



MEMO

To: Program Coordinators & Principals
From: Daphne LeDrew, Executive Director
Date: June 7, 2011
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**
- **Financial Report** showing the Balance Forward at the beginning of September 2010. 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.
- **2011 Walk to Breakfast Registration Form**

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 June 2011

1. General Information

Name of School/Community Centre: _____

Address: _____

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

Communities Served by School _____

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: _____ Email _____

Address: _____ Postal Code _____

Telephone No.(s): _____ Fax: _____

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

2.2. 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 where/who:

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

3. Kids Eat Smart Club Information

3.1. Average number of students served per day: _____

3.2. School enrollment (year end): _____

3.3. How is your Kids Eat Smart club promoted to encourage student participation?

3.4. 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? _____

3.5. 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:

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

Name/Role:

Name/Role:

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

- Volunteers Fundraising Menu Planning No Challenges

Other, please explain: _____

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

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

4. Volunteer Information

4.1. Number of volunteers daily: _____

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

- Students
- Parents
- Teachers
- Community Members

4.3. 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 _____

4.4. 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 _____

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

4.6. 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

4.7. 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, please explain how you plan to provide Food Safety training: _____

4.8. Besides the thank you items you receive from Kids Eat Smart Foundation, do you recognize your volunteers in any other way? Yes No

If yes, explain:

5. Resource Materials

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

Kids Eat Smart Club Handbook Yes No Do not have
(Red Binder)

Kids Eat Smart website (www.kidseatsmart.ca) Yes No Do not use internet
If yes, did you find the information that you required? Yes No

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"/>
Monthly Nutrition Notes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not receive <input type="checkbox"/>

5.2. 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? _____

5.2. Is your Club known as a Kids Eat Smart Club in the community? Yes No
 If no, what is it called? _____

5.3. How could Kids Eat Smart Foundation better support your Club?
 Fundraising Volunteer Recruiting Other _____

Sustaining Funds for 2011-2012:

Current Cash on Hand	\$ _____ (A)
Anticipated Fundraising for 2011-2012 school year	\$ _____ (B)
Anticipated Cost for 2011-2012 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: _____

Signed by _____ Date _____
 (School Principal)





2010-2011 YEAR END EVALUATION—Principal

Name of School: _____

Mailing Address: _____

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

Communities Served: _____

Type of Kids Eat Smart Club: Breakfast Snack Lunch Times per week _____

Date Kids Eat Smart Club started: _____

Grade Levels Taught: _____ School Enrollment: _____

School Principal: _____ Date Completing Evaluation: _____

Your response helps us to plan for and improve how we support your breakfast program. Please circle your response to each of the first seven questions.

Since our Kids Eat Smart program began, we have seen:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Too early to evaluate
1. Improved attendance fewer students leaving during the day due to stomachaches, headaches, etc.	1	2	3	4	5	6
2. Improved academic effort – students have more energy and are less likely to be listless (following breakfast, snack or lunch)	1	2	3	4	5	6
3. Improved attention span more likely to stay on task	1	2	3	4	5	6
4. Decrease in disruptive behaviour/improved class atmosphere	1	2	3	4	5	6

YEAR END EVALUATION—Principal

- | | | | | | | |
|---|---|---|---|---|---|---|
| 5. Improved positive socialization among students. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. An improved school culture/ atmosphere and/or more parental/community involvement | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Students (both participating and non-participating) perceive the Club as available for all | 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. Have you been able to measure any positive or negative overall effect in your school due to your Kids Eat Smart program?

Yes No Don't Know

If yes, please explain:

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

11. 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 2010 to June 2011

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: _____
(Please do not include PD days, snow days or other days the school may have been closed)

Menu: complete attached menu form

Balance Forward (Beginning of this year) \$ _____

Add funds from:

Kids Eat Smart Foundation Cheques	\$ _____	
President's Choice Gift Cards	\$ _____	
Contributions from participants/parents	\$ _____	
Fundraising/Cash Donations	\$ _____	
Other (please explain) _____	\$ _____	
Total Funds		\$ _____

Less costs:

Food purchased from program funds	\$ _____	
Food purchased from gift cards	\$ _____	
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					

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



Request for Matching Funds

(Only include donations or fundraising since you last submitted a request to Kids Eat Smart)

Name of School _____

List of Donations/Fundraising not matched at yearend June 2011

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

Financial Officer



**Canada
Trust**

Kids Eat Smart Province-Wide **Walk to Breakfast**

October 21, 2011

REGISTRATION FORM

School: _____ Principal: _____

Kids Eat Smart Club Coordinator: _____ School District: _____

Number of students in the school: _____ Grades: _____ Number of student participants: _____

Mailing address: _____ Street address: _____

City/town: _____ Postal code: _____

Tel: _____ Fax: _____ Email: _____

Are you expecting others to participate? (Check any that apply)

Parents: _____ Businesses: _____ Community groups: _____ Other: _____
(approx. #) (approx. #) (approx. #) (approx. #)

**Fax to 722-7250 on or before September 23rd.
to receive a
Kids Eat Smart Walk to Breakfast prize pak.**

Kids Eat Smart Foundation supports volunteer-run
nutrition programs for school children throughout
Newfoundland and Labrador.



Recipient — *CMA National Award for Excellence
in Health Promotion, 2007*