**Attachment E – Quarterly Progress Report Form**

FY 2017 Team Nutrition (TN) Training Grant

Quarterly Progress Report

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the reporting period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: This report may be required to be submitted through an electronic platform.***

Use additional space as needed to answer each question.

1. Briefly describe what the planned activities were for the report period.
2. Describe major accomplishments for each activity. Include the: activity; date; audience; participation numbers (unduplicated and duplicated); evaluation methods and pre-tested measurement tools. Provide copies of developed materials, if applicable.
3. Describe any deviations from proposed plan; discuss difficulties encountered and solutions developed.
4. Briefly discuss the budget impact and /or costs associated with in this reporting period. Are the **actual expenditures** (dollars and /or percentage) this quarter in line with what you had **planned**, per your grant timeline? If not, explain why.
5. List key activities planned for next quarter.
6. Any other unique aspects that you would like to share.
7. Other Comments?

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