

INSTRUCTIONS

Please read through the following information BEFORE completing your application

Your school's funding comes from the Ministry of Children, Community and Social Services through the Central Eastern Ontario lead agency, the Peterborough Child & Family Centres.

The goal of Ontario's Student Nutrition Program (SNP) is to help provide nutritious meals and snacks to children and youth to support their learning and healthy development. Research has established that proper nutrition, particularly during the morning hours, plays an important role in supporting learning.

Please note that all applications must have a breakfast/morning meal as a component of their program.

- Please complete all sections of this application
- Please review this application with your local community coordinator
- Once you have reviewed this application with your local community coordinator, 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 intend to provide over the course of the next school year.

Meal

Breakfast/Morning Meal or Lunch contains at least 3 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.

Snack

A snack contains 2 food groups with at least one serving of vegetable/fruit.

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



School Information

School Name:
Please make cheques payable to:

Contact information

Main Contact			
<input type="checkbox"/>	Principal's Name:	Phone:	Ext:
	Email:	Fax:	
<input type="checkbox"/>	Secretary's Name:	Phone:	Ext:
	Email:	Fax:	
<input type="checkbox"/>	Contact 1:	Position:	
	Email:	Phone:	Ext:
<input type="checkbox"/>	Contact 2:	Position:	
	Email:	Phone:	Ext:

Tell us about your school and your community:

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/In-Kind 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)	
Average # of total volunteer hours per week: (include shopping & admin time in addition to in-program hours)	



Program Details:

2019-20 Intended Programs (Max 2 programs)			
	Meal Type	Number of serving days per week:	Average # of meals served per serving day:
Program 1	<input type="checkbox"/> Breakfast/Morning Meal (morning, 3-4 food groups) <input type="checkbox"/> Snack (during school hours, 2 food groups) <input type="checkbox"/> Lunch (during school hours, 3-4 food groups)	<input type="checkbox"/> 2 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 5 days/week	
Program 2 (if applicable)	<input type="checkbox"/> Breakfast/Morning Meal (morning, 3-4 food groups) <input type="checkbox"/> Snack (during school hours, 2 food groups) <input type="checkbox"/> Lunch (during school hours, 3-4 food groups)	<input type="checkbox"/> 2 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 5 days/week	
Since your last application, does this represent a change in meal type, # of serving days or average # of children served/day? Please describe the change:			
Program 1			
Program 2			
Enter estimated school population for 2019-20:			
Tell us about your program:			
Outline a success and a challenge in providing your program:			
Schools Garden/Local Farms			
Will you use food from a school garden?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you buy or receive food donations from a local farm?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the name of the farm, your contact person, and their telephone number:			
Equipment			
Is there any equipment you need to operate this program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:		Quantity:	
Is the program in danger of shutting down without the equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No

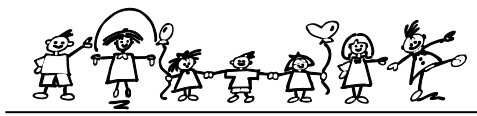


Additional Sources of Funding

This application is for funding intended as seed funding for your program. Which additional local partners will you ask for donations?

Source	Cash	In-kind	Commitment for 2019-20?
Parent Council/school generated	<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
Parents	<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
Charities/service clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/corporate sponsors	<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
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:			
Do you have remaining 2018-19 PCFC SNP funds:			\$
Completed by:			Position:
Consent: I give permission to PCFC and community partners related to SNP to use contact information collected above for program purposes as well as sharing information on training opportunities, newsletters or event invitations.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Signature:			<i>Date Entered:</i> <i>APPID#:</i>
Please complete and return to:			
by:			





DURHAM'S CHILD NUTRITION PROJECT

Regional Funding

<p>Do you want to apply for DCNP Regional funding also? This application would also serve as your Regional funding application if you choose "YES"</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Conditions of Funding Assistance

The applicant for Durham’s Child Nutrition Project (DCNP) funding assistance agrees that:

- DCNP may publicize that your program has received funding.
- The nutrition program must be established as a restricted fund.
- Each nutrition program will be required to complete and submit a progress form and financial report by June 1st annually. Additionally, an up to date report must be appended to future application for funding.
- Each program will adhere to ‘best practices’ when operating a nutrition program.
- The recipient will ensure the funded program embraces the following principals:
 - Nutritious and safe food regardless of family income
 - Non-stigmatizing and universally accessible programs
 - Community-based programs that reflect the individuality of the community and its unique needs
 - Cultural appropriateness, sensitive to and respectful of individual and community diversity
 - Parental and family involvement, recognizing that child nutrition is a family responsibility
 - A nurturing environment in which children and volunteers can interact
 - An educational component to learning about healthy eating habits for lifelong healthy development
 - Self sustaining programs with community and family ownership to maximize financial stability

Authorization and Execution

This agreement must be signed by two people. One signature must be that of the school Principal or in the case of a facility other than a school, by the Executive Director.

Name and title of signing authority (i.e. Principal, Executive Director...etc.)	Signature	Date

Name and title of signing authority (i.e. Teacher, Secretary...etc.)	Signature	Date