

Provide a brief summary of the target population served by the proposed program. (300 characters)

The program's target population are children (ages 2-18) identified by school personnel as being at-risk for hunger and/or food insecurity on the weekends and during school breaks. Our focus is to serve children facing the most critical situations including single parent households with minimal outside support, grandparents raising grandchildren, homelessness, and physical and/or behavioral signs of hunger.

How does the proposed program provide a pathway out of poverty for children? (1000 characters)

Learning deficits due to food insecurity have a cumulative effect as children continue through school and into adulthood. Through {CHILDREN'S FEEDING PROGRAM}, we are able to change this trajectory by equipping them to arrive at school on Monday morning healthy, attentive and eager to learn. Access to preventive programs such as {CHILDREN'S FEEDING PROGRAM} increases the probability that children will have increased self-esteem, a positive education experience, be more likely to continue their education, and confidently advance on the pathway out of poverty.

What evidence-based practice(s), proven practice(s), and/or promising practice(s) do your program activities incorporate? Please explain how research-based strategies, best practices or model programs support your approach. If the program is not informed by research, best-practices or model programs, explain why this is the case. Research should be less than 10 years old and should be properly cited. (2500 characters)

Feeding America's "Map the Meal Gap 2015" report estimates that one in four children in {REGION} face food insecurity. More than 45,000 children in {REGION} qualify for free or reduced lunch prices through the National School Lunch Program to help get them through the week without being hungry. Feeding America reports that children consume up to 50% of their total daily calories at school. When children are not in school for a portion of the day they lack access to a reliable food source.

The {CHILDREN'S FEEDING PROGRAM} closely follows Feeding America's Backpack program's best practices for implementation on the school level, food selection, evaluation requirements. {CHILDREN'S FEEDING PACKS} for Kids incorporates the best practices developed from the No Kid Hungry After School Meals & Snacks Program as templates for weekend nutritional support and building partnerships with schools.

Teachers and counselors are well versed in identifying at-risk children and providing interventions. They get to know families on a personal basis and have an understanding of the issues facing the family; thus, they are able to identify basic needs that are not being met. School coordinators complete an assessment and referral form adapted from the Food Bank of Delaware's Backpack Program Referral Form to identify students at-risk for weekend food insecurity. These risk factors are determined from a combination of research shared by the USDA, Journal of Pediatrics, American Journal of Psychiatry, and the Future of Children Journal.

The Cornell Center for Behavioral Economics in Child Nutrition Programs reports that malnutrition leads to behavior problems but these effects can be counteracted when children consume a balanced diet that includes protein, low sodium and low sugar. {CHILDREN'S FEEDING PROGRAM} aims to improve the overall nutrition of food distributed by increasing protein and decreasing sugar and fat content by 10% while remaining within our budgetary food constraints.

To conduct program evaluation, {CHILDREN'S FEEDING PROGRAM} utilizes an online survey to be completed by up to 20% of participating students and all school coordinators at each participating school. This survey has been reviewed and verified as effective and accurate by the Evaluation Director for the Office of Community Health and Research at {COLLEGE}. The recommended sampling approach facilitates an accurate and ethical assessment of program outputs and adequately represents the population so that true inferences can be obtained with minimal interruption to students' instructional time.

{CITATIONS}

Provide the plan for the proposed program. (4000 characters)

Each week approximately 150 volunteers come to {ORG} to pack 8-10 healthy snack food items into plastic grocery bags. These food items have been selected based upon the ability to meet older children's nutritional needs while keeping the items easy to open and prepare for younger children or children in difficult situations such as homelessness or living in motels with no cooking facilities. Items may vary slightly based on product availability. Each {CHILDREN'S FEEDING PACK} provides approximately 1000 calories and 30 grams of protein. Bags are then placed in uniform-sized containers for delivery to participating schools. Weekly local school deliveries are made by volunteer delivery drivers. Rural school districts receive monthly deliveries utilizing our {ORG} truck and driver.

Upon a school's participation in the program, a school coordinator, typically a school counselor, is designated. School coordinators receive a detailed information notebook which includes policies and procedures, required forms, information on identifying chronically hungry children, responsibilities, checklists, and a list of additional community resources. The notebook contents are reviewed with each school coordinator on an annual basis, or as needed if a school designates a new or substitute coordinator.

We partner with area schools and early childhood sites in a flexible manner that empowers schools to confidentially identify those students who are best served by our program. School coordinators utilize an assessment and referral form based primarily on observation. Based on an assessment outcome of having at least two risk factors from each category (behavior, school performance, home environment) or six factors total, children are referred to the program. Once these children are identified, their parents/guardians are sent a notification/permission letter stating that their children have been "chosen" to participate in the program. After the school obtains parental permission, school personnel discreetly place the {CHILDREN'S FEEDING PACKS} into backpacks of participating children each Friday to insure that those children have access to food on the weekends or school breaks.

During the summer months, we partner with 30 feeding programs (schools, churches, other non-profit organizations) across the region to provide over 2500 {CHILDREN'S FEEDING PACKS} for weekly distribution to every child participating in these various programs.

We operate from the belief that multiple contacts with our client families lead to relationships based on trust and accountability and provide the opportunity for our clients to experience true life change. We provide information and lists of specific community organizations and support agencies. We encourage participating children's families to visit our Centers often and utilize many of our program services, including our {FOOD PANTRIES}, {SOUP KITCHENS}, Care (provides mental health counseling sessions at

no cost by licensed counselors or master's level interns and case management services) and charitable Dental Clinic.

If applicable, provide the implementation plan for the proposed program. (3000 characters)

Our primary goal is to expand {CHILDREN'S FEEDING PROGRAM} to the 24 schools currently on our waiting list to receive {CHILDREN'S FEEDING PACKS}. This would enable {ORG} to reach an additional 1500 students a week with nutritional support. Schools currently on the waiting list are: {SCHOOLS}.

Upon receipt of adequate funding, the Program Coordinator will contact the schools on the waiting list to notify them of participation availability. Upon a school's participation in the program, a school coordinator, typically a school counselor, is designated. School coordinators receive a detailed information notebook which includes policies and procedures, required forms, information on identifying chronically hungry children, responsibilities, checklists, and a list of additional community resources. The notebook contents are reviewed with each school coordinator on an annual basis, or as needed if a school designates a new or substitute coordinator.

School coordinators utilize an assessment and referral form based primarily on observation. Based on an assessment outcome of having at least two risk factors from each category (behavior, school performance, home environment) or six factors total, children are referred to the program. Once these children are identified, their parents/guardians are sent a notification/permission letter stating that their children have been "chosen" to participate in the program. After the school obtains parental permission, school personnel discreetly place the {CHILDREN'S FEEDING PACKS} into backpacks of participating children each Friday to insure that those children have access to food on the weekends or school breaks.

The {CHILDREN'S FEEDING PACKS} Volunteer Coordinator will utilize {ORG}'s social media, e-newsletter and volunteer leads (corporate, church, civic groups who have expressed interest) to recruit volunteer delivery drivers for newly added schools. Because these 24 schools are within the local area, all deliveries will be completed by volunteers on a weekly basis.

Summarize historical evaluation results or findings that demonstrates the program's impact. Indicate the time frame for the results or findings. (3000 characters)

- **Summarize the evaluation results. Include the time frame covered.**
- **Include at least 3 years of historical results.**
- **Include disappointing results and what the organization learned and how it adjusted program practices.**

Children enrolled in {CHILDREN'S FEEDING PROGRAM} have continually experienced improved outcomes. Specific outcomes for the past three school years include:

- 2013-2014 school year survey results showed 24% of participating children experienced improved attendance, 12% had improved grades, 18% demonstrated improved behavior, 46% showed improved self-esteem, 14% experienced less illness, and 63% experienced less worry with 43% less worried about being hungry on the weekends.
- 2014-2015 school year survey results showed 29% of participating children experienced improved attendance, 13% received improved grades, 27% demonstrated improved behavior,

45% showed improved self-esteem, 15% experienced less illness, and 64% experienced less worry with 46% less worried about being hungry on the weekends.

- 2015-2016 school year survey results showed 27% of participating children experienced improved attendance, 9% received improved grades, 20% demonstrated improved behavior, 40% showed improved self-esteem, 12% experienced less illness, and 53% experienced less worry with 47% less worried about being hungry on the weekends.

As many of the children who have been served through {CHILDREN'S FEEDING PROGRAM} over the past 11 years are now entering middle and high school, we developed a {MIDDLE SCHOOL FEEDING PROGRAM} which began serving middle schoolers in the 2014-2015 school year. Enrollment in the {MIDDLE SCHOOL FEEDING PROGRAM} was less than projected as many children were not allowed to have access (or did not have access) to cooking facilities to prepare the "heartier" meals. When {STATE FEEDING ORG} announced the discontinuation of their {CHILDREN'S PROGRAM} in {REGION} in late 2014, we responded by combining our two programs into an expanded {CHILDREN'S FEEDING PROGRAM}. This allowed us to maximize our current space while offering improved nutritional options to a broader target population by opening enrollment to all middle schools and eventually expanding to include junior high and high schools. We quickly grew from serving 7200 younger children at 129 elementary schools and early childhood sites to serve over 8000 children ranging from early childhood to high school which required multiple alterations to the items included in the {CHILDREN'S FEEDING PACKS} to meet older children's nutritional needs while keeping the items easy to open and prepare for younger children.

These children often experience disrupted eating patterns and reduced food intake over the weekends and school breaks which are a dreaded time away from their only reliable source of food, the school cafeteria. Such disruptions have the potential to seriously jeopardize a child's overall health including chronic health issues. Obesity is more common in these children as the limited food available in the home has a tendency to be less expensive, processed foods, which are often high in carbohydrates/sugars and fats.

Our desire in serving children living in poverty is to insure that they are provided nutritional support that is relevant to them and their situation, and that every food item in the {CHILDREN'S FEEDING PACKS} is utilized by the participating child to combat food insecurity in their home. Part of this goal is to improve the overall nutrition of food distributed by increasing protein and decreasing sugar and fat content by 10% while remaining within our budgetary food constraints. Utilizing a licensed dietician's analysis of the contents of {CHILDREN'S FEEDING PACKS}, we have consistently seen improvements in the overall nutrition of food distributed over the past three years including a 35% decrease in sodium, 19% decrease in sugars and 42% increase in protein.

OUTCOMES

Outcome 1

- **Scope:** Short-term
- **Program Outcome (1000 characters):** Participating children will face an immediate decreased risk of hunger or food insecurity on the weekends and school breaks.

Outcome 2

- **Scope:** Long-term
- **Program Outcome (1000 characters):** Participating students will demonstrate improved indicators of school performance, self-esteem and attendance. These students will be equipped to arrive at school on Monday morning healthy, attentive and eager to learn.

Outcome 3

- **Scope:** Long-term
- **Program Outcome (1000 characters):** Participating students will demonstrate decreased risk factors of illness, worry and behavioral issues. We have set an outcome threshold of a reduction in two risk factors for at least 70% of participating students.

Outcome Measurement Tools

- **Document 1:** Distribution matrix
- **Description:** This document houses all contact information for schools, school coordinators, and delivery drivers, as well as the number of children currently on the National School Lunch Program at each school, the maximum number of children allowed to enroll in {CHILDREN'S FEEDING PROGRAM}, the cumulative number of children enrolled in the program at each school, and the number of {CHILDREN'S FEEDING PACKS} delivered each week. This tool is used to track the number of schools and students served as well as the amount of food distributed.
- **Document 2:** Survey
- **Description:** We utilize an online survey to be completed by up to 20% of participating students and all school coordinators at each participating school. Our sampling approach is stratified by school, asking counselors to randomly select 20% of participating students at their school to complete the survey. Based on our program's experience with online surveys administered this way, we expect a response rate of 50%, so we chose to sample 20% (or 2000) of participating students in order to ensure we will reach our target of a minimum of 1000 responses. The minimum target would yield $\pm 3\%$ precision (with a 95% confidence level) for our population of approximately 10,000 participants, if we assume variability of .50. This sampling approach and level of precision will facilitate accurate and ethical assessment of program outputs with minimal interruption to students' instructional time, as advised by the Evaluation Director for the Office of Community Health and Research at {COLLEGE}.

Students are asked a series of questions to help insure that the program is of the highest quality and usefulness to participating students. Questions include general demographics, {CHILDREN'S FEEDING PACK} content preferences, and perceived improvements in specific areas of concern following participation in the program. Counselors are asked a series of questions including identified reasons for placing the student on the program and observed improvements in those areas of concern following participation in the program.