## After-School, Summer, and School Break Nutrition Funding Application Form



**Note:** For optimal use of this PDF form, download it to your digital device and complete it using Adobe Acrobat Reader or another Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>.

This application should include all proposed programming (summer, after-school, school break) from July 1, 2024, to June 30, 2025, for which your organization is requesting funding from this grant.

## **Guiding Principles**

- · Leverage existing partnerships.
- · Be barrier-free/stigma-free.
- Provide food that follows <u>Canada's nutritional guidelines</u> for school nutrition programs.
- Consider and accommodate food allergies/cultural dietary needs to ensure accessibility.
- Explore local food options and develop partnerships with

nearby suppliers.

- Respect public health guidelines including requirements for food handling.
- Spend a minimum of 80 percent of funding on food.
- Spend a maximum of 20 percent of funding on staffing/ kitchenware.
- Provide food at no cost to students and their families.

## Eligibility

The organization must be either a school division or a partner organization with charitable or non-profit status.

The organization must be providing after-school, summer, or school break programming to school-aged children and youth in publicly funded schools in Manitoba.

Partner organizations must confirm they work in partnership with a school division and that the school division has approved of the application for funding.

 Applications are due May 31, 2024. If you have any questions, please email schoolnutrition@gov.mb.ca.

Section 1		
Contact Information		
School division/organization name	Telephone number	
Contact person's name	Mailing address	
Contact person's position/title		
Email address		

This section is to be completed by part	ner organizations only.
Our organization works in partnership with the following school divisions:	Partner school division's contact name (if there are multiple, only list one)
	Position/title
	Telephone number
We have notified our partner school division(s) of this application, and they are in support.  Yes No	of this Email address
	Charitable status number
Our program serves school-aged children and	routh in the following grades:
K to 5 6 t	9 to 12
Section 3	
Programming Overview	
Please indicate the type of programming. (Che	k all that apply.)
After-School Program Sum	mer Program Winter/Spring Break Program

Section 2

Provide a brief description of overall after-school/summer programming. Please include program overview, types of activities, brief history, and so on.

Demonstrated need (number of students served, ages,	demographics, communities served).
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Provide a brief description of how nutrition funding will	he used, and provide a proposed overall food hudget
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List all other funding that you expect to have available f	for nutrition programming. Please include the sources.
Indicate your total nutrition budget (in dollars) for the	Indicate the amount of grant funding requested
program year.	(minimum: \$5,000).
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Section 4	
Authorization	
Superintendent/director name	Superintendent/director telephone number
Superintendent/director email address	
Funding Guidelines	
Manitoba, which have been incorporated into this ap	ound by and must comply with the guidelines set out by plication form. If approved, Manitoba will prepare a letter f funding, which must be signed and returned to Manitoba
I agree that I am an authorized representative of th	ne applicant, and have authority to bind it.
I agree that the information provided in this applica	ation is true and accurate.
I agree to provide a year-end report to Manitoba. (T	emplate will be provided.)
Superintendent/director signature	