



MEMO

To: Program Coordinators & Principals
From: Daphne LeDrew, Executive Director
Date: May 22, 2009
Re: Year End Reporting

The end of this school year is fast approaching and thus it is time again for year-end reports. As part of the conditions on receiving grants for the Kids Eat Smart Club at your school/community centre, the Kids Eat Smart Foundation requires that the enclosed reports be completed and returned to the Foundation. You will also find our newsletter, SmartTalk, enclosed. Please share SmartTalk with the volunteers!

Year End Reports to be completed:

- **Year End Evaluation** to be completed by the Program Coordinator.
- **Principal's Evaluation** (new Clubs only)
- **Financial Report** showing the Balance Forward at the beginning of September 2008. Please include this balance in your Total Funds or if this amount does not agree with your figures, please indicate your balance and if possible an explanation of the difference.
- **Non-Cash Donations:** Please report your Non-Cash donations (i.e. food products or equipment) here but **do not** include the dollar amount on the Financial Report.
- **Request for Matching Funds form.** This form is to be used to request matching for any funds that you have raised this year that have not been matched by Kids Eat Smart Foundation. Please note—All fundraising and donations that you report are recorded in our database, and are available as funds are needed to operate the Club.

If there are any questions or any further information that you might need, please do not hesitate to call us at 722-1996 or 1-877-722-1996. Have a safe and healthy summer!

Thanks,

Daphne

**YEAR END EVALUATION
Kids Eat Smart Club Coordinator**

For the School Year Ended 2009

Name of School/Community Centre: _____

Address: _____

Telephone No: _____ Fax No: _____ E-mail: _____

Type of Program: Breakfast Lunch Snack

Principal/Manager _____ E-mail: _____

Program Coordinator for Kids Eat Smart Club this school year

Name: _____

Address: _____

Telephone No. (s): _____

E-mail: _____ Fax: _____

1. On average, how many hours does the Program Coordinator volunteer with the Kids Eat Smart Club weekly? _____
2. Who will be the Kids Eat Smart Club Coordinator next year? _____
3. Number of volunteers daily? _____
4. Total Number of Volunteer Hours contributed daily:
(i.e. 2 volunteers x 2 hours each = 4 hours
No. volunteers daily ____ x No. hours daily ____ = Total Volunteer Hours Daily _____
5. Total number of people volunteering with the Club this year: _____
6. Have all volunteers registered with the KES Foundation? Yes No
(i.e. completed and submitted volunteer information forms)

Note: Please follow any procedures in place by your school or community center regarding volunteer management (ex. Code of Conduct).



7. Average number of children/teens served per day: _____

8. School enrollment at year end: _____

9. How is your Kids Eat Smart Club promoted to encourage student participation?

10. In what ways do parents contribute to the program?

- a. Monetary Donations
- b. In-kind Donations
- c. Volunteer time
- d. Other (please specify) _____
- e. Parents do not contribute

If parents do not contribute in any way, please explain why. _____

11. Is there a Do It Crew/Coordinating Committee that helps manage the program? Yes No

Do It Crew/Coordinating Committee members:

12. Please indicate any areas in which you have had challenges this year.

___ Volunteers ___ Fundraising ___ Menu Planning ___ No Challenges

Other please explain _____

13. Will the school be offering the program again next school year? Yes No

14. Anticipated date the program will start for the next School year? _____

15. Besides financial support the Foundation offers other services to Kids Eat Smart Clubs:



Volunteer Training:

- Have your volunteers been made aware of Safe Food Practices and Operations? Yes No
- If No, do you need assistance from Kids Eat Smart Foundation with this? Yes No

Resource Material:

- Did you receive a Kids Eat Smart Club Handbook? Yes No
- Did you receive information on "Apple Day"? Yes No
- Did you receive information on "Walk to Breakfast"? Yes No

Website:

- Have you used the Kids Eat Smart Website (www.kidseatsmart.ca)? Yes No
- Do you find the information helpful? Yes No

Newsletter:

- Do you receive **SmartTalk**, the Kids Eat Smart Foundation Newsletter? Yes No
- Do you receive **The Scoop**, the Kids Eat Smart Foundation Email Newsletter? Yes No

Club signs:

- Did you receive your Kids Eat Smart Club sign? Yes No

16. How could Kids Eat Smart Foundation better help your program?

- Fundraising Volunteer recruiting Other _____

Sustaining Funds for 2009-2010:

Current Cash on Hand \$ _____ (A)

Anticipated Fundraising for 2009-2010 school year \$ _____ (B)

Anticipated Cost for 2009-2010 school year \$ _____ (C)

Amount Requested from Kids Eat Smart Foundation \$ _____ (C - (A+B))

Note: Kids Eat Smart Foundation issues grants based on a 3 to 4 month period. If you run low on funds at any point in the year please contact the Foundation for the proper forms to complete.

This Report was completed by:

_____ (Name) _____ (Position)

Address: _____

Telephone No: (Home) _____ (Work) _____

E-mail: _____ Fax: _____



FINANCIAL REPORT

For the period: September 2008 to June 2009

Name of school/community centre: _____

Location: _____

What date did the program begin this school year? _____ What date did the program end this school year? _____

Number of times per week the program is offered: _____

Total number of days program ran for the year: _____

Menu: _____

Is milk for the program purchased through the School Milk Program? Yes No

Balance Forward (Beginning of this year) \$ _____

Add funds from:

Kids Eat Smart Foundation Cheques & Gift Certificates	\$ _____	
Contributions from participants/parents	\$ _____	
Fundraising/Cash Donations	\$ _____	
Other (please explain)	\$ _____	
Total Funds		\$ _____

Less costs:

Food purchased from program funds	\$ _____	
Food purchased from gift certificates	\$ _____	
Equipment(only if paid from program funds)	\$ _____	
Disposable Dishes/Cutlery (if used)	\$ _____	
Other (please explain)	\$ _____	
Total Costs		\$ _____

Cash on Hand (End of Year) \$ _____

(Cash on Hand = Balance Forward + Total Funds – Total Costs)

*** Please attach a copy of your statement of receipts and expenses for the year.**

**** This report is required before further funding will be considered.**

Name of person responsible for keeping financial records: _____

Address: _____

Telephone No. (Home): _____ (Work): _____ E-mail: _____



Request for Matching Funds

Name of School _____

Matching Grant \$ _____ available upon request, in whole or in part, when funds have been raised and additional funds are needed to operate the program. (If donations and fundraising total more than this amount, balance will be considered for future grants)

Approx. # of children participating daily _____ #times operating per week _____

Funds Currently on Hand _____ Anticipated Cost for remainder of year: _____

(Please attach statement of receipts & expenses for year to date)

List of Donations/Fundraising

Date Received	Received From	\$ Amount
TOTAL		

Requested By: _____ Date Requested: _____

For office use only:	
Outstanding Matching Liability _____(1)	
Old Liability (2170) _____(2) New Matching (5035) _____(3) Cheq Total _____(4)	
Cheque # _____ Date Issued _____	
Balance not matched from this request	\$ _____(5)
Additional New Matching (2170) \$ _____(6)	
Balance Outstanding Old & New Liability \$ _____(7) (Line 1 - Line 2 + Line 6)	
Date Matching Approved _____	
_____ Executive Director	_____ Program Director