



Central East Student Nutrition Program (SNP) Funding Application 2010-2011

INSTRUCTIONS

Please read through the following information BEFORE completing your application

Your school's funding comes from the Ministry of Children and Youth Services through the Central Eastern Ontario lead agency, the Peterborough Family Resource Centre.

The purpose of the Student Nutrition Program is to support communities that want to provide nutritious food, including breakfast, lunch and/or snacks, to children and youth across Ontario. The central objective of the programs operating throughout the province is to support the healthy development of children and youth arriving at school **ready to learn**. This universal program supports initiatives to increase levels of school readiness among young people and provide a healthy nutrition environment in schools.

School 'Meal Programs' will have the biggest impact on students learning potential if they are offered before school and/or during morning classes. It is expected that the majority of this funding will be used to provide food to children during these times.

1. Please complete all sections of this application
2. Please review this application with your local community coordinator
3. Once you have reviewed this application with your local community co-ordinator, the Principal of the School shall sign the bottom and FAX/Mail/Scan & Email or deliver it to the community coordinator.

MEAL DEFINITIONS

Please review the following meal definitions, and select the meal(s) most appropriate to the programs you intent to provide over the course of the next school year.

Meal – A meal contains at least one serving from a minimum of 3 of 4 food groups from Canada's Food Guide with at least one serving from the vegetables and fruit food group and at least one serving from the milk and alternatives food group.

Breakfast – A meal served to children and youth prior to the start of the school day.

Morning Meal – A meal served to children and youth in the first part of the school day once school has officially started.

Snack – A snack contains at least 1 serving from a minimum of 2 food groups of Canada's Food Guide with at least 1 serving from the vegetables and fruit food group.

If you have any questions or concerns about these definitions, please call your local community coordinator for clarification.



Central East Student Nutrition Program (SNP) Funding Application 2010-11

SCHID#

A. School Information

Region/County:		Date:
School/Organization:		
Address:		
School Board:		
City :	Prov: ON	Postal Code:
Please make cheques payable to:		

B. Contact information

Is the Principal the main contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal's Name:	Phone:
Email:	Fax:
Other contact's Name:	Position:
Email:	Phone:

C. Tell us about your school and your community:

Has your school ever applied for SNP funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you describe your School Community?	
Location: <input type="checkbox"/> Urban <input type="checkbox"/> Urban/Rural Split <input type="checkbox"/> Rural <input type="checkbox"/> Isolated	
School Population: <input type="checkbox"/> Rapid Population Growth <input type="checkbox"/> Stable Population <input type="checkbox"/> Declining Enrolment	
Grades in School: <input type="checkbox"/> JK-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Other : _____	
Is this an alternative education program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total School Population: <input type="checkbox"/>	
Parental Involvement: Please indicate how parents/caregivers are involved in your program (check all that apply)	
<input type="checkbox"/> Volunteering <input type="checkbox"/> Planning <input type="checkbox"/> Fundraising <input type="checkbox"/> Financial Contributions	
<input type="checkbox"/> Other (please specify): _____	
Who volunteers in the delivery of the student nutrition program(s) at your school?	
Type of Volunteer	# of individuals
<input type="checkbox"/> Students:	
<input type="checkbox"/> Parents/Caregivers:	
<input type="checkbox"/> Teachers/School Staff (outside of regular classroom time):	
<input type="checkbox"/> Community Members:	
<input type="checkbox"/> Site Co-ordinator(s)	

D. Program Details:

<i>(Max 2 programs)</i>		Program A	Program B
Program Type: <u>PLEASE READ DEFINITIONS ON PAGES 1-2!</u>		<input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Meal <input type="checkbox"/> Snack <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Meal <input type="checkbox"/> Snack <input type="checkbox"/> Lunch
This program ran in 2009-2010?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please complete the next 3 questions 2009-10 school year			
a	# of serving days reported /yr:		
b	# of meals reported /yr:		
c	Average meals per serving day : (b ÷ a)		
Please complete the following for the programs you intend to run in 2010-11 school year			
Number of serving days per week:		<input type="checkbox"/> 3 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 5 days/week	<input type="checkbox"/> 3 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 5 days/week
Average # of meals per serving day : (based on __ weeks in a school yr)			
Anticipated program start date:			
Are your program(s) accessible to all children regardless of Socio-economic status or culture?			<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Additional Sources of Funding

Please indicate the local partners from whom you will request donations			
Source	Cash	In-kind	Commitment for 2010-11?
School Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fundraising Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Charities/Service Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Faith Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Municipal Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breakfast for Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any remaining 2009-10 SNP funding or vouchers?			\$
Additional Information:			
Completed by:			Position:
Principal Signature:			Date Entered: APPID#:
Please complete and return to : _____ by : _____			