OMB Control No.: 0584-0512 Expiration Date: xx/xx/xxxx

OMB BURDEN STATEMENT: According to the Paperwork Reduction

Healthy Meals Incentives Semi-Annual Progress Report

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re required to respond	returned to (cooperator) no later than 30 days after the reporting
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City: _	
State: _	
ZIP:	

OMB Control No.: 0584-0512 Expiration Date: xx/xx/xxxx

Primary	Point of	f Contact
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Provide the requested inform	nation below about the pri	mary point of contact for the grant project	۲.
First Name:			
			_
Title:			_
Email:			
Phone:			_
Date Report Submitted			
Provide the date the report w	vas submitted below		
Frovide the date the report w	as submitted below.		
Date:			_
	at took place this reportin	od. In the first column, include a g period. In the second column, describe the status of the activity.	
A61			
Activity and	Activity Purpose	Activity Status	
Description			
		[] Not yet started	
		[] Delayed	
		[] In progress	
		[] Complete	
+Add additional activities [U	Jser will be able to add ro	ows for additional activities as needed]	
Grant Challenges Provide a summary of challe overcome:		porting period and how they were	
			_
Success Stories			
Highlight your greatest achie	evements for this reportin	g period	-
Timeline and Budget			
Are you on time and budget	with your grant activities	?	
[] Yes [] No	with your grant activities	•	
If so, check type: [] Budget	[] Timeline [] N/A		
Please describe:			

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Jpcoming Activities or Anticipated Changes Describe activities planned for the next reporting period:	
Do you anticipate any changes in timeline, activities, or cost?] Yes [] No f yes, please describe:	
r yes, pieuse describe.	
Healthy Meals Incentive Award Program	
Have you applied to receive a Healthy Meals Incentive Award?	
] Yes [] No	
f 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	
f yes, list the award(s) received:	