



Welcome to the ***“NEW and IMPROVED”*** Breakfast For Learning Application Package which *includes* the Progress Report and Menu Planning Template.

We’ve heard from coordinators and principals across the province that the old forms were lengthy and confusing. We’re hoping the new application package has addressed these issues, and welcome your feedback as we continually strive to improve.

If you have received funding from BFL in the past, you must **complete all 3 parts** of this application package, to be considered for a grant. If you are a new applicant, you may omit the progress report for your first funding application. For more information, resources and supports for starting a nutrition program go to; <http://breakfastforlearning.ca/english/pop/StartUpKit.pdf> to download BFL’s Start-up kit.

BREAKFAST FORLEARNING supports community-based student nutrition programs across Canada, created and sustained by a network of over 30,000 dedicated volunteers.

In addition to contributing directly to the nutritional, behavioral, social and learning needs of students, student nutrition programs help strengthen communities as they work together to ensure that children and youth are well nourished and ready to learn.

The application deadline for the 2008-2009 school year is February 29, 2008.

Grants awarded from these applications will be issued in September of 2008.

If you have questions about the new application package, please contact the Coordinator, Margo Riebe-Butt at;
P: 902-424-6429
E: riebemd@gov.ns.ca

Want to ensure quality in nutrition program delivery, find resources, access the latest research, or even connect with other programs?
Join the Club at www.eatrightbebright.ca and begin exploring the ***Keys To Success!***

Nutrition Program Application Form—**Deadline-Feb 29, 2008**

School/Organization			
Contact Person			
Title of Contact person			
Phone/Fax #'s	P:		F:
Email			
Mailing Address			

For what type of program are you requesting funding, breakfast or snack?	
What is the total enrollment of students in your school/organization?	
How many students do you expect will attend your program each day?	
How many days per week will your program operate in the 2008/2009 school year?	
For the 2008/2009 school year when is your anticipated start up date?	
For the 2008/2009 school year when is your anticipated closing date?	

1. **Universality**—Is your program open to all students who come to school hungry?
 Yes No
 Please describe how your program is made available to students. _____

2. **On-Site Program Committee**—Does your program have a local on-site program committee?
 Yes No Working towards
 If yes, who is part of this committee? principal parents public health nutritionist
 active healthy living coordinator teacher/staff community partners
 others, *please specify*, _____

3. **On-Site Coordinator/Manager**—Is there an on-site coordinator/manager who oversees the program? Yes No Working towards
 Does this person: volunteer their time receive an honorarium receive salary/wage
 If the title/contact information for the coordinator/manager is different from the contact person on the top of this page please fill out the following:

Contact person/title			
Phone/Fax	P:		F:
Email			

4. **Volunteers**—Are volunteers in place for your nutrition program? Yes No
 If yes, how many volunteers does your program have? _____
 Who volunteers at your program? *Check all that apply*
 Parents/Caregivers Students Teachers/School Staff Seniors/Older adults
 Community members Other, *please specify* _____
 Please estimate the total **hours** volunteered to the program per day; _____ hrs.

5. **Family Involvement**—Recognizing that healthy eating in childhood begins in the home setting, please indicate how family members are involved in program planning/operation:
 Program volunteer Committee member Financial Contributions Shopping
 Fundraising Menu planning Donates Groceries Other _____
6. **Nutritious Food**—While planning your menus, did you consult;
Food & Nutrition Policy for Nova Scotia Public Schools Yes No
Eating Well with Canada's Food Guide Yes No
 Who else participated in the planning of your menus? (*check all that apply*) Students
 Teachers Dietitian/Nutritionist Parent Coordinator Other: _____

Please complete and submit a sample weekly menu. (template attached)

7. **Location**—Please describe the location in which your program will operate: _____

8. Financial Information and Budget

Expenses

Item	Description/Explanation	Amount\$
Food		
Appliances (i.e.; toaster, fridge, microwave)		
Supplies (i.e.; disposables, utensils)		
Staffing/Volunteer Costs*		
Estimated Total Program Expenses		Line A

* Staffing/Volunteer costs might include items such as salaries, honorariums, mileage/expense reimbursement

Revenues

Source	Amount\$
Income from parental contributions	
Income from local community and business groups	
Income from fundraising	
Income from other grants (i.e.; <i>Provincial Breakfast Program Grant</i>)	
Estimated Total Revenue	Line B

In-Kind Donations

Item (i.e.; food, equipment, supplies)	Amount\$
Estimated value of non-financial contributions	Line C

Line A minus (Line B plus Line C) = \$_____ (Additional amount required to operate program) Please note, BFL provides *partial* funding to programs. Programs need to engage various funding partners to ensure financial sustainability.

9. **Authorization and Execution**—The application must be signed by two (2) 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.**

	Name-Please Print	Signature	Title	Date
1.				
2.				

Nutrition Program Progress Report

If your program has received a grant from Breakfast For Learning, this report must be completed in order to be eligible for a 2008-2009 grant.

Report Completed by: (please print)	
Title	
Month/year, report covers (i.e.; Sept 07-June 08)	
BFL Grant Amount	\$

1. Has your program registered for BFL's Keys To Success at www.eatrightbebright.ca website?
 Yes No If yes, what level has been achieved? Level 1 Level 2 Level 3 Level 4

2. From your perspective, have the students involved in your program changed? (*please check all that apply*)
 Choosing healthier food Longer attention span Increased interest in nutrition
 Less irritable Increased knowledge of healthy food Appears happier
 No change Other; _____

3. Briefly describe the impact your program has had on the school/organization and the students.

4. How many volunteers were involved at the start of the program? _____
 How many are involved now? _____

5. What benefits (other than feeding children) has your program provided for students and parents? _____

7. Please indicate how your previous BFL grant was spent. (Or attach a copy of your financial report)

Item	Description/Explanation	Amount \$
Food		
Equipment		
Supplies (i.e. disposables)		
Other (i.e. Staffing/Volunteer)		
Total		\$\$

8. List any new community/business/health partners that have been developed as a result of the program; _____

9. Is there any other information you would like to share? _____

