support costs as calculated above |  0.00 |
|  |  |  | Number of program weeks x |  |
|  |  |  | **Total dollar value of in-kind space =** | **$ 0.00** |

**Programs must demonstrate that the estimated dollar amounts of in-kind donations, cash funding from non‑provincial sources, and monies on hand represent the remaining 85% of the total program cost.**

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| **FOR OFFICE USE ONLY** |
| **BUDGET CALCULATION** |
| Total Food Cost |  |
| Total Dollar Value Of In-Kind Donations |  |
| Anticipated Opening Balance |  |
| Maximum Provincial Funding Available (15% Of Total Food Cost) |  |
| **TOTAL FUNDS APPROVED** |  |

**PART 5: AUTHORIZATION AND AGREEMENT**

Application must be **signed by two (2) people**. One signature must be that of the school principal or, in the case of an organization other than a school, by the Executive Director.

The undersigned, being authorized on behalf of the applicant, hereby certify that the above information is true and accurate to the best of their knowledge.

**This entire section must be handwritten.**

 Principal / Executive Director (please print) Title

 Signature Date (MM/DD/YYYY)

 Program Coordinator (please print) Title

 Signature Date (MM/DD/YYYY)