

CT Food Stamp Nutrition Education – 4H Project Report Form

Date: _____ **Start Time:** _____ **End Time:** _____

Program Title: _____ **Location:** _____

Project: Core Food Security FNP-IT Husky 4-H After – School Administration

Delivery Format	Age Group								
	0 – 4	5 – 12	13 - 18	>18		>55		Non-Food Stamp	Intern & Volunteer
		Elementary	Secondary	M	F	M	F		
Direct Contacts									
One-on-one									
< 15 min									
>= 15 min									
Group Activities									
Camp Site Group									
After School Group									
Year round 4H Group									
Classroom									
Whole Site Activities (Fairs)									
Internship and volunteer									
Program Planning									
Meetings - internal									
Meetings -Partnership									
Indirect Contacts									
Mailings									
Recipient of Handout									
Program Observer									
Newsletters									
Public Service Announcements									
TV/Cable									

Team Leader for Event or Person Completing Report:

What was done and what was used?

UCONN Staff Participating in Program: (List all in attendance)

Partner Report

CONTINUED FUNDING AND MATCH DEPENDS ON ACCURATE RECORDS OF PARTNER PARTICIPATION. PLEASE SIGN-IN ON SHEET ATTACHED.

Agencies Represented.

Participants (if applicable)

BEFORE RECORDING CONTACT INFORMATION FOR PARTICIPANTS, VERIFY THAT HUMAN SUBJECTS CONSENT AND RELEASE FORMS ARE COMPLETE.

