



nourishing bodies nourishing minds

2010 NOURISHMENT PROGRAM GRANT APPLICATION

Annual Application Deadline is April 15th

New applicants: Complete Sections 1-6
Sections 1-8

Returning applicants: Complete

SECTION 1

GENERAL INFORMATION

Organization Type:

School/

Community Org. Name:

Program Contact Person: _____ Title/Position:

Email: _____ Phone: _____ Fax:

Total School/centre enrollment: _____ Grades covered by school/centre:

Alternative School

Community Site

Other:

Principal/Director:

School/Centre address:

_____ Phone:

Email: _____ Fax:



Charitable Registration Number (if applicable): _____

SECTION 2	PROGRAM DETAILS
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Program Type	Grade levels of students involved	Approx. # of children per day	Total # children served in year	# of days operating per week					# of days in year covered by application
				1	2	3	4	5	
Breakfast <input type="checkbox"/>									
Snack <input type="checkbox"/>									
Lunch <input type="checkbox"/>									

MANAGEMENT

Please check the appropriate box

An on-site coordinator oversees the program never sometimes usually always

The coordinator volunteers receives an honorarium receives a salary or hourly pay

A local or on-site program committee is in place Yes No

Participants on this committee include: *(eg. principal, parents, students, public health, community member)s*

Please describe the location where your program will operate: *(eg. type of facility, room capacity, tables, availability of sinks)*



COMMUNITY INVOLVEMENT

Please indicate how your program will be supported. *(Check all that apply)*

	Volunteering at program site	Planning	Fundraising	Financial Contribution	Other (Please specify)
Parents					
Students					
Staff					
Seniors/ Older adults					
Others (Specify)					

Please answer based on your projections for the next school year

Total # of volunteers for your program: _____ # participating daily:

Number of hours volunteers will work in total per day: _____

ADDITIONAL INFORMATION Please provide any other important details about your program.

SECTION 4	SAFE and NUTRITIOUS
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Please provide us with your weekly menu.

Which resources did you use in the planning of your menus?

- Canada's Food Guide Manitoba School Nutrition Handbook



Other (please

specify): _____

Did you consult a dietitian while planning your program? No Once A few times
 Often

Did you consult a public health inspector while planning your program? Yes
 No

Food Safety Training for program coordinators/volunteers will be provided by:

(WHO) _____ (WHERE)

No training is planned:

HEALTHY EATING MENU

Breakfast or Lunch program	at least 3 of the 4 food groups
Snack program	at least 2 of the 4 food groups.

PROGRAM TYPE(Please Circle)

B S L	Vegetables & Fruit	Grain Products	Milk Products	Meat & Alternatives	Other Foods
SAMPLE	Banana or Orange	1 cup oatmeal	250 mL glass of milk	1 egg	
MONDAY					
TUESDAY					
WED					
THUR					
FRIDAY					

FOR YOUR REQUEST TO BE PROCESSED, ALL FINANCIAL SECTIONS MUST BE COMPLETED.

Operating Costs

Please estimate the amount of money you will need to run your program(s) this coming year.

Item	Explanation/Description	Amount
Food	<i>Cost/child x # children per day x # days per year</i>	\$
Household Type Appliances		\$
Supplies (dishes, utensils, containers)		\$
Staffing/Volunteer costs*		\$
Other		\$
A) Total Expenses		\$

* Staffing/Volunteer costs include salaries, honorariums, mileage, etc.

Please note that there is ONE TIME funding only for reusable dishes, supplies and equipment. The following items are not considered for funding: facility improvements or renovations; furniture; most commercial appliances (commercial toasters and dishwashers may be considered for larger programs) and/or their installation.

Expected Income

Please list financial donations you will collect/request from your parents and local partners.

Parental Contributions (including fundraising)	\$
Local Partners	\$
(Government, businesses, service clubs, seniors groups)	
Other Grants	
Other	
In Kind	
(Food, Equipment, Space, Other)	
B) Total Expected Income	\$

What is the total expected income for your program in the upcoming year, including expected parental contributions, local fundraising amounts, local partners contributions and in kind donations?

Total Projected Expenses for operation of your program

A)

\$ _____

Total Expected Income

B)

\$ _____



\$ _____

Grant Amount requested \$

Please indicate how you will use the Nutrition Program Grant requested:

- Food
- Appliances (be

specific): _____

- Supplies (be specific):

SECTION 6 **AGREEMENT and**

Please check the following to indicate your agreement:

- We have a sufficient number of volunteers in place for the program.
- We have included our menu based on the Manitoba School Nutrition Guidelines and Eating Healthy with Canada's Food Guide.
- We agree to provide a universally accessible program, respectful of individual and community diversity.
- We invite parental involvement, recognizing that child nutrition is a family responsibility.
- We strive to create a nurturing environment in which children and volunteers can interact.
- We will include an educational component about healthy eating to encourage lifelong healthy habits.
- We agree to complete an interim financial report and a year-end progress report and financial summary for accountability purposes and evaluation.
- We agree that the Child Nutrition Council of Manitoba may publicize issuance of the grant.

→ 2009 - 2010 Funded Programs must complete Sections 7 & 8.

SIGNATURES

Application 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.



The undersigned, being authorized on behalf of the applicant, hereby certify that the above information is true and accurate.

1. _____

NAME

TITLE

SIGNATURE

DATE

2. _____

NAME

TITLE

SIGNATURE

DATE

RETURN TO:

Viola Prowse, Coordinator
Child Nutrition Council of Manitoba
721 South Drive
Winnipeg, MB, R3T 0C2

Tel: 204-453-6060

Fax: 204-477-9906

Email: info@childnutritioncouncil.com
www.childnutritioncouncil.com

SECTION 7 FOR PROGRAMS FUNDED IN 2009-2010

YEAR END

A. Type of Program in 2009-2010 year:

Breakfast Snack

Lunch

1. # times offered per week _____

2. Average # children/teens served daily

3. School enrollment at end of year

B. Program Coordinator Information for 2009-2010 year

1. The coordinator: was a volunteer received an honourarium was paid

2. On average, how many hours/week did the Coordinator position take?

3. Responsibilities of the coordinator during that time: (Please check all that apply)

Planning Shopping Serving & cleanup Admin

(reports)



Other (Please explain)

4. The coordinator reported to: a Committee in place to assist the program

principal/manager other

Name of Program Coordinator for next year:

C. Volunteer Information for 2009-2010 year

1. Number of volunteers daily? _____ 2. Total number of volunteers this year?

3. Total number of daily volunteer hours (*i.e. 2 volunteers x 2 hours each = 4 hrs.*)

No. volunteers daily _____ x No. hrs. daily _____ = Total volunteer hours daily

4. Total number of volunteer hours contributed this year
(*i.e. number of volunteer hours daily (from #3 above) x number of days program ran*)

Total vol. hrs.daily _____ x No. days program ran _____ = Total vol. hrs. this year

D. Capacity in 2009-2010 year

1. Please indicate areas in which you had challenges this year:

Volunteers/staffing Menu planning Suitable facilities Time

constraints

Evaluation Fundraising No challenges

Other (please explain)

2. What successes did you experience with your program? (*Change in behaviour/ knowledge/ attendance of students, new partnerships, volunteers...*)

3. Other than the grant, how can CNCM better support the work you do?

SECTION 8 FOR PROGRAMS FUNDED IN 2009-2010

What date did the program begin this year? _____

What date did the program end this school year?

Organization/School Name			
Revenue		September 2009 - June 2010	
Balance Forward (Beginning of this year)			\$
Nutrition Program Grant		\$	
Fundraising/Partners		\$	
Contributions from participants/parents		\$	
Other (Specify)		\$	
TOTAL REVENUE			\$
Expenses			
Food		\$	
Staffing		\$	
Equipment / Supplies		\$	
Other (Specify)		\$	
TOTAL COSTS			\$
SURPLUS (DEFICIT)			\$

*** Please attach a copy of your receipts and expenses for the year.**
**** This report is required before further funding will be considered.**

This Report was completed by:
 Name: _____

Position: _____ Date: _____

Tel: _____ Email: _____



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