**GROUP APPLICATION: SCHOOL DISTRICT or REGIONAL ORGANIZATION**

Breakfast Club of Canada accepts applications year round for new and existing breakfast programs from schools, school boards, registered not-for-profit organizations and community organizations.

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| **Section 1 District or Regional Organization Information** |
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| **School District or Organization** |   |
| **Address** |   | **City** |   |
| **Province** |   | **Postal Code** |   |
| **Telephone** |   | **Fax** |   |
| **Contact Person** |   | **Email** |   |
| **Contact Person Title** |   |

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| **Section 2 - Funding Information** |
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| Funding amount requested from Breakfast Club of Canada |  $ |
| List the other sources of revenue that will also be available for your breakfast programs:(i.e. provincial/territorial funding, donations, school funds or other grants) |
|   | $ enter revenues |
|   | $ enter revenues |
|   | $ enter revenues |
|   | $ enter revenues |
| Should only partial funding be awarded, which school(s) should be prioritized? |   |

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| **Definition of Geographic Situations** |
| **Urban center:** Large sized population in a high-density area with access to many/most major services.**Rural center:** Small or medium sized population in a lower density area with access to many/most major services approximately two hours away.**Remote:** Located over 3 hours away from the nearest service center or connected to nearest service center by boat or train year-round.**Fly-in**: Connected to nearest service center by aircraft only. Lacks road or rail access and is connected to nearest service center by boat or aircraft either year-round or seasonally. |

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| **Section 3 School Information (if applying for more than 6 schools, please download another application form and complete section 3)** |
| **Name of School** | **Enter School Name 1** | **Enter School Name 2** | **Enter School Name 3** | **Enter School Name 4** | **Enter School Name 5** | **Enter School Name 6** |
| Street address |   |   |   |   |   |   |
| City |   |   |   |   |   |   |
| Province |   |   |   |   |   |   |
| Postal Code |   |   |   |   |   |   |
| Telephone |   |   |   |   |   |   |
| Fax |   |   |   |   |   |   |
| Principal |   |   |   |   |   |   |
| Email |   |   |   |   |   |   |
| Alternate contact (if applicable) |   |   |   |   |   |   |
| Email |   |   |   |   |   |   |
| Geographic Situation(refer to the definitions in the table above) | [ ]  Urban Center[ ]  Rural Center[ ]  Remote [ ]  Fly-in | [ ]  Urban Center[ ]  Rural Center[ ]  Remote[ ]  Fly-in | [ ]  Urban Center[ ]  Rural Center[ ]  Remote[ ]  Fly-in | [ ]  Urban Center[ ]  Rural Center[ ]  Remote[ ]  Fly-in | [ ]  Urban Center[ ]  Rural Center[ ]  Remote[ ]  Fly-in | [ ]  Urban Center[ ]  Rural Center[ ]  Remote[ ]  Fly-in |
| Is the school located in an Indigenous community? | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Indigenous group (Metis, First Nation or Inuit) |  |  |  |  |  |  |
| Indigenous Nation |  |  |  |  |  |  |
| Name of the Indigenous community (if applicable) |   |   |   |   |   |   |
| Estimate the percentage of Indigenous students at each school. |   |   |   |   |   |   |
| Grade levels |   |   |   |   |   |   |
| School population |   |   |   |   |   |   |
| Is the application for a new or existing breakfast program? | [ ]  New[ ]  Existing | [ ]  New[ ]  Existing | [ ]  New[ ]  Existing | [ ]  New[ ]  Existing | [ ]  New[ ]  Existing | [ ]  New[ ]  Existing |
| Are there existing nutrition programs at the school? (ex : snack, lunch, etc.) |   |   |   |   |   |   |
| AVG number of students that participate (or will participate) |   |   |   |   |   |   |
| In which location do you serve/plan to serve breakfast? |   |   |   |   |   |   |
| Is each school equipped with a kitchen? | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Do your student benefit from other school programs related to healthfulness, such as gardening, volunteering, cooking, or cultural programs? Specify |   |   |   |   |   |   |

**Section 4 – Eligibility Criteria**

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**BUILD A SUSTAINABLE FOUNDATION**

* Offer breakfast every school day\*
* Ensure the breakfast club is universal by encouraging the participation of all students\*
* Ensure a system is in place to provide financial accountability and sustainability\*

**NOURISH HEALTHY EATING HABITS**

* Offer a nutritious menu that includes food choices consistent with Eating Well with Canada’s Food Guide and provincial or territorial school food and nutrition policies\*
* Ensure the breakfast menu includes a variety of healthy foods each day, with vegetables and fruit, whole grain foods, proteins, and a serving of milk, milk alternative, and/or water. Please refer to the Club's nutrition standards\*
* Allow adequate time for students to eat and encourage them to be attentive to their fullness cues\*
* Promote healthy eating through positive role modeling and food and nutrition education\*

**CREATE A SAFE PHYSICAL AND SOCIAL ENVIRONMENT**

* Operate in a location that is safe, universally accessible, and welcoming\*
* Prepare, store, and serve food and beverages using safe food handling practices in accordance with provincial/territorial regulations and local public health agencies\*
* Respect and comply with existing school board health, safety, and anaphylaxis policies\*

**PROVIDE A CHILD AND YOUTH FOCUSED BREAKFAST CLUB**

* Welcome and respect every student\*
* Offer a menu that is culturally appropriate and that accommodates the individual needs of students with food sensitivities\*

**ENGAGE THE WHOLE SCHOOL COMMUNITY**

* Promote the program within the entire community to ensure students and their families are aware of its existence\*

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| **Section 5 Documentation Required** |
| **With your application please submit the following documents:** | **🗸** |
| Cover Letter(the cover letter should help us learn more about your school and your breakfast program needs) |[ ]
| Resolution of each school’s Governing Board *(Quebec only)* |[ ]

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| **Section 6 - Authorization** |
| **☐ The applicant and/or signing authority confirms that all information in this application is true and accurate.** |
| Application completed by:  |   | Date of application: |   |
| Title: |   | Email: |   |
| Signature of signing authorityfor the school district |  |

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| **Completed applications may be submitted by email, mail or fax, along with the required documentation to:** |
| Breakfast Club of Canada135-G Boulevard de MortagneBoucherville (QC) J4B 6G4 | Email: programs@breakfastclubcanada.org |
| Toll-Free Phone: 1 888 442-1217 |
| Toll-Free Fax: 1 877 786-3220 |