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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.

Tastebuds is supported by the Social Planning and Research Council of Hamilton, and is funded in part by the

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)