

Hamilton-Niagara Region

Application for Student Nutrition Program Funding

Existing Designated Programs

Provincial funding for designated student nutrition programs (SNP) is intended to provide a breakfast or morning meal every weekday. Provincial funding for these programs will be funded at a full 15 percent for the cost of food.

To assist in the completion of this application, please consult the following support documents:

- Student Nutrition Program Suspension and/or Closure Reporting Template
- Student Nutrition Program Eligibility Guidelines (July 2008)
- Student Nutrition Program Nutrition Guidelines July 2008
- Student Nutrition Program Anaphylaxis Management Protocols (December 2006)

Local community development workers will assist in building local capacity to support breakfast and morning meal programs in designated communities. Support will include assistance in facilitating parent and student engagement, fundraising, menu development, negotiating corporate sponsorships and whole sale food purchasing agreements, all of which will assist in building the necessary resources for program sustainability.

Part 1. Contact Information

Name of School/Organization _____ School Board _____

Principal/Administrator _____ E-mail _____

Program Coordinator/Contact _____ E-mail _____

Address:
Street _____ Phone No. _____ Fax No. _____

City _____ Postal Code _____

Part 2. 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 information contained is true and accurate to the best of their knowledge. The undersigned further acknowledges that the applicant's financial accountability pertaining to any approved funding includes retaining on site all original receipts for program purchases and making them available for auditing purposes if required and/or requested. In the event that your program is suspended and/or closed for any reason other than inclement weather, a Student Nutrition Program Suspension and/or Closure form **must** be completed within 24 hours and forwarded to your local service provider.

1. _____
Name Title

Signature Date

2. _____

Part 3: Financial Information

Date and Amount of Last Grant(s) _____

Program costs should be calculated as follows: Breakfast and early morning meal @ \$1.00 /child. Programs will work towards operating 5 days week. Program type _____

- A. # of program days per week _____
- B. # of children/clients participating each day _____
- C. # of weeks* of funding requested _____
- D. Total Food Cost of the Program = (A x B x C) = \$ _____

*September to June for the 2009-2010 school year – approximately 38 weeks

E. Total In-Kind Donations* include:

*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

a) Dollar Value of Volunteer Hours

(total number of volunteer hours per week X number of program weeks X \$17.00/hour

If program volunteers include school staff, the following rates per hour can be used to calculate a dollar value: Principals, \$60.00; teachers, \$35.00; education assistants, \$21.00)

a) \$ _____

And b) In-Kind Donations of Food, Space and Service*

b) \$ _____

*Please refer to Appendix A., calculation of in-kind space and service support

E. Total In-kind Donations = a) + b) = E \$ _____

G. Total non – Provincial cash donations

anticipated from the following:

Parental contributions \$ _____

Fundraising \$ _____

Community/ business \$ _____

Total non Provincial Cash donations \$ _____

H. Total Monies on Hand (opening balance) \$ _____

I. Total Provincial Funding Available (15% of total food cost) \$ _____

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: Budget Calculation

D. Total Program Cost \$ _____

G. Total Non-Provincial cash funding from all sources \$ _____

H. Total monies on Hand \$ _____

I. Maximum Provincial funding available (15% of total food cost) \$ _____

J. Total Funding for Program (E+G+H+I) \$ _____

Balance (J - D) +/- \$ _____

Total Funds Approved \$ _____

Part 4: To ensure nutritious food is provided, please complete the attached menu template.

	Program Type _____									
Week: 1	Day 1		Day 2		Day 3		Day 4		Day 5	
Vegetables / Fruit										
Grain Product:										
Milk / Alternative										
Meat / Alternative										
Tips and Suggestions:										

Requirements:

- Minimum of 1 serving vegetables and/or fruit and 1 serving of milk or milk alternatives at every meal.
- Minimum of 1 serving of grain products and/or meat or alternative at every meal (a serving from all food groups is ideal)
- 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.

Are additional servings of food available: Yes If yes which foods? _____ No.