



Username

Password

[Forgot Password?](#)

Version 1.3

OMB Number: 0524-0044 (expires: 03/31/2023)

Login

**Staff Member**  
 ▼

**Program Status**  
 ▼

**Custom ID**

**Default**  
 ▼

### New Adult + Remarks

**CONTACT INFO** | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA

**Primary Staff Member**

**Secondary Staff**

**Enrollment Date**

**First Name**  **Last Name**

**Group Name**

**Adult Group**

**Address**

**City**  **State**  **ZIP**  **Plus 4**

**Phone**  **Ext**

**Email**

**Custom Id** (?)

**Address Verification**

<b>County</b>	<b>FIPS</b>
<input type="text"/>	<input type="text"/>
<b>Congressional District</b>	<b>CBSA</b>
<input type="text"/>	<input type="text"/>
<b>Latitude</b>	<b>Longitude</b>
<input type="text"/>	<input type="text"/>

Data can only be validated after this adult has been saved

### 141 : Person, Test + Remarks

**CONTACT INFO** | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA

**Primary Staff Member**

**Secondary Staff**

**Enrollment Date**

**First Name**  **Last Name**

**Group Name**

**Adult Group**

**Address**

**City**  **State**  **ZIP**  **Plus 4**

**Phone**  **Ext**

**Email**

**Custom Id** [?](#)

**Address Verification**

**County**

**Congressional District**

**Latitude**

**REMARKS** ✕

Maximum of 255 Characters



**: New Adult**

[+ Remarks](#)

- CONTACT INFO**
- ENTRY DATA
- RECALLS
- QUESTIONNAIRES
- EXIT DATA

**Adult Information**

**Age**

**Sex**

Female  
 Male  
 Prefer Not to Respond

**Pregnant**

**Nursing**

**Ethnicity**  
**Not Hispanic / Latino**

**Race**

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Not Provided

**Ethnic Group/Nationality**  
--Ethnic Group/Nationality--

**Highest Grade**  
Not Supplied

**Residence**  
Suburbs of cities over 50,000

**Household Information**

**Household Income (\$/month) (?)**  
  
N/S = not supplied

**Children (?)**

**Children Age Breakdown**  
Ages 0-5: 0  
Ages 6-13: 0  
Ages 14-19: 0

**Others In Household**

**Total Household**

**Lesson Type**  
**Group**

**Subgroups**

I: Institution Level Subgroup  
 R: Regional Subgroup  
 I: Testing migrate

**Public Assistance at Entry**

F: Child Nutrition     I: Institution Pub. Asst.     R: Regional Public Asst.

F: FDPIR

F: Head Start

F: Other

F: SNAP

F: TANF

F: TEFAP - Commodity

F: WIC/CSFP

Cancel Save

146 : John, Jim

+ Remarks

CONTACT INFO ENTRY DATA **RECALLS** QUESTIONNAIRES EXIT DATA

+ Add Recall

Manage	Date	Pregnant	Nursing	Type	# of Meals
--------	------	----------	---------	------	------------

Cancel Save

Cancel Save

146: John, Jim

DIET RECALL DATA FOODS TOTALS

Recall Date

02/03/2023



Recall Type

Entry

Taking Nutritional Supplements

Amount Spent on Food Last Month (?)

N/S

N/S = not supplied

Activity Level

Not Provided

Staff Member

Doe, Jane

Adult Information

Age

27

Sex

M

Number of Meals

0

Entry Date

02/03/2023

Exit Date

00/00/0000

Cancel Save

Cancel Save

146: John, Jim

DIET RECALL DATA FOODS TOTALS

+ Add food User Suggested Food Substitutions

Manage	Meal	Description	Number of Portions	Portions
--------	------	-------------	--------------------	----------

Cancel Save

Cancel Save

146: John, Jim

DIET RECALL DATA FOODS TOTALS

+ Add food User Suggested Food Substitutions

Manage Meal Description

Cancel Save

FOOD SEARCH

Common Selections

SEARCH: pringles SHOW All ENTRIES

	Description	Additional Description	Food Code
+ !	Crackers, butter, flavored	Pringles Cracker Stix	54301020
+ !	Potato chips, restructured, plain	Pringles Original	71200300
+ !	Potato chips, restructured, multigrain	Pringles multigrain	54402610
+ !	Potato chips, restructured, fat free	fat free Pringles	71201210
+ !	Potato chips, restructured, flavored	flavored Pringles	71200310
+ !	Potato chips, restructured, lightly salted	lightly salted Pringles	71202510
+ !	Potato chips, restructured, reduced fat, lightly salted	reduced fat Pringles	71201200
+ !	Pork, rice, and vegetables excluding carrots, broccoli, and dark-green leafy; soy-based sauce		27320330
+ !	Pork, rice, and vegetables excluding carrots, broccoli, and dark-green leafy; tomato-based sauce		27320350
+ !	Pork, rice, and vegetables including carrots, broccoli, and/or dark-green leafy; soy-based sauce		27320320
+ !	Pork, rice, and vegetables including carrots, broccoli, and/or dark-green leafy; tomato-based sauce		27320340

SHOWING 1 TO 11 OF 11 ENTRIES (FILTERED FROM 8,691 TOTAL ENTRIES) FIRST PREVIOUS NEXT LAST

Click done if you are finished adding foods to return to Diet Recall screen Done

146 : John, Jim

+ Remarks

CONTACT INFO ENTRY DATA RECALLS QUESTIONNAIRES EXIT DATA

+ Add Questionnaire

Manage	Questionnaire Type	Date
--------	--------------------	------

⚙ Select Additional Questionnaire

Cancel Save



146: John , Jim

Questionnaire Date

02/03/2023 

Questionnaire Type

Entry

Adult Evaluation Survey

Question	Response	N/R	1	2	3	4	5	6	7
1 . Eat fruit more often each day	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 . Eat vegetables more often each day	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 . How many different kinds of vegetables do you usually eat in a day?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 . How many times a day do you drink milk or soymilk?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 . Eat red and orange vegetables more often each week	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 . Eat dark green vegetables more often each week	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 . Over the last week, how many days did you eat beans and peas?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 . How many days did you eat yogurt or drink smoothies with yogurt?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 . How many days did you eat cereal with milk?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 . Cook dinner at home more times a week	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 . Drink regular soda less often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 . Exercise for at least 30 minutes more days a week	-	Please enter a value from 0 to 7							
13 . Strengthen muscles more days a week	-	Please enter a value from 0 to 7							
14 . Make small changes to be active more often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 . Wash their hands more often before preparing food	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 . Clean items/surfaces more often after contact with raw meat or seafood	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 . Thaw frozen food at room temperature less often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 . Use a meat thermometer more often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 . Compare food prices more often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 . Plan meals before shopping more often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 . Check cupboard before shopping more often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 . Make a list before shopping more often	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 . How often do you use coupons for food purchases?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 . How often do you use a written weekly or monthly food spending plan?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 . How often do you budget enough money for food purchases?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 . How often do you check for sales on foods before you shop?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 . How often do you check for food items on sale when you are at the store?	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 . Food didn't last	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 . Afford balanced meals	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 . Cut size of meal or skip meal	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancel Save

146 : John, Jim

[+ Remarks](#)

CONTACT INFO ENTRY DATA **RECALLS** QUESTIONNAIRES EXIT DATA

**Status**

**Exit Date**

**Public Assistance at Exit (?)**

F: Child Nutrition   
  I: Institution Pub. Asst.   
  R: Regional Public Asst.  
 F: FDPIR  
 F: Head Start  
 F: Other  
 F: SNAP  
 F: TANF  
 F: TEFAP - Commodity  
 F: WIC/CSFP

	Synchronous Education (Live)		Synchronous Total	Asynchronous Education (Not live)		Asynchronous Total	Total
	In Person	Via Technology		Recorded	Self-Guided Modules		
# Lessons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Hours : Minutes	<input type="text" value="0"/> : <input type="text" value="00"/>	<input type="text" value="0"/> : <input type="text" value="00"/>	<input type="text" value="0"/>	<input type="text" value="0"/> : <input type="text" value="00"/>	<input type="text" value="0"/> : <input type="text" value="00"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 03/31/2023)



Dough, Jane

+ Remarks

CONTACT INFO ENTRY DATA **RECALLS** ENTRY QUESTIONNAIRE EXIT DATA

Status  
Active

Exit Date  
00/00/0000

Number of Lessons  
0

Number of Sessions  
0

Number of Hours  
0

Public Assistance at Exit (?)

- F: Child Nutrition
- F: FDPIR
- F: Head Start
- F: Other
- F: SNAP
- F: TANF
- F: TEFAP - Commodity
- F: WIC/CSFP
- I: Institution Pub. Asst.
- R: Regional Public Asst.

Technology

	Recruitment / Retention	Education
Low	<input type="checkbox"/>	<input type="text"/> Hours
Medium	<input type="checkbox"/>	<input type="text"/> Hours
High	<input type="checkbox"/>	<input type="text"/> Hours

Cancel Save

**Room Code**

Code will be autogenerated upon creation

**Name**

**Staff**

--Select One--

**Residence Type**

--Select One--

**Lesson Type**

--Select One--

**Type**

Entry

**Include Questionnaire?**

Yes

**Subgroups**

Cancel

Save

Cancel Save

### Enter User Information

Email

Verification Code

First Name

Last Name

### Select User Type

User Type

- Institute
- Regional

Read only permissions allow a user to view a data type (adults, youth groups, staff – including recalls, questionnaires, and reports), but not to add, edit, or delete that data type. For example, a user with Adult Read Only permissions can print One Day Recalls or Questionnaire Diagnostic Reports, but cannot make changes to any Adults, Recalls, or Questionnaires. It should be noted that read only permissions override any options selected above to add, edit, or delete that data type so it's important to make selections carefully.

Cancel Save

**Youth Filter:** **Staff Filter:**

All Youth Groups All Staff

SEARCH:  SHOW **All** ENTRIES

Manage	ID	Group Name	Leader	Program	Delivery	# of Youth	# of entry/exit questionnaires
No data available in table							

SHOWING 0 TO 0 OF 0 ENTRIES

**Staff Member**

**Custom ID**

**Youth Group Default**

### 0 : New Youth Group + Remarks

CONTACT INFORMATION LEADERS ENTRY & EXIT DATA DEMOGRAPHICS YOUTH QUESTIONNAIRE

**Name**

**Mailing Name**

**Address**

**City**  **State**  **Zip**  **Plus 4**

**Phone Number**  **Phone Ext**

**Email**

**Custom ID** [\(?\)](#)

**Address Verification**

<b>County</b> <input type="text"/>	<b>FIPS</b> <input type="text"/>
<b>Congressional ID</b> <input type="text"/>	<b>CBSA</b> <input type="text"/>
<b>Longitude</b> <input type="text"/>	<b>Latitude</b> <input type="text"/>

Data can only be validated after this youth group has been saved

Cancel Save



0 : New Youth Group

+ Remarks

- CONTACT INFORMATION
- LEADERS
- ENTRY & EXIT DATA
- DEMOGRAPHICS
- YOUTH QUESTIONNAIRE

Primary Leader

Staffer, Samantha | PPTTEST

Additional Leaders

SEARCH:  SHOW 10 ENTRIES

ID		Staff Name	Staff Type
A01	<input type="checkbox"/>	Doe, Jane	A
A123456	<input type="checkbox"/>	Professional, Perry	A
PPTTEST	<input checked="" type="checkbox"/>	Staffer, Samantha	P
V1234	<input type="checkbox"/>	Volunteer, Vinny	V
V26	<input type="checkbox"/>	volunteer, test	V

SHOWING 1 TO 5 OF 5 ENTRIES

Cancel Save

0 : New Youth Group

[+ Remarks](#)

- CONTACT INFORMATION
- LEADERS
- ENTRY & EXIT DATA
- DEMOGRAPHICS
- YOUTH QUESTIONNAIRE

Start Date

02/03/2023

Program

A | EFNEP

Delivery

E | 4-H Club Membership

End Date

Number of Graduates

Subgroups

- I:Institution Level Subgroup
- R:Regional Subgroup

	Synchronous Education (Live)		Synchronous Total	Asynchronous Education (Not live)		Asynchronous Total	Total
	In Person	Via Technology		Recorded	Self-Guided Modules		
# Lessons	<input type="text"/>	<input type="text"/>	0	<input type="text"/>	<input type="text"/>	0	0
Hours : Minutes	0 : 00	0 : 00	0	0 : 00	0 : 00	0	0

Cancel Save



0 : New Youth Group

Remarks

- CONTACT INFORMATION
- LEADERS
- ENTRY & EXIT DATA
- DEMOGRAPHICS
- YOUTH QUESTIONNAIRE

Number of Youth in 4-H

Youth By Sex

Female	<input type="text" value="0"/>
--------	--------------------------------

Male	<input type="text" value="0"/>
------	--------------------------------

No Response	<input type="text" value="0"/>
-------------	--------------------------------

Total	<input type="text" value="0"/>
-------	--------------------------------

Youth By Residence

Farm	<input type="text" value="0"/>
------	--------------------------------

< 10,000 & Rural	<input type="text" value="0"/>
------------------	--------------------------------

10,000-50,000	<input type="text" value="0"/>
---------------	--------------------------------

Suburbs > 50,000	<input type="text" value="0"/>
------------------	--------------------------------

City > 50,000	<input type="text" value="0"/>
---------------	--------------------------------

Total By Residence	<input type="text" value="0"/>
--------------------	--------------------------------

Youth By Grade

Pre-K	<input type="text" value="0"/>
-------	--------------------------------

K	<input type="text" value="0"/>
---	--------------------------------

1st Grade	<input type="text" value="0"/>
-----------	--------------------------------

2nd Grade	<input type="text" value="0"/>
-----------	--------------------------------

3rd Grade	<input type="text" value="0"/>
-----------	--------------------------------

4th Grade	<input type="text" value="0"/>
-----------	--------------------------------

5th Grade	<input type="text" value="0"/>
-----------	--------------------------------

6th Grade	<input type="text" value="0"/>
-----------	--------------------------------

7th Grade	<input type="text" value="0"/>
-----------	--------------------------------

8th Grade	<input type="text" value="0"/>
-----------	--------------------------------

9th Grade	<input type="text" value="0"/>
-----------	--------------------------------

10th Grade	<input type="text" value="0"/>
------------	--------------------------------

11th Grade	<input type="text" value="0"/>
------------	--------------------------------

12th Grade	<input type="text" value="0"/>
------------	--------------------------------

Special	<input type="text" value="0"/>
---------	--------------------------------

Total by Grade	<input type="text" value="0"/>
----------------	--------------------------------

Total Youth By Race / Ethnicity

		Not Hispanic / Latino	Hispanic or Latino	Not Provided	Total By Race
Only One Race	AI or AN	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Black	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	NH or OPI	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Not given	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Multiple Races	AI or AN and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Asian and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Black and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	AI or AN and Black	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	All Others	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Total by Ethnicity	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Ethnic Groups/Nationalities

Total Youth with Ethnic Groups/Nationalities

Cancel Save

### 0 : New Youth Group + Remarks

CONTACT INFORMATION LEADERS ENTRY & EXIT DATA DEMOGRAPHICS YOUTH QUESTIONNAIRE

#### Questionnaires

Number of Youth:   
Number of Questionnaires:   
Matched Questionnaires:

You must first save this record before you can select questionnaires

SEARCH:  SHOW All ENTRIES

Questionnaire ID	Youth Identifier	Has Entry and Exit	Entry Date	Exit Date
No data available in table				
SHOWING 0 TO 0 OF 0 ENTRIES				

Cancel Save

#### REMARKS ✕

Close Save

**42 : Test** + Remarks

**CONTACT INFORMATION** | **LEADERS** | **ENTRY & EXIT DATA** | **DEMOGRAPHICS** | **YOUTH QUESTIONNAIRE**

**Questionnaires**

Number of Youth:   
Number of Questionnaires:   
Matched Questionnaires:

+ Add Questionnaire -- Institute Questionnaire-- -- Federal Questionnaire--

SEARCH:  SHOW All ENTRIES

Manage	Questionnaire ID	Youth Identifier	Has Entry and Exit	Entry Date	Exit Date
No data available in table					

SHOWING 0 TO 0 OF 0 ENTRIES

**Youth Identifier**

**Questionnaire Entry Date**


**Questionnaire Exit Date**


**K-2nd - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Circle kids being active.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Circle healthy snacks.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Circle vegetables.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Circle dairy foods.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5.Circle fruits.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6.Circle kids who should wash their hands before eating.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**test - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
7.yes	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**K-2nd - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Circle kids being active.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Circle healthy snacks.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Circle vegetables.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Circle dairy foods.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5.Circle fruits.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6.Circle kids who should wash their hands before eating.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**test - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
7.yes	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			



**Youth Identifier**

**Questionnaire Entry Date**

**Questionnaire Exit Date**

**3rd-5th - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Fruit flavored and sports drinks	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2.Soda or pop	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3.Eat vegetables	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4.Eat vegetables as a snack	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5.Eat fruit as a snack	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.Eat vegetables at lunch	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7.Tasting new foods	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
8.Reading Nutrition Facts labels	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.Washing fruits and vegetables	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.Cold foods back in refrigerator	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11.Washing hands	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12.Physical activities frequency	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13.Physical activities duration	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
14.Non-homework screen time use	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**test - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
15.yes	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
16.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**3rd-5th - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Fruit flavored and sports drinks	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2.Soda or pop	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3.Eat vegetables	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4.Eat vegetables as a snack	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5.Eat fruit as a snack	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.Eat vegetables at lunch	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7.Tasting new foods	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
8.Reading Nutrition Facts labels	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.Washing fruits and vegetables	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.Cold foods back in refrigerator	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11.Washing hands	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12.Physical activities frequency	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13.Physical activities duration	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
14.Non-homework screen time use	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**test - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
15.yes	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
16.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**Youth Identifier**

**Questionnaire Entry Date**

**Questionnaire Exit Date**

**6th-8th - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Yesterday, how many fruits?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Yesterday, how many drinks of milk?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Yesterday, how many sugary drinks?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.How often whole grains?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.Choose a low-fat food?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7.How many days active at least 1 hour?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.How many days very active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.How many hours not active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.Washed my hands before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11.Wash fruit and vegetables before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13.Using measuring cups and spoons?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
14.Following directions in a recipe?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**test - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
15.yes	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
16.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**6th-8th - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Yesterday, how many fruits?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Yesterday, how many drinks of milk?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Yesterday, how many sugary drinks?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.How often whole grains?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.Choose a low-fat food?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7.How many days active at least 1 hour?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.How many days very active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.How many hours not active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.Washed my hands before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11.Wash fruit and vegetables before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13.Using measuring cups and spoons?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
14.Following directions in a recipe?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**test - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
15.yes	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
16.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			



**Youth Identifier**

**Questionnaire Entry Date**

**Questionnaire Exit Date**

**9th-12th - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Yesterday, how many fruits?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Yesterday, how many drinks of milk?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Yesterday, how many sugary drinks?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.How often whole grains?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.Choose a low-fat food?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7.How many days active at least 1 hour?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.How many days very active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.How many hours not active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.Washed my hands before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11.Wash fruits and vegetables before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13.Check the expiration date?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
14.How often do you help?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**test - Entry**

Question	Response	N/R	0	1	2	3	4	5	6	7
15.yes	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
16.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**9th-12th - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Yesterday, how many fruits?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Yesterday, how many drinks of milk?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Yesterday, how many sugary drinks?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
5.How often whole grains?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.Choose a low-fat food?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7.How many days active at least 1 hour?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.How many days very active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.How many hours not active?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.Washed my hands before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11.Wash fruits and vegetables before eating?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13.Check the expiration date?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
14.How often do you help?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**test - Exit**

Question	Response	N/R	0	1	2	3	4	5	6	7
15.yes	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
16.Foods back in the refrigerator within 2 hours?	<input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17.Yesterday, how many vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

[Add Staff](#)

SEARCH:  SHOW **All** ENTRIES

Options	ID	Name	City	Type	Volunteer's Leader
	A01	Doe, Jane	Clemson	Professional	
	A123456	Professional, Perry		Professional	
	PPTEST	Staffer, Samantha		Paraprofessional	
	V26	volunteer, test		Volunteer	A123456: Professional, Perry
	V1234	Volunteer, Vinny		Volunteer	A123456: Professional, Perry

SHOWING 1 TO 5 OF 5 ENTRIES



Federal Test Institute

**Staff Type**

**Custom ID**

### A: New Staff - Professional

DEMOGRAPHICS **HOURS** REGIONS

**First Name**  
Staff

**Last Name**  
Person

**Address**

**City** **State** **Zip**  
 DC

**Phone** **Ext**

**Email**

**Sex**  
 Female  
 Male  
 Prefer Not to Respond

**Custom ID** (?)

**Ethnicity**  
Not Hispanic / Latino

**Race**  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Not Provided

Cancel Save

### P: New Staff - Paraprofessional

DEMOGRAPHICS **HOURS** REGIONS

First Name  Last Name

Address

City  State **DC** Zip

Phone  Ext

Email

Sex  
 Female  
 Male  
 Prefer Not to Respond

Custom ID (?)

Ethnicity  
**--Select One--**

- Race
- American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Not Provided

Cancel Save

### V: New Staff - Volunteer

DEMOGRAPHICS **HOURS** REGIONS

**First Name**

**Last Name**

**Staff**

**Address**

**City**  **State**  **Zip**

**Phone**  **Ext**

**Email**

**Sex**  
 Female  
 Male  
 Prefer Not to Respond

**Custom ID** [\(?\)](#)

**Ethnicity**

**Race**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Not Provided

**Age Code**

**Is Current/Former EFNEP Participant** [\(?\)](#)

**Role**

**Duties**

Cancel Save

**A: New Staff - Professional**

**DEMOGRAPHICS** | HOURS | **REGIONS**

Annual Hours Spent With Adults and Youth by Program		
Program	Adult	Youth
EFNEP	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP-Ed	<input type="text" value="0"/>	<input type="text" value="0"/>
State Project	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult / Youth Totals	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	

Cancel Save

**A: New Staff - Professional**

**DEMOGRAPHICS** | **HOURS** | **REGIONS**

<input type="checkbox"/>	Region
<input type="checkbox"/>	Highlands
<input type="checkbox"/>	Midlands

Cancel Save

[+ Add New Plan](#)

SEARCH:

SHOW 10 ▼ ENTRIES

Manage	Plan Name	Fiscal Year	Status	Last Modified
--------	-----------	-------------	--------	---------------

No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES





### Annual Update/5 Year Plan Information

Plan Name

Fiscal Year

### Program Contact

First Name

Last Name

Phone Number

Fax Number

Email Address

Program Website

### Extension Director / Administrator

First Name

Last Name

Save



**Title:** Test Plan  
**Fiscal Year:** 2022  
**Last Modified:** 02/03/2023  
**Status:** Draft

[Print](#)  
[Print with comments](#)  
[Notes](#)  
[Comments](#)

**General Information & Program Plan**

[Contact Info](#)

[Situation](#) \* Required Data Missing

[Program Approach](#) \* Required Data Missing

**Program Plan & Results from Previous Year**

[Budget Inputs](#)

[Program Priorities](#) \* Required Data Missing

[Delivery Sites and Partnerships](#) \* Required Data Missing

**Results from Previous Year**

[Impacts](#) \* Section is empty

**Signature**  
 Request Director Signature (plan must be completed before signature can be requested)

[Back](#) Your director must approve this report before it can be submitted

**Title:** Test Plan Unlocked

**Fiscal Year:** 2022

**Last Modified:** 02/03/2023

**Status:** Draft

Print  
 Notes  
 Comments

## Contact Info

**Annual Update/5-Year Plan Information**

**Plan Name**

**Fiscal Year(?)**

**Program Contact**

**First Name**

**Last Name**

**Phone Number**

**Email Address**

**Program Website**

**Extension Director / Administrator**

**First Name**

**Last Name**

**Title: Test Plan** Unlocked

**Fiscal Year: 2022**

**Last Modified: 02/03/2023**

**Status: Draft**

[Print](#)  
[Notes](#)  
[Comments](#)

## Situation

**Description of Situation**

Provide a general description of the situation in your state/territory that justifies the need for the program. Include any relevant statistics (e.g., poverty levels, obesity rates, etc.) as well as external factors(?) or assumptions(?) that may impact programming now or in upcoming years. The situation should be written so a person unfamiliar with the program can understand. It may include a public value statement. (4000 characters or less)

**B I U ABC** |

**Geographic Area**

Select the counties/parishes your program will provide education in during the upcoming fiscal year. If you do not provide education, but you have an important partnership in a location, do not check the box in this section. Instead, describe it in brief in the "Description of Geographic Area" section below.

District of Columbia

**Description of Geographic Area**

For the locations selected above, please briefly describe the reasons they were selected. If there are locations you have partnerships with, but you did not select them above because you do not provide education there, you can briefly describe them here. Please include any plans to expand, eliminate or relocate programming in upcoming years along with an explanation of how and why. (4000 characters or less)

**B I U ABC** |

**Inter-Organizational Relationships**

Review the list of agencies, organizations, and other partners in the table. For each partner you work with think about the relationship at the state/territory level. If you have more than one type of relationship with a particular agency, organization, or partner determine which type of relationship is primary. Check the radio box in the appropriate column of the table to indicate the primary type of relationship. Options are: Network, Cooperator, Coordinator/Partnership, Coalition, or Collaborator. **If no relationship exists, select "none"**.

Agencies, Organizations and Other Partners	Primary Type of Relationship					
	None	Network (?)	Cooperator (?)	Coordinator / Partnership (?)	Coalition (?)	Collaborator (?)
1862/1890 Partner Institutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Department of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Department of Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State SNAP Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Child Nutrition Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Head Start Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Nutrition Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TEAM Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Dietetic Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[+ Add Other](#)

**Description of Inter-Organizational Relationships**

Summarize any plans to change, develop/enhance or expand inter-organizational relationships in the upcoming years. Briefly describe with whom, how and why (1000 characters or less).

**B I U ABC** |

**Target Audience**

Define your target audience within programmatic guidelines(?) and briefly describe how you are targeting them. If you intend to change your target audience or your approach to reaching them in upcoming years, briefly describe how and why. (4000 characters or less)

**B I U ABC** |



**Title:** Test Plan Unlocked

**Fiscal Year:** 2022

**Last Modified:** 02/03/2023

**Status:** Draft

Print  
 Notes  
 Comments

## Program Approach

**Adult Curricula**

Name and briefly describe the key university approved curricula for programming. Describe curricula with respect to audience appropriateness, behavior change emphasis, and evidence-base. Make sure it is clear that each core area(?) is addressed with adults. If you intend to change or revise curricula in upcoming years, briefly describe how and why. Note: this should not be an exhaustive list of curricula, but rather a list of the primary curricula used across the state/territory. (4000 characters or less)

*Adults:*

Enter Curricula Name

Add New Curricula Name

**B I U ABC** |

*Pregnant Teens:*

Enter Curricula Name

Add New Curricula Name

**B I U ABC** |

**Youth Curricula**

Name and briefly describe the key university approved curricula for programming. Describe curricula with respect to audience appropriateness, behavior change emphasis, and evidence-base. Make sure it is clear that each core area(?) is addressed with youth. If you intend to change or revise curricula in upcoming years, briefly describe how and why. Note: this should not be an exhaustive list of curricula, but rather a list of the primary curricula used across the state/territory. (4000 characters or less)

*Grade K-2:*

Enter Curricula Name

Add New Curricula Name

**B I U ABC** |

*Grade 3-5:*

Enter Curricula Name

Add New Curricula Name

**B I U ABC** |

*Grade 6-8:*

Enter Curricula Name

Add New Curricula Name

**B I U ABC** |

*Grade 9-12:*

Enter Curricula Name

Add New Curricula Name

**B I U ABC** |

**Technology Use**

Please briefly describe your technology plan. Include: 1) the level of technology that is planned (low, medium, or high); 2) the type of technology that will be used (texting, social media, websites, remote learning, computer interactions, etc.); 3) the purpose for using the technology (recruitment, administrative reminders, supplementing, reinforcing, or replacing lessons, etc.); 4) how dosage will be measured – if applicable; and 5) how you will determine success. Also, indicate if this is a new use of technology or if you are continuing or building upon what you are already doing. If more than one level is planned, a description will be needed for both. If you wish to do a high-level plan and have not already been approved by the national office, you will need send a separate proposal with additional details, addressing the respective elements of the technology policy to Helen Chipman, the National Program Leader. (4000 characters or less)

**B I U ABC** |

**Volunteer Use**

Please indicate what types of volunteers will be used and what duties volunteers will have. Implementation of a Formal Volunteer Program will require prior approval from the National Office. You will need send a separate proposal with additional details, addressing the respective elements of the volunteer policy to Helen Chipman, the National Program Leader. If volunteers will not be used, the statement below should reflect that. (2000 characters or less)

**B I U ABC** |

**Title: Test Plan**  
**Fiscal Year: 2022**  
**Last Modified: 02/03/2023**  
**Status: Draft**

Unlocked

Print

Notes

Comments

## Program Priorities

Develop 4-6 SMART (specific, measurable, action-oriented, realistic, timely) program priorities to focus on over the next five years. 3 must directly measure Core Areas(2); others may focus on Secondary Areas(2). You may create more than 6 priorities, but a maximum of 6 may be submitted to the National office. There must be at least 1 goal targeting adults, 1 targeting youth, and 1 using the secondary area, technology. Make sure you check the boxes in the select column for those priorities you want to submit to the National Office. Only checked items will be visible at the Federal Level.

Add Priority

SEARCH:

Select	ID	Options	Title
No data available in table			

SHOWING 0 TO 0 OF 0 ENTRIES

Cancel Save Save and Next

Title: Test Plan  
 Fiscal Year: 2022  
 Last Modified: 02/03/2023  
 Status: Draft

Unlocked

## Program Priorities

Develop 4-6 SMART (specific, measurable, action-oriented, realistic, timely) program priorities others may focus on Secondary Areas(2). You may create more than 6 priorities, but a maximum of 1 targeting adults, 1 targeting youth, and 1 using the secondary area, technology. Make sure you target the National Office. Only checked items will be visible at the Federal Level.

+ Add Priority

SEARCH:

Select	ID	Options
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No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES

Cancel Save Save and Next

### ADD NEW PRIORITY



#### Title

Create a brief title that describes the priority.

\* This field is required

#### Focus

For this priority, think about the subject area(s) it relates to. Select all that apply.

##### Core Areas

- Diet Quality
- Physical Activity
- Food Resource Management
- Food Safety
- Food Security

##### Target Audience

- Select One
- Pregnant

##### Secondary Areas

- PSE (Sectors/Settings)
- Management/Leadership
- Technology
- Volunteer

+ Add Focus

#### Description

Provide a brief description of the priority and why it was selected. Include details about how you intend to measure your progress over the next five years and what strategies you intend to use to meet your goals. Priorities may relate to: outputs(2), short-term outcomes(2), medium-term outcomes(2), or long-term outcomes(2). (1000 characters or less)

#### Measurement

Can this priority be measured quantitatively (numerically)?

Select One

#### Comments

If applicable, provide a brief justification for any targets not met. If targets need to be adjusted or a priority needs to be changed, briefly explain why and how you are changing it.

Save



**Title: Test Plan**

**Fiscal Year: 2022**

**Last Modified: 02/03/2023**

**Status: Draft**

Unlocked

Print

Notes

Comments

## Delivery Sites/Locations and Community Partnerships (DSP)

Report the total number of delivery sites and the total number of community partnerships for each type of site/location listed below. If you wish to include the data submitted by your regions, select them from the list below. You can manually change the data, if needed, but you must click "save" to save the changes. If you later check/uncheck a region, your manual changes will be lost. To enter the data at the institution level, return to the home screen, click on Manage Delivery Sites and Partnerships and select add a new Institution level record. After saving, the Institution level record will appear in the list below.

**Regions**

If your regions entered data on Delivery Sites/Locations and Community Partnerships you can include their data in your submission. Select one region at a time to preview the data. Select one or more to include the data in your submission. If more than one region is selected, data from those regions will be aggregated. This list will also include any institution level records you created. Institution level records can be selected and aggregated with regional records, as needed.

Highlands

Midlands

### Delivery Sites/Locations and Community Partnerships Chart

Types of Sites/Locations	# of Different Delivery Sites/Locations (?)	# of Community Partnerships (?)
Adult Education & Training Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult Rehabilitation Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Places of Worship	<input type="text" value="0"/>	<input type="text" value="0"/>
Community Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Emergency Food Assistance Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Extension Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
Farmers Markets	<input type="text" value="0"/>	<input type="text" value="0"/>
Food Stores	<input type="text" value="0"/>	<input type="text" value="0"/>
Head Start Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Health Care Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Libraries	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Youth Education Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
Schools	<input type="text" value="0"/>	<input type="text" value="0"/>
Shelters	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
WIC Program Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Worksites	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

### Description of DSPs and Policy, System, Environmental (PSE) Change Efforts

Summarize any plans to expand, eliminate, or relocate program delivery sites/locations or to change, develop/enhance, or expand community partnerships. Also, describe any plans to expand or change program efforts/involvement in policy, systems, and environmental change (PSEs) efforts in the upcoming years.

**B** *I* U ABC | |



[+ Add Program Impact](#) [View Hidden Program Impacts](#)

SEARCH:

SHOW **All** ▼ ENTRIES

Options	Title ▼	Type ↕	Submitted By ↕	Keyword(s) ↕	People ↕	Focus ↕	Date ↕	Last Modified Date ↕
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No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES



[Print PDF](#)

Submitted by: [bcrozie@clemsn.edu](#)

### Program Impact

**Title**

**Date Occurred**

**Focus Areas**

Please select which areas this program impact relates to. Select all that apply:

**Core Areas**

- Diet Quality
- Physical Activity
- Food Resource Management
- Food Safety
- Food Security

**Secondary Areas**

- PSE (Sectors/Settings)
- Management/Leadership
- Technology
- Volunteer

[+ Add Focus](#)

**Key Words**

Select any of the following key words that apply to the program impact. Select all that apply:

- Disease Prevention
- Weight Management
- Personal Growth/Confidence
- Positive Impact on Family
- Improved Overall Health

[+ Add Keyword](#)

**People**

Select the people involved in the program impact story. Select all that apply:

**Staff**

- Paraprofessional
- Professional
- Volunteer
- Coordinator
- Partner/Collaborator

**Participant**

- Adult
- Pregnant Teen
- Youth

[+ Add Person](#)

**Background**

Provide a brief narrative description of the circumstances prior to program involvement and the actions, activities or project milestones that took place during the program that led to the outcomes/impacts. Be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. Include any external factors or assumptions that may have influenced the story. (2000 characters or less)

**Outcomes/Impacts**

Provide a brief narrative description of the direct benefits or indirect/unintended consequences which occurred as a result of participation in the program. As above, be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. The description should demonstrate the need for the program and should describe how participation affected those involved. It may reference benefits at the individual, community, or social level. (2000 characters or less)

**PRELIMINARY** FINAL

[+ Add Final Budget](#)

SEARCH:

SHOW 10 ▼ ENTRIES

Manage ▲	Name ▾	Status ▾	Fiscal Year ▾	Created By ▾	Date Created ▾
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No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES



# Federal Test Institute 2023 Budget [Edit Name](#)

[Save Draft](#) [Submit Budget](#)

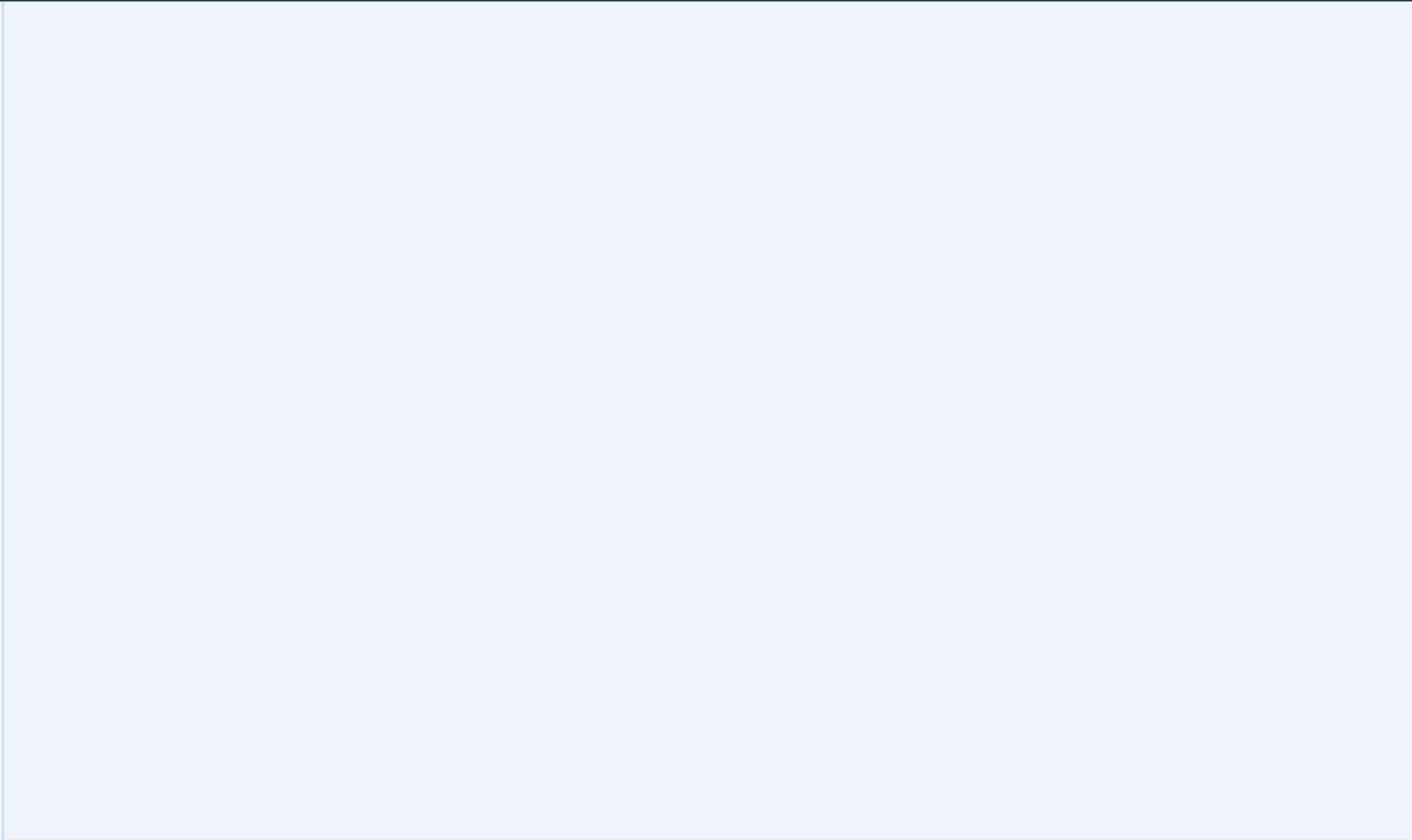
Type: Final Status: New Budget Role: User Contact Support

\$0 Professional  
 \$0 Est. 2022 Carryover [Edit](#) (?) \$0 Paraprofessional  
 \$0 Allocation \$0 Administrative  
**+\$0 Total Funds Available** (?) **-\$0 Total Direct Costs**

**\$0**  
*to be budgeted*

Direct Costs (?)				
	Professional	Paraprofessional	Administrative	Total
<b>Personnel</b> (?)				
FTE		0	0	0
Salary		\$0	\$0	\$0
Fringe		\$0	\$0	\$0
<b>Additional Expenses</b>				
Travel		\$0	\$0	\$0
Equipment		\$0	\$0	\$0
Supplies		\$0	\$0	\$0
Other		\$0	\$0	\$0
<b>Direct Costs</b> (?)		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Projected Carryover		\$0	\$0	\$0
<b>Direct Costs + Carryover</b> (?)		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Other Sources of Funding** [Add New](#) (?)  
 There are no other funding sources.



## Federal Test Institute 2023 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Final Status: New Budget Role: User Contact Support

\$0 Professional  
 \$0 Est. 2022 Carryover [Edit](#) [?](#) \$0 Paraprofessional  
 \$0 Allocation \$0 Administrative  
**+\$0 Total Funds Available** [?](#) **-\$0 Total Direct Costs**

\$0  
to be budgeted

### Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
<b>Personnel</b> <a href="#">?</a>				
FTE	0	0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
<b>Additional Expenses</b>				
Travel <a href="#">?</a>	\$0	\$0	\$0	\$0
Equipment <a href="#">?</a>	\$0	\$0	\$0	\$0
Supplies <a href="#">?</a>	\$0	\$0	\$0	\$0
Other <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs</b> <a href="#">?</a>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Projected Carryover <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs + Carryover</b> <a href="#">?</a>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

\$0

### Funding Source Title

### Justification

B I U 🔗 ☰ ☰ ☰ ☰ Normal ⌵ 🔗

Insert text here ...

Each line item is provided for your convenience. A value is **not** required for each row.

Salary	\$0.00
Fringe	\$0.00
Travel	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Other	\$0.00

## Federal Test Institute 2023 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Final Status: New Budget Role: User Contact Support

\$0 Professional  
 \$0 Est. 2022 Carryover [Edit](#) [?](#) \$0 Paraprofessional  
 \$0 Allocation \$0 Administrative  
**+\$0 Total Funds Available** [?](#) **-\$0 Total Direct Costs**

**\$0**  
 to be budgeted

### Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
<b>Personnel</b> <a href="#">?</a>				
FTE	0	0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
<b>Additional Expenses</b>				
Travel <a href="#">?</a>	\$0	\$0	\$0	\$0
Equipment <a href="#">?</a>	\$0	\$0	\$0	\$0
Supplies <a href="#">?</a>	\$0	\$0	\$0	\$0
Other <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs</b> <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Projected Carryover</b> <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs + Carryover</b> <a href="#">?</a>	\$0	\$0	\$0	\$0

### Projected Carryover

\$0

**Carryover Ratio:** Please add direct costs in order to calculate carryover ratio.

#### Carryover Justification

Normal	<a href="#">?</a>	<a href="#">?</a>
<b>Administrative</b>		\$0.00
		\$0.00
		\$0.00

#### Administrative

[Update](#) [Cancel](#)

**Edit Name**

Set the Budget's Name

Federal Test Institute 2023 Bu

[Save Name](#) [Cancel](#)

### Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

## Federal Test Institute 2023 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Final Status: New Budget Role: User Contact Support

\$0 Professional  
 \$0 Est. 2022 Carryover [Edit](#) [?](#) \$0 Paraprofessional  
 \$0 Allocation \$0 Administrative  
 +\$0 Total Funds Available [?](#) -\$0 Total Direct Costs

\$0  
to be budgeted

### Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
<b>Personnel <a href="#">?</a></b>				
FTE	0	0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
<b>Additional Expenses</b>				
Travel <a href="#">?</a>	\$0	\$0	\$0	\$0
Equipment <a href="#">?</a>	\$0	\$0	\$0	\$0
Supplies <a href="#">?</a>	\$0	\$0	\$0	\$0
Other <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs <a href="#">?</a></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Projected Carryover <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs + Carryover <a href="#">?</a></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Projected Carryover

\$0

Carryover Ratio: Please add direct costs in order to calculate carryover ratio.

### Carryover Justification

#### Edit Carryover

Adjust Carryover Amount

Save Carryover

Cancel

### Administrative

Update

Cancel

### Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.



## Federal Test Institute 2023 Budget [Edit Name](#)

Type: Final   Status: New Budget   Role: User   Contact Support

Save Draft

Submit Budget

\$0 *Est. 2022 Carryover* [Edit](#) (?)   \$0 *Professional*  
 \$0 *Allocation*   \$0 *Paraprofessional*  
 \$0 *Administrative*  
**+\$0 Total Funds Available** (?)   **-\$0 Total Direct Costs**

\$0  
to be budgeted

### Direct Costs (?)

	Professional	Paraprofessional	Administrative	Total
<b>Personnel (?)</b>				
FTE	0	0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
<b>Additional Expenses</b>				
Travel (?)	\$0	\$0	\$0	\$0
Equipment (?)	\$0	\$0	\$0	\$0
Supplies (?)	\$0	\$0	\$0	\$0
Other (?)	\$0	\$0	\$0	\$0
<b>Direct Costs (?)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Projected Carryover (?)	\$0	\$0	\$0	\$0
<b>Direct Costs + Carryover (?)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Other Sources of Funding [Add New](#) (?)

There are no other funding sources.

### Projected Carryover

\$0

**Carryover Ratio:** Please add direct costs in order to calculate carryover ratio.

#### Carryover Justification

**B I U**         Normal    

Insert text here ...

Professional

\$0.00

Paraprofessional

\$0.00

Administrative

\$0.00

Update

Cancel

# Federal Test Institute 2023 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Final Status: New Budget Role: User Contact Support

\$0 Est. 2022 Carryover [Edit](#) [?](#) \$0 Professional  
\$0 Allocation \$0 Paraprofessional  
\$0 Administrative

**\$0**  
to be budgeted

## + Comments - Supplies

No Comments.

Add Comment



### Supplies

\$0

Total

#### Professional

\$0.00

**B I U** Normal

Insert text here ...

#### Paraprofessional

\$0.00

**B I U** Normal

Insert text here ...

#### Administrative

\$0.00

**B I U** Normal

Insert text here ...

Update

Cancel

## Federal Test Institute 2023 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Final Status: New Budget Role: User Contact Support

\$0 Est. 2022 Carryover [Edit](#) [?](#)  
 \$0 Allocation  
**+\$0 Total Funds Available** [?](#)

\$0 Professional  
 \$0 Paraprofessional  
 \$0 Administrative  
**-\$0 Total Direct Costs**

\$0  
to be budgeted

### Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
<b>Personnel</b> <a href="#">?</a>				
FTE		0	0	0
Salary		\$0	\$0	\$0
Fringe		\$0	\$0	\$0

### Additional Expenses

<b>Travel</b> <a href="#">?</a>	\$0	\$0	\$0	\$0
Equipment <a href="#">?</a>	\$0	\$0	\$0	\$0
Supplies <a href="#">?</a>	\$0	\$0	\$0	\$0
Other <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs</b> <a href="#">?</a>	\$0	\$0	\$0	\$0
Projected Carryover <a href="#">?</a>	\$0	\$0	\$0	\$0
<b>Direct Costs + Carryover</b> <a href="#">?</a>	\$0	\$0	\$0	\$0

### Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

### Travel

\$0

#### Professional

\$0.00

**B I U** Normal

Insert text here ...

#### Paraprofessional

\$0.00

**B I U** Normal

Insert text here ...

#### Administrative

\$0.00

**B I U** Normal

Insert text here ...

Update

Cancel

Federal Test Institute 2023 ▼

[+ Add Institute Delivery Site and Partnerships Record](#)

SEARCH:

SHOW All ▼ ENTRIES

Manage	Region / Name ▼	Type ◊	Reporting Year ◊	Last Modified ◊
	Midlands	Region	2023	
	Highlands	Region	2023	

SHOWING 1 TO 2 OF 2 ENTRIES



**Delivery Sites Information**

Name

**Delivery Sites / Locations and Community Partnerships:**

For applicable types of delivery sites/locations below, indicate the number of sites reached and the number of community partnerships.

Types of Sites/Locations	# of Different Program Delivery Sites/Locations (?)	# of Community Partnerships (?)
Adult Education & Training Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult Rehabilitation Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Places of Worship	<input type="text" value="0"/>	<input type="text" value="0"/>
Community Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Emergency Food Assistance Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Extension Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
Farmers Markets	<input type="text" value="0"/>	<input type="text" value="0"/>
Food Stores	<input type="text" value="0"/>	<input type="text" value="0"/>
Head Start Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Health Care Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Libraries	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Youth Education Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
Schools	<input type="text" value="0"/>	<input type="text" value="0"/>
Shelters	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
WIC Program Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Worksites	<input type="text" value="0"/>	<input type="text" value="0"/>

[+ Add Other](#)

[+ Add Settings and Sectors: Policy, Systems and Environmental \(PSE\) Change](#)

[View Hidden Settings and Sectors: Policy, Systems and Environmental \(PSE\) Change](#)

SEARCH:

SHOW All ▼ ENTRIES

Options	Title ▼	Type ⬆	Submitted By ⬆	Last Modified Date ⬆
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No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES





## Settings and Sectors: Policy, Systems and Environmental (PSE) Change

Title

### Is this PSE Effort Classified as Organizational Partnership (Settings) or Multi-Sector Partnerships and Planning (Sectors)?

- Organizational Partnership (Settings) [?](#)
- Multi-Sector Partnerships and Planning (Sectors) [?](#)

### Multi-Sector Partnerships and Planning (Sectors)

Select the number and types of organizations represented and enter the number of each involved in this effort (Select all that apply).

Systems

Government

Education

Health Care

Transportation

[Add Other](#)

Organizations

Public Health

Community

[Add Other](#)

Business and Industries

Planning & Development

Agriculture

Food & Beverage

Retail

Media

[Add Other](#)

### Focus Areas

- Diet Quality
- Physical Activity
- Food Resource Management
- Food Safety
- Food Security

### Community Members Influenced

Potential number of persons who encounter the improved environment or are affected by the policy change on a regular (typical) basis and are assumed to be influenced by it during this fiscal year.

--Select One--

### Participant Type

- Adult
- Youth

### Local Level vs State Level

- Region [?](#)
- State [?](#)

### Phases

Select the phase of this PSE effort:

- Adoption [?](#)
- Implementation [?](#)
- Maintenance [?](#)

### PSE Initiative Narrative

Target Audience (200 character limit)

What was the overall goal? (200 character limit)

What was accomplished and lessons learned? (200 character limit)

Partnerships or collaborations developed as a result of this effort? (200 character limit)

What are plans for long term implementation & maintenance? (200 character limit)

Describe the outcomes of this effort (1000 characters or less)

Normal [↕](#) **B** *I* U

### Would you like this PSE initiative to roll into the next fiscal year?

Yes

No