

Making the Move to Healthy Choices



Taste Testing Grant

Introduction

Every athlete – competitive or recreational – needs fuel, fluids and nutrients to perform at his or her best. Physical activity, athletic performance and recovery from exercise are enhanced by nutritious choices. While many Manitoban families spend countless hours each week at sports and recreation facilities, those facilities often don't offer a selection of healthy food choices for meals and snacks at their canteens and concessions.

The goal of “Move to Healthy Choices” is to provide awareness, education and make available resources to encourage nutritious food choices in recreation facilities where families live, learn and play.

A healthy eating environment reinforces and supports positive messages about nutrition, sports, performance and well-being. By offering nutritious foods in recreation facilities we encourage and create opportunities for people to make healthy choices.

Healthy Food Taste Testing Grant

A good way to trial a new menu item for your canteen is to hold a taste test providing free samples to your customers. A grant of up to \$100.00 is available to help facility operators introduce a new menu item in their facility. This grant is available only while funds last.

Who can apply?

Eligible applicants include not for profit owner/operators of the following community facilities: arenas, curling rinks, indoor pools, youth centers, community centers and bowling alleys. The facility must be located within the boundaries of the Parkland Region Health Authority.

Criteria

- The item must not have been served before in your facility
- All taste test samples are required to be prepared and served from the canteen.
- Committee dietitians will review the recipe or package ingredients prior to approval of your application. Refer to section 2 of the toolkit for guidelines and food suggestions, or contact Virginia Cail (registered dietitian) at 629-3014 for assistance. Refer to page 32 of the toolkit for promotion ideas.
- Toolkit is available at http://www.nwtsrc.com/content/news/in_the_news/making_the_move_on_healthy_choices.pdf

How do we apply?

Complete the Healthy Food Choices Taste Testing Grant application and submit by mail, fax or email to:

Catherine Kingsley
Health Promotion Coordinator
625 3rd St SW
Dauphin, MB R7N 1R7
Phone 629-3001
Fax 638-8622
ckingsley@prha.mb.ca

Jessica Lacasse
Health Promotion Coordinator
Box 1028
Swan River, MB R0L 1Z0
Phone 734-6606
Fax 734-5629
jlacasse@prha.mb.ca

What is the deadline for applications?

Applications must be received 1 month prior to the taste testing event date. 10 grants will be given during this pilot project and will be issued on a first come, first serve basis.

What other steps are required?

- Successful applicants will need to submit a completed evaluation report, including receipts for eligible expenses. Applicants will be reimbursed after the report is sent in.
- A member of the Regional Chronic Disease Prevention Initiative committee may be present at your event.

Who do we call for more information?

If you have questions or would like to discuss your event please call or email the Health Promotion Coordinator for your district, Catherine Kingsley or Jessica Lacasse at the numbers listed above.

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Taste Testing Grant Application

Contact Information

Name of Organization: _____

Facility Name: _____

Mailing Address: _____

Town/City: _____ Postal Code _____

Contact Name: _____

Contact numbers: _____(daytime) _____(evening)

Taste Testing Event Information

Taste Test Date: _____

Menu Item (s): _____

Taste Testing Event Plans:

Amount of Funds requested: (max \$100): _____

Please attach menu item recipe or package ingredients list and or label

Completed applications can be sent by mail, fax or email to:

Catherine Kingsley
Health Promotion Coordinator
625 3rd St SW
Dauphin, MB R7N 1R7
Fax 638-8622
ckingsley@prha.mb.ca

Jessica Lacasse
Health Promotion Coordinator
Box 1028
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Fax 734-5629
jlacasse@prha.mb.ca

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Taste Testing Event Evaluation (please return with receipts to receive payment)

1. What recipe or product did you taste test? _____

2. Do you plan to (check all that apply)

- Prepare or serve this item regularly at your facility
- Taste test other products
- Increase the number of healthier food choices being served

3. If you do not plan on serving this food product, why not?

3. How many servings of the product were available for tasting? ____

a. What was your cost per serving? _____

Cost per serving = cost of product ÷ number of servings

4. If you were selling this product what would you charge the consumer? _____

a. Would you be removing another item from your menu to offer this food? No Yes

b. If so, what food? _____

5. How much time did it take to prepare this product? _____

6. Other comments:

Name: _____

Mailing address for cheque: (please attach all receipts)
