

Attachment C. Screenshot of FNS-418 from Food Program Reporting System

SUBMISSION STUDIO

Form Name: FNS-418 (8-16)
Form Description: Report of the Summer Food Service Program for Children
Program: Child Nutrition Programs
State: PR
Agency Code: 4391501 **Agency Name:** PR DEPT OF EDUCATION
Program Times: October 2018
Submission Type: 90 **Revision:** 1
Submission Status: New Submission

Part A | **Parts B-D** | **Remarks**

| Part A | | Part A - Meals Served | |
|--|-----|---------------------------------|----------------------|
| 4B. Last reporting month of fiscal year | | <input type="text" value="01"/> | |
| Total Meals - All Sponsors Report every month | | | |
| Meal Type | | Self-Prep/Rural Sites (A) | Other Sites (B) |
| Breakfasts | | | |
| Actual | 5. | <input type="text"/> | <input type="text"/> |
| Estimated | 6. | <input type="text"/> | <input type="text"/> |
| Total | 7. | <input type="text"/> | <input type="text"/> |
| Lunches | | | |
| Actual | 8. | <input type="text"/> | <input type="text"/> |
| Estimated | 9. | <input type="text"/> | <input type="text"/> |
| Total | 10. | <input type="text"/> | <input type="text"/> |
| Suppers | | | |
| Actual | 11. | <input type="text"/> | <input type="text"/> |
| Estimated | 12. | <input type="text"/> | <input type="text"/> |
| Total | 13. | <input type="text"/> | <input type="text"/> |
| Supplements | | | |
| Actual | 14. | <input type="text"/> | <input type="text"/> |
| Estimated | 15. | <input type="text"/> | <input type="text"/> |
| Total | 16. | <input type="text"/> | <input type="text"/> |
| Total | | | |
| Actual | 17. | <input type="text"/> | <input type="text"/> |
| Estimated | 18. | <input type="text"/> | <input type="text"/> |
| Total | 19. | <input type="text"/> | <input type="text"/> |

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Analyze | Save | Edit Check | Post | Quit

Part A | **Parts B-D** | Remarks

| Parts B-D | | Part B - Commodities | | | | | |
|--|-----|---|--------------------|-----------------------|-----------------------------------|---------------------------------|-----------|
| (Complete for 90-Day report for last reporting month of the fiscal year) | | | | | | | |
| | | | | | No Eligible Sponsors | Cumulative Meals (All Types) | |
| 24. Cumulative Meals (All Types) actually served by sponsors eligible to receive USDA donated commodities. (if no sponsors are eligible to receive commodities, enter "X".) | | | | | ▼ | | |
| | | Part C - Meals Served (Complete according to instructions for July 90-Day Report Only) | | | | | |
| Meal Type (Actual Meals Served) | | School Sponsors (A) | Gov't Sponsors (B) | Residential Camps (C) | National Youth Sports Program (D) | Non-Profit Private Sponsors (E) | Total (F) |
| Breakfasts | 25. | | | | | | |
| Lunches | 26. | | | | | | |
| Suppers | 27. | | | | | | |
| Supplements | 28. | | | | | | |
| Total | 29. | | | | | | |
| | | Part D - Participation - July 90-Day Report Only | | | | | |
| Participation | | School Sponsors (A) | Gov't Sponsors (B) | Residential Camps (C) | National Youth Sports Program (D) | Non-Profit Private Sponsors (E) | Total (F) |
| No. of Sponsors | 30. | | | | | | |
| No. of Sites | 31. | | | | | | |
| No. of Rural Sites (include in 31 above) | 32. | | | | | | |
| ADA of Sponsors Reported Line 30 | 33. | | | | | | |



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Part A | Parts B-D | Remarks

| Remarks | Remarks |
|-------------|---------|
| 34. Remarks | |