



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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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 \(July 2008\)](#)
- [Anaphylaxis in Schools & Other Settings \(3rd Edition\)](#)

PART 1: CONTACT INFORMATION

School / Organization _____

Affiliation HWDSB HWCDSB CSVIAMONDE CSDCCS Community Private

Address _____

(If mailing address is different from program address, please indicate)

City and Postal Code

Principal / Director _____

Email _____ Phone No. _____

Program Coordinator _____

Email _____ Phone No. _____

OPTIONAL: Additional Contact (e.g. Receptionist) _____

Email _____ Phone No. _____

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.)

Total number of students enrolled in school: _____

Estimated student participation in nutrition program _____

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 _____

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

Please fill in details about your program:

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 _____

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

- | | |
|---|--|
| <input type="checkbox"/> Parents/Guardians | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Students | <input type="checkbox"/> Teachers/Principal |
| <input type="checkbox"/> Service clubs | <input type="checkbox"/> Business |
| <input type="checkbox"/> Educational Assistants | <input type="checkbox"/> Programming staff |
| <input type="checkbox"/> Supervisors | <input type="checkbox"/> Community workers |
| <input type="checkbox"/> Receptionists | <input type="checkbox"/> Faith based groups or clubs |
| <input type="checkbox"/> Other (specify) _____ | |

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

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.

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 _____

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.

PROGRAM TYPE:					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Vegetable/ Fruit					
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)

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 =	
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.) <i>Use Chart A to calculate this figure.</i>	
2. In-kind donations (Food, space, and service) <i>Use Chart B to calculate space.</i>	
TOTAL DOLLAR VALUE OF IN-KIND DONATIONS Step 1 + Step 2 =	
F. Total cost of the program	(A x B x C x D) + E =
G. Anticipated Opening Balance (E.g. Parental contributions, fundraising, community business, other.)	

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		
Educational Assistants		21.00		
Janitorial services		17.00		
Parents / Community		17.00		
Principal / Executive Director		60.00		
Teachers		35.00		

Total support costs as calculated above
 Number of program weeks x
Total dollar value of in-kind support =

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			
School kitchen	20.00			
Elementary or secondary food service classroom	24.00			
Cafeteria	50.00			
Staff Room	15.00			

Total support costs as calculated above
 Number of program weeks x
Total dollar value of in-kind space =

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.

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.

Principal / Executive Director (please print)

Title

Signature

Date (MM/DD/YYYY)

Program Coordinator (please print)

Title

Signature

Date (MM/DD/YYYY)