

Toronto Student Nutrition Programs Municipal and Provincial Grant Application Form (2018-2019)

Applications may be submitted by mail, in person, by fax or by e-mail.

Deadline	Mailing address	Fax or e-mail submissions
Application Deadline for September 2018 funding is Friday, February 9, 2018	Student Nutrition Program Toronto Public Health 5100 Yonge Street, 2 nd Floor Toronto, ON M2N 5V7	e-mail: snp@toronto.ca fax: 416-696-4301 www.toronto.ca/health/nutrition

Section 1. Site Information

Location Type (Select one): TDSB TCDSB Community Site CSDCCS CSV

Name of School or Site _____

Address _____ Postal code _____

Phone Number _____ Fax number _____

Name of Community Group (if applicable) _____

Section 2. Responsibilities and Authorization of the Site Authority

1. Read the Student Nutrition Program Funding Criteria (www.toronto.ca/health/nutrition). Work to meet them.
2. Serve nutritious food that meets the Student Nutrition Program Nutrition Guideline.
3. Welcome visits to the program by the following: public health dietitian, public health inspector, community development animator, school board representative, school board foundation representative.
4. When the program is running, always have one person on site who has attended the Student Nutrition Program 'Food Safety and Nutrition' training within the past two years. Encourage all Student Nutrition Program staff and volunteers to attend this free training offered by Toronto Public Health.
5. Maintain food safety standards.
6. Have a program that is non-stigmatizing and is open to all students regardless of their ability to pay.
7. Keep financial contributions of participants confidential.
8. Serve foods that promote faiths and cultures of students (e.g. include foods from a variety of cultures).
9. Enable the Local Program Committee to meet to discuss the nutrition program at least two times a year.
10. Share information from the application with representatives of Student Nutrition Toronto including: school boards, school board foundations, public health, community partners.
11. Submit financial and activity reports every month.
12. Have liability insurance for your program (if it is in a site other than a school or house of worship).
13. Confirm that the information provided in this application is true and accurate.

Site Authority is the person in charge of school or site that has legal signing authority

Complete pages 1-5 Keep a copy of this application for your own files.

Site Authority Name: _____ Job Title _____

Site Authority Signature: _____ Date: _____

Section 3. Contact Information

3.1. Site Authority

Name _____ Role at Site: _____

E-mail _____ Business Phone _____ ext _____

Mailing address (if different from Section 1): _____

3.2. Program Coordinator

Name: _____ Business E-mail: _____

3.3. Financial Accountability and Liability

Nutrition programs are expected to maintain a **separate bank account** with a minimum of three signing officers for financial accountability and auditing purposes. **One must be the Site Authority.** If you have more than one program, you do not need to have a separate bank account for each.

Signing officer 1: Name _____

Signing officer 2: Name _____

Signing officer 3: Name _____

3.4. Who will prepare your monthly financial reports?

Name _____

Business E-mail _____ Business Phone _____ ext _____

3.5. Local Program Committee

A Local Program Committee makes decisions about your program. The membership reflects the make-up of your school and / or community. Sometimes the school council acts as the Local Program Committee. **To meet funding criteria, the Local Program Committee should meet to discuss the nutrition program at least two times a year.**

Does your site have a local program committee? Yes No Don't know

3.6. Parent and Student Involvement

Volunteers are an important part of making your program a success. Recruit volunteers from your local school community, including parents, students, community members and staff. Parent and students can contribute in a variety of ways, including financial contribution, food ordering/shopping, food preparation, fundraising, planning, preparing financial reports, program committee, special events, etc.

Do you need support in recruiting volunteers? Yes No

Section 4. Program Information and Sustaining Your Program

4.1. Current enrollment (2017-18) _____ Estimated enrollment (2018-19) _____

4.2. Grades JK-8: Estimated cost of food for participants

<u>Programs</u> • # Food Groups • Timing	<u>Breakfast</u> • at least 3 • before start of school day	<u>Morning meal</u> • at least 3 • in the morning after start of school	<u>Snack AM</u> • at least 2 • in the morning	<u>Snack PM¹</u> • at least 2 • in the afternoon	<u>Lunch or Dinner¹</u> • at least 3 • in the afternoon
Number of days per week ² program will run					
Planned start date					
A. Number of participants grades JK-8					
B. Estimated cost of food per participant grades JK-8					
C. Number of operating days/year ³ (eg 5 days = 188)					
D. Total (AxBxC) Estimated cost of food for participants in grades JK-8					

4.3. Grades 9-12: Estimated cost of food for participants

<u>Programs</u> • # Food Groups • Timing	<u>Breakfast</u> • at least 3 • before start of school day	<u>Morning meal</u> • at least 3 • in the morning after start of school	<u>Snack AM</u> • at least 2 • in the morning	<u>Snack PM¹</u> • at least 2 • in the afternoon	<u>Lunch or Dinner¹</u> • at least 3 • in the afternoon
Number of days per week ² program will run					
Planned start date					
E. Number of participants grades 9-12					
F. Estimated cost of food per participant grades 9-12					
G. Number of operating days/year ³ (eg 5 days = 188)					
H. Total (ExFxG) Estimated cost of food for participants in grades 9-12					

¹ New Lunch, Snack PM or Dinner applications are not being accepted.

² Breakfast and morning meal programs in provincially designated communities must operate a minimum of 2 days a week to be eligible for enhanced provincial funding. Other programs must operate a minimum of 2 days a week.

³ **Example numbers of Operating Days:** 5 days/wk (188); 4 days/wk (160); 3 days/wk (120); 2 days/wk (80)

4.4 Estimated Revenue per year (see below)		4.5 Estimated Costs per year (see below)	
Student Nutrition Program Grants Received	\$	Food (add estimates from lines D+H, p. 3)	\$
Parent/ Student Donations	\$	Supplies (e.g. spoons, hairnets, dish soap, disposable items)	\$
Fundraising, Campaign, Events (ie community)	\$	Staffing (e.g. wages, honoraria)	\$
Corporate and Other Grants	\$	Other	\$
Total <u>Estimated</u> Revenue	\$	Total <u>Estimated</u> Costs	\$

4.4. **Estimated Revenue:**

- **Grants** from the City of Toronto and the Province of Ontario and charitable organizations flow through Toronto Foundation for Student Success or Angel Foundation for Learning. These grants can cover only a small portion of program costs.
- **Donations and Fundraising:** Your program will need to find additional sources of funds to help sustain the program. It is essential that contributions come from your local community, student and parental contributions, and local fundraising.

Do you need support in planning fundraising?

Yes

No

4.5. **Estimated Costs:**

- These are estimates only. It is not expected that programs spend this as a rule.
- If you have more than one nutrition program, expenses other than food may be shared across the programs.
- 'Other' expenses must not equal more than 30% of total program costs.

Section 5. Nutrition

Contact Person for Menu: _____ Name of School/Site: _____

- Complete a separate 1-week menu **for each** nutrition program that you are applying for.
- Additional templates, the Nutrition Guideline, and sample menus are available on the Toronto Public Health website (www.toronto.ca/health/nutrition). Program menus should comply with the Nutrition Guideline.

Program type (Select one): Breakfast Morning Meal Snack AM Lunch Snack PM Dinner

Meal Breakfast, Morning Meal ("3-food group snack"), Lunch/Dinner

At least 3 full servings:

- 1 serving from **Vegetables & Fruit** group
- 1 serving from **Milk & Alternatives** group
- 1 serving from **Grain Products** and/or **Meat & Alternatives** group

Snack (morning or afternoon Snack)

At least 2 full servings:

- 1 serving from **Vegetables and Fruit** group
- 1 serving from **Milk & Alternatives** and/or **Grain Products** and/or **Meat & Alternatives**

'Food Safety and Nutrition workshop for SNP Coordinators and Volunteers': Do you have at least 1 person on site who has attended this free workshop in the last 2 years?
 Yes No

Program menu:

Monday		Tuesday		Wednesday		Thursday		Friday	
Food	Serving size	Food	Serving size	Food	Serving size	Food	Serving size	Food	Serving size