

OMB BURDEN STATEMENT:  
 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0512. The estimated average time required to complete this information collection is 45 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.  
 Floor, Alexandria, VA 22314<sup>th</sup>1320 Braddock Place, 5<sup>th</sup> 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: \_\_\_\_\_