

Program Core Report Form

For Administrative Use Only
 Entered by _____
 Date: _____

Date: _____ Start Time: _____ End Time: _____

Program Title: _____ Location: _____

Project:

- Core
 Food Security
 FNP-IT
 Husky
 4-H
 After-School
 Administration
 SNAP

Delivery Format	Age Group						Non-Food Stamp	Intern & Volunteer
	0 - 4	5 - 12 Elementary	13 - 18 Secondary	Adolescent Caretakers	>18 M F	>55 M F		
Direct Contacts								
One-on-one								
< 15 min								
Telephone								
>= 15 min								
Group Activities								
Facilitated Group								
Activity Group								
Small Group								
Libraries								
Whole Site Activities (Fairs)								
Fairs								
Other whole site activity								
Training Trainers								
Internship and volunteer								
FSNE Staff								
Other staff								
Program Planning								
Evaluation - data collection								
Meetings - internal								
Meetings -Partnership								
Indirect Contacts								
Mailings								
Public Service Announcement								
Newsletters								
Internet								

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.

