**Grant to Expand Participation in the Afterschool Meals Program: REPORT**

*Please complete the following questions to the best of your ability. Within the charts, please ensure that each box has a number in it, even if it is a zero (0).*

**Historical Monthly Child and Adult Care Food Program (CACFP) Participation Data**

Please provide the total number of suppers and/or snacks that your organization provided for the entire month (not a daily number) for the year prior to before the date of implementation of your grant.

Please also indicate if you received (or will receive) reimbursement for the meals provided through the USDA's Child and Adult Care Food Program for each corresponding month.

| Year | Month | Days of Operation for the Month | Total # of Sites | Total # of Snacks Served for the Entire Month | Total # of Suppers Served for the Entire Month | Were suppers/snacks reimbursed (or will be reimbursed) through CACFP? |
| --- | --- | --- | --- | --- | --- | --- |
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**Current Monthly Participation Data**

Please provide the total number of suppers and/or snacks for the entire month (not a daily number) that your organization provided for one full calendar year following the date of implementation of your grant.

Please also indicate if you received (or will receive) reimbursement for the meals provided through the USDA's Child and Adult Care Food Program for each corresponding month.

| Year | Month | Days of Operation for the Month | Total # of Sites | Total # of Snacks Served for the Entire Month | Total # of Suppers Served for the Entire Month | Were suppers/snacks reimbursed (or will be reimbursed) through CACFP? |
| --- | --- | --- | --- | --- | --- | --- |
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**6 Month Narrative Questions**

*Please complete the questions below for the 6 months after your grant implementation date.*
What are some key accomplishments you have achieved to-date through your CACFP program work?

Conversely, what are some key challenges you have encountered to date through your CACFP program work?

**Interim Budget**

Please explain how you have spent your grant funds to-date by completing the budget form below.

|  |  |  |
| --- | --- | --- |
| **Category** | **Description(incl. unit cost and qty. if applicable)** | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
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|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|   | Total | $ |

Please provide any additional explanation for your grant expenses, such as significant changes to the budget outlined in your application.

**12 Month Narrative Questions**

*Please complete the questions below for the 12 months after your grant implementation date.*
How did this grant affect the operation of your afterschool meals program?

What activities or outreach were most successful in helping to attract more children or families to your program?

What were the biggest challenges you faced in trying to increase the number of children served by your afterschool meals program? If you have switched from snacks to meals or added meals in addition to snacks, please be sure to specifically describe your experience with that transition.

As a result of this grant, was your organization able to leverage any additional funding or resources?

[ ]  Yes

[ ]  No

If yes, please describe.

Do you plan to sponsor or participate in the CACFP Afterschool Meals Program next year?

[ ]  Yes

[ ]  No

Do you anticipate expanding your program or work in any way? What resources would be most useful to you in helping you achieve your goals? If not, why not?

**Final Budget**

Please explain how you have spent your grant funds by completing the budget form below.

|  |  |  |
| --- | --- | --- |
| **Category** | **Description(incl. unit cost and qty. if applicable)** | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|   | Total | $ |

Please provide any additional explanation for your grant expenses, such as significant changes to the budget outlined in your application.

**Tell Your Story**

Please share a story about a situation where a child, a family, or a program benefited from your work.

How did your work meet a need and make an impact?

Have you received any media coverage or attention for work related to your grant?

[ ]  Yes

[ ]  No

If Yes, please provide any relevant documents and/or links to media pieces.