

## Team Nutrition Training Grant Quarterly Report

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OMB No. 0584-0512; Expiration Date: 03/31/2019

### FY 2017 TNTG Quarterly Report

Complete the applicable cells and add additional rows as needed

**State:** \_\_\_\_\_ **Reporting Period (Quarter):** \_\_\_\_\_ **to** \_\_\_\_\_

1)	<b>Planned Activities for this Grant Quarter</b>									
	<b>Type</b>	<b>Date of Activity</b>	<b>Audience</b>	<b>Unduplicated Participation/Numbers</b>	<b>Duplicated Participation/Numbers</b>	<b>Topic</b>	<b>Evidence Based Curriculum Used</b>	<b>Evidence Based Tool Used</b>	<b>Communication Channel Used</b>	<b>Additional Comments</b>
	<b>Trainings Held</b>									
	A.									
	B.									
	C.									
	D.									
	<b>Nutrition Education</b>									
	A.									
	B.									
	C.									
	D.									
	<b>Nutrition Promotion</b>									

Team Nutrition Training Grant  
Quarterly Report

A.									
B.									
C.									
D.									
<b>Conferences</b>									
A.									
B.									
C.									
D.									

**Team Nutrition Training Grant  
Quarterly Report**

Type	Date of Activity	Audience	Unduplicated Participation/Numbers	Duplicated Participation/Numbers	Topic	Evidence Based Curriculum Used	Evidence Based Tool Used	Communication Channel Used	Additional Comments
<b>Meetings</b>									
A.									
B.									
C.									
D.									
<b>Other- please specify</b>									
A.									
B.									

<b>2) Materials Developed:</b> List below & provide Website Link or attachment of the new material			
Material	Website Link		Attachment included (please check)
A.			
B.			
C.			

<b>3) Deviations:</b> List Below					
TYPE	Proposed Plan Activities	Modifications Made	Budget Impact (Y/N)	Timeline Impact (Y/N)	Justification
A.					
B.					
C.					

<b>4) Budget Impact</b>					
A.	What percentage of this year's grant funds was <b>planned</b> to be spent by the end of this grant quarter?				%
B.	What percentage of this year's grant funds <b>has been spent</b> ?				%

**Team Nutrition Training Grant  
Quarterly Report**

C. If there is a difference, please explain why?

<b>5) Planned Activities for next Grant Quarter</b>										
Type	Date of Activity	Audience	Unduplicated Participation/Numbers	Duplicated Participation/Numbers	Topic	Evidence Based Curriculum Used	Evidence Based Tool Used	Communication Channel Used	Additional Comments	
<b>Trainings Held</b>										
A.										
B.										
C.										
D.										
<b>Nutrition Education</b>										
A.										
B.										
C.										
D.										
<b>Nutrition Promotion</b>										
A.										
B.										
C.										
D.										
<b>Conferences</b>										
A.										
B.										
C.										
<b>Meetings</b>										
A.										
B.										
C.										
<b>Other- please specify</b>										

Team Nutrition Training Grant  
Quarterly Report

A.									
B.									

**6) Describe best practices/ highlights that you would like to share List below:**

A.
B.
C.