### 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

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#### 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

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**Entered by ______________**  
**Date: _______________**

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11/20/2003
Team Leader for Event or Person Completing Report:

What was done and what was used?

Partner Report

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

Agencies Represented.

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

Participants (if applicable)

BEFORE RECORDING CONTACT INFORMATION FOR PARTICIPANTS, VERIFY THAT HUMAN SUBJECTS CONSENT AND RELEASE FORMS ARE COMPLETE.
<table>
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<th>Date</th>
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