

Appendix G. FNS-10 Report of School Program Operations



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 <small>(Include in Col. B, all free snacks reported in item 5d, below)</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"/>
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)

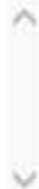
Part B - (Complete Once a Year as Specified)

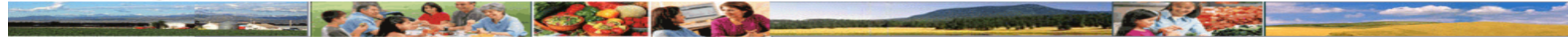
Remarks


Remarks


Remarks

18. Remarks





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 [Online Help Video](#)

Welcome to the Food Programs Reporting System (FPRS)

Welcome **Susan Weeks**.

The FPRS application allows the entry, validation, certification, and posting of data reported by participants in FNS programs. Please see [About FPRS](#) for details on available programs and form versions.

FPRS Announcements

- OMB Control Number: 0584-0594

Expiration Date: 07/31/2023

Public reporting burden for this collection of information is estimated to vary from .17 minutes to 98 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The public burden statement is accessible for each form/worksheet in multiple places. It can be found on the Excel tab while in Submission Studio or under the Help tab by selecting OMB approved forms /worksheets and instructions by form. The PDF file will open and the burden statement will either be at the top or bottom of the form.