

**Request for Service**

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| **Please note:**   * There is a $20 administration charge for this program. This fee is per session (eg. 6 sessions = $120.00). * Any food costs must be covered by the requesting agency. * The CFE filling this placement will contact you to confirm details. * In the event that you have to cancel your request, please contact the lead CFE for your event and notify one of the program coordinators via email ([cfebrant@gmail.com](mailto:cfebrant@gmail.com)) as soon as possible.   **This is a volunteer based program. Every effort will be made to fill your request; however, we may not always be able to fill a request. If we are not able to fill the request we will contact you at least 2 weeks before the scheduled event.** | | | |
| **Requesting Organization Information** | | | |
| Organization: |  | | |
| Address: |  | | |
| Contact Name: |  | | |
| Phone number: |  | | |
| Email: |  | | |
| How did you hear about us? | Your organization |  | |
|  | CFE |  | |
|  | Health Unit |  | |
|  | Pamphlet/Flyer/Poster |  | |
|  | Newspaper |  | |
|  | Other, please specify: |  | |
| **Presentation Information:** | | | |
| Location of presentation: |  | | |
| Date(s) of presentation:  *If multiple dates are specified please indicate clearly whether they are confirmed or tentative* |  | | |
| Time of presentation:   * *Minimum booking for CFE presentation in 45 min* * *Minimum booking for CFE cooking demo is 1 hour* |  | | |
| Type of Request:\* | * Presentation | |  |
|  | * Display | |  |
|  | * Food Demonstration | |  |
|  | * Cooking Class | |  |
|  | * Super Market Safari | |  |
|  | * Other, please specify: | |  |
| **\*If request requires food purchase please indicate if you would like the CFE to purchase food and submit receipts for reimbursement:** *( Dependent on CFE time and availability)* | | | Yes  No |
| Topic: | * Healthy Eating | |  |
|  | * Cooking with Kids | |  |
|  | * Label Reading | |  |
|  | * Canada’s Food Guide | |  |
|  | * Cooking for one or two | |  |
|  | * Menu planning | |  |
|  | * Healthy eating on a budget | |  |
|  | * Food Safety in the home | |  |
|  | * Food preservation, canning | |  |
|  | * Food demonstration | |  |
|  | * Cooking skills | |  |
|  | * Community kitchen | |  |
|  | * Other, please specify: | |  |
| Audience: | * Children (<13) | |  |
|  | * Teens (13-19) | |  |
|  | * Adults | |  |
|  | * Older Adults (65+) | |  |
|  | * Mixed Ages | |  |
|  | * Females only | |  |
|  | * Males only | |  |
|  | * Mothers | |  |
|  | * Low income | |  |
|  | * General Population | |  |
|  | * Single Parents | |  |
|  | * Preschoolers | |  |
|  | * Cultural Group | |  |
|  | Number of people expected: | |  |
| **General Description of Event:**  Please provide a brief overview of the event including any additional information that may help in the planning process. | | | |
|  | | | |
| **To check, checkbox:**   * Right click on the box you wish to select * Select ‘properties’ * Change ‘Default Value’ from ‘Not Checked’ to ‘Checked’ | | | |