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Floor, Alexandria, VA 22314th1320 Braddock Place, 5th Floor, Alexandria, VA 22314
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**Healthy Meals Incentives
Semi-Annual Progress Report**

This form should be completed on a semi-annual basis and returned to (cooperator) no later than 30 days after the reporting period. Provide information on activities that took place during the reporting period.

Recipient Organization Information

Provide the requested information below about the recipient organization.

Name of School Food Authority:

Address:

City: _____
State: _____
ZIP: _____

Primary Point of Contact

Provide the requested information below about the primary point of contact for the grant project.

First Name: _____
Last Name: _____
Title: _____
Email: _____
Phone: _____

Date Report Submitted

Provide the date the report was submitted below.

Date: _____

Progress Summary

Provide a summary of progress for this reporting period. In the first column, include a description of the activity that took place this reporting period. In the second column, describe the purpose of the activity. In the third column, mark the status of the activity.

A61

Activity and Description	Activity Purpose	Activity Status
		☐ Not yet started ☐ Delayed ☐ In progress ☐ Complete

+Add additional activities [User will be able to add rows for additional activities as needed]

Grant Challenges

Provide a summary of challenges faced during this reporting period and how they were overcome: _____

Success Stories

Highlight your greatest achievements for this reporting period. _____

Timeline and Budget

Are you on time and budget with your grant activities?

☐ Yes ☐ No

If so, check type: ☐ Budget ☐ Timeline ☐ N/A

Please describe: _____

Upcoming Activities or Anticipated Changes

Describe activities planned for the next reporting period: _____

Do you anticipate any changes in timeline, activities, or cost?

☐ Yes ☐ No

If yes, please describe: _____

Healthy Meals Incentive Award Program

Have you applied to receive a Healthy Meals Incentive Award?

☐ Yes ☐ No

If yes, list the award(s) for which you have applied: _____

When did you apply for the award(s): _____

Have you received a Healthy Meals Incentive Award?

☐ Yes ☐ No

If yes, list the award(s) received: _____