**School/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Month: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_**

**Coordinator: \_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part A. Program Activity**

1. **How many days was the program available?** Count the number of days of school in the month: \_\_\_\_\_\_\_\_

1. **Number of meals and snacks prepared this month** Record the total number of meals prepared, even if all food items were not eaten. Do not subtract what was returned at the end of the day:

Breakfast \_\_\_\_\_\_ Early Morning Meal \_\_\_\_\_ Lunch \_\_\_\_\_\_ Snack \_\_\_\_\_\_

*A “meal” is defined as a serving of three food groups, one each from Vegetables and Fruit, Whole Grains, and Proteins.*

*A “snack” is defined as a serving of two food groups, at least one of which is Vegetables and Fruits.*

**Part B. Financial Summary**

**3. Monthly Revenue:** Record any funding received that will be used to support your Student Nutrition Program, from the following sources:

Parental contributions $\_\_\_\_\_\_\_\_ Fundraising $\_\_\_\_\_\_\_\_ Community Donations $\_\_\_\_\_\_\_\_

*Note: Do not include President’s Choice Children’s Charity funding that is being forwarded to The Food Sharing Project.*

Additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Monthly Expenses** Food & Supplies $\_\_\_\_\_\_\_\_ Equipment $\_\_\_\_\_\_\_\_ Other $\_\_\_\_\_\_\_\_

Additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. In Kind Donations (non-cash):** *Estimated* value of donations: $ \_\_\_\_\_\_\_\_

Please list items and the source of each donation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C. Program Volunteers**

**6. How many hours did volunteers contribute to your program this month?**

*Note: Include school staff and program coordinator (probably you, yourself) as volunteer hours*

Hours \_\_\_\_\_\_\_\_

**7. Please enter the number of volunteers contributing to your program for each category**

*Note: Include the program coordinator (probably you, yourself) in these figures*

# of Parents: \_\_\_\_\_\_\_ # of Staff: \_\_\_\_\_\_\_\_ # of Community: \_\_\_\_\_\_ # of Students: \_\_\_\_\_\_\_

Pl

**8. Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_