



## Progress Report

Date: \_\_\_\_\_

School/Community Centre: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program Type-Breakfast/Lunch/Snack (attach completed KES Club menu form)	Avg # kids/day	# days/week	# Volunteers

Funds currently on hand: \_\_\_\_\_

Anticipated costs for remainder of school year: \_\_\_\_\_

Anticipated revenue from other sources: \_\_\_\_\_

Completed by \_\_\_\_\_ Approved by \_\_\_\_\_ (Principal/Manager)

Please include a statement of receipts and expenses for year to date.

### For office use only:

#### Grant Approved:

Food Amount \$ \_\_\_\_\_ Start Up  Sustaining

Food Amount \$ \_\_\_\_\_ New Matching

Equipment \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Additional Matching \$ \_\_\_\_\_  2 x 1

Total Approved \$ \_\_\_\_\_

Amount Issued \$( \_\_\_\_\_ ) Cash \$ \_\_\_\_\_

Balance O/S this Grant \$ \_\_\_\_\_

Previous O/S Issued \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Start Up  Matching  Sustaining  Cheque # \_\_\_\_\_ Cheque Total \$ \_\_\_\_\_

Gift Certificates # \_\_\_\_\_ to # \_\_\_\_\_ Gift Certificate Total \$ \_\_\_\_\_

Period Covered by Grant: \_\_\_\_\_ To \_\_\_\_\_

Conditions re Grant Approval:

\_\_\_\_\_

Approved as per Grant Policy \_\_\_\_\_ (Date)

Completed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Executive Director

## Kids Eat Smart Club Menu

\_\_\_\_\_  
(Name of school/centre)

\_\_\_\_\_  
Location

Food Group	Breakfast Sample	Monday	Tuesday	Wednesday	Thursday	Friday
Grain Products	1 cup Cheerios					
Vegetables & Fruit	Banana or Orange Juice					
Milk Products	1 slice of Cheddar Cheese					
Meat & Alternatives	1 boiled Egg					
Other Foods	Jam/Cheese Whiz					

Please include a copy of this menu with your application for funding to Kids Eat Smart Foundation