



MEMO

To: Program Coordinators & Principals
From: Daphne LeDrew, Executive Director
Date: May 17, 2010
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 2009. 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. Include with your financial report a copy of your completed Statement of Receipts and Expenses that you received from Kids Eat Smart at the beginning of the year or a printout from the school/community centre's accounting system.
- **Kids Eat Smart Club Menu Form**
- **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 already been matched by Kids Eat Smart Foundation. Please note—All fundraising and donations that you report will be assessed for matching eligibility and matching grants will be issued 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
(New Kids Eat Smart 2009-2010)**

1. General Information

Name of School/Community Centre: _____

Mailing Address: _____

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

Type of Kids Eat Smart Club: Breakfast Lunch Snack

Will there be any changes to your school next year? Yes No
If yes, please explain (i.e. closure, reconfiguration) _____

Principal/Manager: _____ E-mail: _____

2. Kids Eat Smart Club Coordinator Information

Name: _____

Address: _____

Telephone No.(s): _____

E-mail: _____ Fax: _____

2.1. On average, how many hours per week does the Kids Eat Smart Club Coordinator volunteer with the Kids Eat Smart Club? _____

2.2. Who will be the Kids Eat Smart Club Coordinator next year? _____

2.3. Has your Kids Eat Smart Club Coordinator participated in a Food Safety Training session with Kids Eat Smart Foundation staff? Yes No

If no, has training been received from another source? Yes No

If yes, please explain: _____

3. Preliminary Information

3.1. How did you first learn about Kids Eat Smart Foundation (KESF)?

3.2. Please place a check on the line that best describes the overall quality of assistance provided to your program by KESF:

Excellent Very Good Good Fair Poor Don't Know

3.3. Did you obtain a Start-up Kit from KESF?

Yes No Don't Know

3.4. Was completing the Application for Start-Up Funding straightforward?

Yes No Don't Know

Please explain:

3.5. For the KESF Start-Up process, please indicate on the scale of 1 to 5 where **1 is “Not Very Helpful at All” and 5 is “Very Helpful,”** what was helpful and what was not helpful.

	Not Very Helpful At All			Very Helpful		Don't Know
	1	2	3	4	5	6
Stakeholders/Community Meeting	1	2	3	4	5	6
Formation of a KES Club Committee	1	2	3	4	5	6
Kids Eat Smart Club Job Descriptions & Operating Guidelines	1	2	3	4	5	6
Keys to Successful Guidance (Menu/Safe Food Handling)	1	2	3	4	5	6
Kids Eat Smart Club Handbook	1	2	3	4	5	6

3.6. Concerning the granting of funds, do you feel that you were provided with enough information about:

1. The level of support available from KESF? Yes No
2. Ongoing funding from KESF? Yes No

Please explain:

3.7. Have you been in contact with KESF since the start up of your Club? Yes No

If you did contact KESF with a need or concern, was it addressed to your satisfaction?

Yes

No

Please explain:

3.8. How could KESF better facilitate the start up of a nutrition program?

4. Kids Eat Smart Club Information

4.1. Average number of students served per day: _____

4.2. What date did the Club start? _____

4.3. School enrollment (year end): _____

4.4. In comparison to the number of students expected to be served daily prior to Club implementation, was the average number of students served per day:

Less than expected

The same as expected

More than expected

Don't Know

4.5. If the average number of students served per day was less or more than expected, why do you think this occurred?

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

4.7. If there are students in your school that you feel would benefit but are not participating in the Club, why do you think this is so?

4.8. Has there been any negative reaction in response to the Club (i.e. students, parents, teachers, community members, etc.)?

Yes

No

Don't Know

If yes, please explain:

4.9. Please indicate any areas in which you have had challenges since start up:

- Volunteers Fundraising Menu Planning No Challenges
 Other _____

4.10. Is there a Do It Crew/Coordinating Committee that helps manage the Kids Eat Smart Club? Yes No

Name/Role:

Name/Role:

4.11. In what ways do parents contribute to the Kids Eat Smart Club? Please select all that apply:

- Monetary Donations
 In-kind Donations
 Volunteer time
 Other (please specify): _____
 Parents do not contribute

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

4.12. Will the school be offering the Club again next school year? Yes No

4.13. Anticipated date the Club will start for the next school year: _____

5. Volunteer Information

5.1. Number of volunteers daily: _____

5.2. Do your volunteers include (select all that apply):

- Students
 Parents
 Teachers
 Community Members

5.3. 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 _____

5.4. Total number of Volunteer Hours contributed this year:
(i.e. Number of volunteer hours daily x number of days program ran –
e.g. 4 hours daily x 185 days = 740 hours a year)
Total Vol. hours daily ____ x No. of days program ran ____ = Total Vol. hours this year _____

5.5. Total number of people volunteering with the Club this year: _____

5.6. Have all volunteers registered with the Kids Eat Smart 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 (e.g. Code of Conduct).

*Volunteer forms available at www.kidseatsmart.ca/documents/volunteerInfo-form.pdf

5.7. Have your volunteers received Food Safety training? Yes No
If no, would you like assistance with this from Kids Eat Smart Foundation? Yes No
If no, how do you plan to provide training in Food Safety? _____

5.8. Besides the Kids Eat Smart Foundation Thank You items that you receive, do you recognize your volunteers in any other way? Yes No

If yes, please explain:

6. Resource Materials

6.1. Which of these Kids Eat Smart Foundation resources does your Kids Eat Smart Club use?

Kids Eat Smart Club Handbook (Red Binder)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not have <input type="checkbox"/>
Kids Eat Smart website (www.kidseatsmart.ca)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not use internet <input type="checkbox"/>
If yes, did you find the information that you required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smart Talk (KESF Newsletter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not receive <input type="checkbox"/>
Kids Eat Smart Club sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not have <input type="checkbox"/>

6.2. Does your Kids Eat Smart Club participate in these Kids Eat Smart events?

Walk to Breakfast Yes No
If no, why not? _____

Apple Day

Yes

No

If no, why not? _____

6.3. Is your Club known as a Kids Eat Smart Club in the community? Yes No

If no, what is it called? _____

6.4. How could Kids Eat Smart Foundation better support your Club?

Fundraising Volunteer Recruiting Other _____

Sustaining Funds for 2010-2011:

Current Cash on Hand \$ _____ (A)

Anticipated Fundraising for 2010-2011 school year \$ _____ (B)

Anticipated Cost for 2010-2011 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: _____



YEAR END EVALUATION—Principal (New Kids Eat Smart Club)

Name of School: _____

Mailing Address: _____

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

Communities Served: _____

Type of Kids Eat Smart Club: Breakfast Snack Lunch

Date Kids Eat Smart Club started: _____

Grade Levels Taught: _____ School Enrollment: _____

School Principal: _____ Date Completing Evaluation: _____

Please circle your response to each of the first 7 questions.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Too early to evaluate
1. School attendance has improved for students participating in the Club.	1	2	3	4	5	6
2. Academic performance has improved for students participating in the Club.	1	2	3	4	5	6
3. Attention span has improved for students participating in the Club.	1	2	3	4	5	6
4. Disruptive behavior has decreased for students participating in the Club.	1	2	3	4	5	6
5. The Club has increased positive socialization among students.	1	2	3	4	5	6



YEAR END EVALUATION—Principal

6. The Club has improved the overall atmosphere of the school. 1 2 3 4 5 6

7. Students (both participating and non-participating) perceive the Club as “universal,” as opposed to singling out the high-risk children. 1 2 3 4 5 6

8. Is the Kids Eat Smart Club promoted to all children in your school?
Yes No

If yes, how is this done?

9. Has the Kids Eat Smart Club lead to any positive impacts in your school?
Yes No Don't Know

If yes, please explain:

10. Has the Kids Eat Smart Club lead to any negative impacts in your school?
Yes No Don't Know

If yes, please explain:

11. Would you be willing to share your findings with other principals that may be contemplating starting a Kids Eat Smart Club? Yes No



YEAR END EVALUATION—Principal

12. Do you have any other comments or concerns regarding any aspect of your Kids Eat Smart Club?

Completed by _____

Date _____

Thank you for completing this evaluation!



FINANCIAL REPORT

For the period: September 2009 to June 2010

Name of school/community centre: _____

Location: _____

What date did the KES Club begin this school year? _____ What date did the KES Club end this school year? _____

Number of times per week the Club is offered: _____

Total number of days the Club ran for the year: _____

Menu: complete attached menu form

Balance Forward (Beginning of this year) \$ _____

Add funds from:

Kids Eat Smart Foundation Cheques	\$ _____	
Gift Certificates	\$ _____	
Contributions from participants/parents	\$ _____	
Fundraising/Cash Donations	\$ _____	
Calendar Fundraiser (X# @ \$5/each)	\$ _____	
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: _____



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					

Is milk for the Kids Eat Smart Club purchased through the School Milk Program? Yes No

If yes, is it purchased directly from the Dairy? Yes No

If no, how is the milk purchased? (i.e. Cafeteria) _____



NON-CASH DONATIONS

(Value of Non-Cash Donations reflects community input and contributes toward Matching Grants.)

For the Period _____ 20__ to _____ 20__

Name of School/Community Centre: _____

DONOR	TYPE OF DONATION (Food/Juice, etc)	ESTIMATED \$ VALUE
TOTAL NON-CASH DONATIONS		\$ **

** DO NOT include this amount on the Financial Report



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