

Maine-ly Nutrition Community School-wide Nutrition Event School Year 2007-2008 Application Form

- Please submit this form by **February 29, 2008**.
- Approval from the Maine Nutrition Network staff is required prior to the event in order to receive the grant of \$250.00.
- Once we receive and process your application, we will send the \$250.00 check directly to the contact person for the event!

Please complete **ALL** of the following items. Any missing information will cause delays in processing.

Event Contact Person Information <i>(This person will receive the check)</i>	Required Contract Information <i>(This is the authorized signature person for the district, union or municipality-NOT the principal of the school)</i>
Name: _____	District/Union/Municipality: _____
School: _____	Superintendent or Town Officer's name: _____
Address: _____	Mailing Address: _____
Phone: _____	Phone: _____
Email: _____	Federal Identification number (for contracting purposes): _____ - _____
	<i>(NOTE: If the number does not fit in these spaces, it is the incorrect number!)</i>

1. Event Information: Title: _____
Date: _____ Time: _____ Location: _____

2. Briefly describe your Event. _____

3. Number of students expected to participate in the Event _____

4. How will the Event be publicized to the community? _____

5. Provide at least one overall goal and three objectives for this Event. The objectives must be measurable.

Goal: _____

Objectives:

1. _____

2. _____

3. _____

6. List members of the planning committee (**you must have AT LEAST ONE representative from EACH of the following groups**)

Name

School Administrator (s): _____

Teacher (s): _____

School Food Service Staff member (s): _____

Community members/parent (s): _____

Student (s): _____

(example: "4th grade student", You do not need to provide students' names.)

Please attach any additional names of people who will be involved.

7. Please use the following table for your budget information Be as specific as possible.

Items to be Purchased	Cost
	TOTAL: \$250.00

8. List any educational materials that you plan to develop for the Event.

Mail application to:

Alice Schlosser

Maine Nutrition Network

45 Commerce Drive, Suite 11

Augusta, Me 04330

Please Note - Reporting forms are due by **June 27, 2008**.