

# Student Nutrition Program 2021-22 Funding Appeal Application

**Deadline:** Appeal Deadline is **Friday October 29, 2021 at 4pm**

**Appeal Submission:** Please submit appeals only by email to [snp@toronto.ca](mailto:snp@toronto.ca)

Details on how to fill out and submit electronically can be found on the [Student Nutrition Program](#) website.

## Site Information

Name of School/Site \_\_\_\_\_

Name of Community Agency (if applicable) \_\_\_\_\_

School/Site Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Principal or Authority \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Appeal Information

A program can submit an appeal of its funding allocation in order to correct:

- inaccurate information **or**
- reflect changes to the program (e.g.: changes in number of children participating, or type of program)

Appeals are not guaranteed to be funded. Funding covers only a small portion of total program costs and is based on individual program needs. A funding appeal should not be based on projected financial deficits or financial deficits carried forward from the previous year.

Please complete the table below for the program as it is currently funded in the 'Funded' column, and provide the changes to the program in the 'Appeal' column.

| Program Description               | Program #1<br>Funded | Program #1<br>Appeal | Program # 2<br>Funded | Program #2<br>Appeal |
|-----------------------------------|----------------------|----------------------|-----------------------|----------------------|
| Program Type                      |                      |                      |                       |                      |
| Grades of Students                |                      |                      |                       |                      |
| Program Start Date                |                      |                      |                       |                      |
| Number Days/week                  |                      |                      |                       |                      |
| Average Number of<br>Students/day |                      |                      |                       |                      |

Date that the appealed changes will take effect: Program #1 \_\_\_\_\_ Program #2 \_\_\_\_\_

If your appeal involves a change in program type from a 2 food group snack to a 3 food group meal, please complete and submit a one week sample menu with this form.

If there are further details to your appeal, please describe below.

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\_\_\_\_\_  
Signature of Principal / Site Authority

\_\_\_\_\_  
Date