



APPLICATION FOR FUNDING 2010 / 2011

Please return to: Lisa Nixon/Anita Gilvesy, 205 Oxford St. E., Suite 206, London, ON, N6A 5G6

Before: June 4th 2010

Late Applications Will Not Be Accepted

General information:

| | | |
|---|--|--------------|
| School / Organization <small>(full legal name)</small> | | Mident #: |
| Name that cheque should be issued under <small>(if different then above)</small> | | |
| Mailing Address | | School Board |
| Contact Person | | Phone |
| Title/ Position | | E-Mail |

Operational Details:

| | |
|---|---|
| <p>Only <u>“one”</u> program is eligible for funding. Which program are you requesting funding for?</p> <p><input type="checkbox"/> Snack <small>(2 food groups served, must offer fruit or vegetable)</small></p> <p><input type="checkbox"/> Meal <small>(3 food groups served must offer fruit or vegetable)</small></p> <p><input type="checkbox"/> Blended (a fruit or vegetable must be offered to all participating students every day the program operates. 2 additional food groups must be available but not necessarily served to everyone (e.g. cereal and milk in the staff room).</p> | <p>What days of the week does your program operate? (minimum 3 days per week)</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Program Start Date: Month _____ Date: _____ Program End Date: Month _____ Date: _____</p> <p>What time of the day is food served to students:</p> |
|---|---|

Is this a new program or a new program model? Yes No

Average number of students currently attending program each day: _____

Average number of students expected to attend the program each day next year: _____

The Ministry would like to know how many children in total will benefit from this program next year. Please estimate the total number of students that will participate in your program at some point during the school year (If you think every student will participate at some point then enter the full school population):

Volunteers: _____

Please estimate how many volunteers you will have within each of the following categories:

Students _____ Staff _____ Parents _____ Grandparents _____ Community _____

How many of your program volunteers have received training in Safe Food Handling? _____

Food Preparation (for program):

| | | | |
|--|--|---|--|
| <p>Where does the food preparation occur?</p> <p><input type="checkbox"/> Dedicated kitchen space</p> <p><input type="checkbox"/> Staff room</p> <p><input type="checkbox"/> Classroom</p> <p><input type="checkbox"/> Other (please specify):</p> | | <p>Where is the food served to students?</p> <p><input type="checkbox"/> Dedicated room (i.e, breakfast room)</p> <p><input type="checkbox"/> Classroom</p> <p><input type="checkbox"/> Other (please specify):</p> | |
| <p><input type="checkbox"/> All of our food is pre-packaged</p> | <p><input type="checkbox"/> No formal cooking takes place in our program. Preparation includes the washing and cutting of fruits and vegetables.</p> | <p><input type="checkbox"/> We prepare foods using minimal food prep & cooking (please list all items you cook or bake)</p> | <p><input type="checkbox"/> We cook and or bake meals or snacks for students using fresh eggs, meats, etc.</p> |

Fundraising:

OSNP grant funds are provided by the Ministry of Children and Youth Services and administered through the VON in Southwestern Ontario. **OSNP grant funding is only meant to cover a portion of total food costs. All sites are required to generate funding to supplement the total cost of operating a program and to be eligible for OSNP grant funds.**

Sample Fundraising Ideas:

- Donations: send home letter and return donation envelope with students (annually, monthly)
- Special Fundraisers: special lunches or sale of nutritious snack food items
- Privilege days for a donation: hat days, PJ Days, crazy hair days
- Sales or events – pumpkin sales, mother’s day flowers, Back to School BBQ, dance

| List your Fundraising Activities | Anticipated Revenue |
|----------------------------------|---------------------|
| | |
| | |
| | |

2010 / 2011 Grant Contract

Please Read Thoroughly

The applicant agrees to the following:

- To collect accurate program statistics, record them in the OSNP binder provided and enter them online each month at **www.osnp.ca**.
- To maintain accurate financial records of all program expenditures and to maintain a copy of all receipts on file for seven years. Upon request, the program will permit The Victorian Order of Nurses, Ontario Student Nutrition Program (OSNP) or persons authorized by it to conduct an audit and/or conduct an evaluation of all program activity for which funds were granted.
- To spend OSNP funds on **food only** and to **return any unused OSNP grant funds at the end of the 2010/2011 school year**. Grant funding is determined in accordance with the program model and numbers you have indicated on this application.
- To inform the program coordinator, Lisa Nixon/Anita Gilvesy of any major changes in program activity (i.e, changes in the number of days per week, program model, changes in numbers as compared to the number of students you noted on this grant application) or program closure. Written notification of such change should be submitted within a month of the date that the major change occurs.
- To uphold the principles of the OSNP:
 - ✓ Program serves foods that adhere to the nutrition guidelines provided by the OSNP, including the serving of a fruit or vegetable every day your program is offered
 - ✓ Program seeks parental contributions and donations
 - ✓ Program is universally accessible to all students and non stigmatizing
 - ✓ Program is being managed responsibly to avoid risk
 - ✓ Program must operate a minimum of 3 days per week

Signatures:

Application must be signed by (2) persons. One signature must be that of an administrator who has signing authority on behalf of the agency. **The second, should be the program coordinator whose signature will be that of a witness to the contract.**

The undersigned, being authorized on behalf of the applicant, hereby certify that the above information is accurate and true and agree to the terms of this funding contract.

Authorized Signatory (School Administrator)

Witness (Program Coordinator)

Name (please print)

Name (please print)

Title (please print)

Title (please print)

Signature

Signature

Date

Date

