

2017-2018 APPLICATION FOR FUNDS

Ontario Student Nutrition Program London/Middlesex



ontario student nutrition program
London/Middlesex

Organization/School: _____

Note: Unless otherwise indicated, cheque will be made payable to organization/school.

Contact Name: _____

Date: _____

Address: _____

Postal Code: _____

Email Address: _____

Phone: _____

1. Please tell us about your program.

Program Description	# of Days per Week Program Runs	# of Students Served per Day	# of Food Groups	# of Weeks Until End of School Year

2. How is your program supported in dollars and food?

Source of Funding	Amount	Year

3. Amount of Funding Requested: _____

Please use the following formula: # of Students x # of Days/Week Program Runs x # of Weeks Program Runs (to a maximum of 36 weeks) x \$0.20 (Note: \$0.20 per snack/meal is estimated)

4. How will the money be used?

5. Are there any other nutrition programs running in your school? If yes, please describe it. Yes No



Please return the completed application to Cindy Machado by fax to (519) 433-6698, by e-mail to cmachado@investinginchildren.on.ca or by mail to: Cindy Machado, Ontario Student Nutrition Program, c/o Investing in Children, 205 Oxford Street East, Suite 206, London, ON N6A 5G6.