Healthy Meals Incentives
Final Progress Report

This form should be completed no later than 90 days after the grant period of performance and returned to the (cooperator). Provide information on the entire grant period of performance.

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: _____

Grant Project Summary

Provide a summary of your overall grant project using the table below. In the first column, write a description of the activity completed. In the second column, describe the purpose of the activity. In the third column, describe the outcomes of the activity. If applicable, include number of school sites benefited by the activity, student enrollment and grade levels of school sites, A61
school nutrition professionals trained and hours of training provided, and major equipment purchased.

Activity and Description	Activity Purpose	Outcomes
		[*number input*] School sites benefited by activity [*number input*] Students enrolled at school sites benefited by activity [*text input*] Grade levels of school sites benefited by activity [*number input*] Hours of training for school nutrition professionals [number input] Number of school nutrition professionals trained [*text input*] List of equipment purchased [text input] Changes to school meals as a result of activity

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

Grant Challenges

Provide a summary of challenges faced during the entire grant period of performance and how they were overcome: _____

Success Stories

Describe how the sub-grant helped your SFA meet Healthy Meals Incentives award criteria:
_____

Timeline and Budget

Were there any activities you did not complete?
[ ] Yes [ ] No
If yes, please describe: _____

Was there any leftover funding?
[ ] 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: _____