



Submission Studio

Form Name: FNS-10 (4-12)
Form Description: Report of School Program Operations
Program: Child Nutrition Programs
State: _____
Agency Code: _____ **Agency Name:** _____
Program Time: _____
Submission Type: _____ **Revision:** 0
Submission Status: New Submission

Analyze | Save | Edit Check | Post | Quit

Part A - (Complete Monthly) | **Part B - (Complete Once a Year as Specified)** | **Remarks**

Part A - (Complete Monthly)					
Item <small>(Include Residential Child Care Institutions (RCCIs) in Items 5 thru 8.)</small>	Paid (A)	Free (B)	Reduced Price (C)	Total (D)	Average Daily Meals (E)
5. National School Lunch Program					
a. Total lunches served in the NSLP <small>(Include all lunches reported in 5b)</small>					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b1. Lunches served in school food authorities that qualify the state for additional payment					
Actual			<input type="text"/>		
Estimated			<input type="text"/>		
Total			<input type="text"/>		
b2. Lunches served in school food authorities certified for performance based reimbursement					
Actual			<input type="text"/>		
Estimated			<input type="text"/>		
Total			<input type="text"/>		
c. Total afterschool snacks served in all approved schools and sites (Include in Col. B, all free snacks reported in item 5d, below)					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Total afterschool snacks served in area eligible schools and sites					
Actual		<input type="text"/>			
Estimated		<input type="text"/>			
Total		<input type="text"/>			
6. School Breakfast Program <small>(Include schools with severe need)</small>					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. School Breakfast Program <small>(Severe need only)</small>					
Actual		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Commodity Schools <small>(Lunches only)</small>					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Special Milk Program					
a. Schools <small>(Include Residential Child Care Institutions)</small>					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Nonresidential Child Care Institutions					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Summer Camps					
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Analyze

Save

Edit Check

Post

Quit

Part A - (Complete Monthly)

Part B - (Complete Once a Year as Specified)

Remarks

Remarks

Remarks

18. Remarks

