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 Floor, Alexandria, VA 22314th1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0512). Do not return the completed form to this address.

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 |
|--------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <input type="checkbox"/> Not yet started <input type="checkbox"/> Delayed <input type="checkbox"/> In progress <input type="checkbox"/> 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: _____