

Daily Tracking Form for 1 BIN Model SNP Funded Programs



School: _____

Month: _____

Student Enrollment: _____

Month:	Serving Dates (List by the week)	# of Days	<input type="checkbox"/> Breakfast (3 food groups) OR <input type="checkbox"/> Morning Meal (3 food groups) # of meals/day
	<i>e.g. Sept.8-11</i>		
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
			Extra meals:
		Total Days:	Total # of meals served:

Also, please tell us about your in-kind donations and/or additional sources of income.

These may include in-kind donations such as *food, supplies, equipment, cash donations from parents/caregivers, fundraising events, agencies, businesses, individuals, school board, school council or service clubs.*

(Please note, these contributions are encouraged to support your program and do not affect your Ministry funding.)

Sources of Contributions	Value (\$)	Description
KFS		Recorded by A. Fuchs
Minute Maid		
School Council		
Charities/Faith Groups		
Parents/Individuals		
Other:		



To report these figures **at the end of every month**, please email or fax to your Community Coordinator – **Angela Fuchs** at angela.fuchs@snpce.ca or 705-743-2897

Completed by: _____ Title: _____ Date: _____

Daily Tracking Form for SNP Funded Programs

2 BIN-(Breakfast or Morning Meal) AND (Morning Meal or Snack)



School: _____ Month: _____ Student Enrollment: _____

	Serving Dates (List by the week)	# of Days	<input type="checkbox"/> Breakfast (3 food groups) OR <input type="checkbox"/> Morning Meal (3 food groups) # of meals/day	# of Days	<input type="checkbox"/> Morning Meal (3 food groups) OR <input type="checkbox"/> Snack (2 food groups) # of meals/day
	<i>e.g. Sept.8-11</i>				
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
			Extra meals:		Extra meals:
		Total Days:	Total # of meals served:	Total Days:	Total # of meals served:

Also, please tell us about your in-kind donations and/or additional sources of income.

These may include in-kind donations such as *food, supplies, equipment, cash donations from parents/caregivers, fundraising events, agencies, businesses, individuals, school board, school council or service clubs.*

(Please note, these contributions are encouraged to support your program and do not affect your Ministry funding.)

Sources of Contributions	Value (\$)	Description
KFS		Recorded by A. Fuchs
Minute Maid		
School Council		
Charities/Faith Groups		
Parents/Individuals		
Other:		



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Completed by: _____ Title: _____ Date: _____

Daily Tracking Form for 2 SNP Funded Program

School: _____ Month: _____ Student Enrollment: _____



		<input type="checkbox"/> Breakfast (3 food groups) <input type="checkbox"/> Morning Meal (3 food groups)	<input type="checkbox"/> Morning Meal (3 food groups) <input type="checkbox"/> Lunch (funded programs) <input type="checkbox"/> Snack (2 food groups)
	Serving Dates	# of meals/day	# of meals/day
1-M			
2-T			
3-W			
4-T			
5-F			
6-M			
7-T			
8-W			
9-T			
10-F			
11-M			
12-T			
13-W			
14-T			
15-F			
16-M			
17-T			
18-W			
19-T			
20-F			
		Extra Meals:	Extra Meals:
		Total # of meals served:	Total # of meals served:

Also, please tell us about your in-kind donations and/or additional sources of income.
 These may include in-kind donations such as *food, supplies, equipment, fundraising, cash donations etc.*
 (Please note, these contributions are encouraged to support your program and do not affect your Ministry funding.)

Sources of Contributions	Value (\$)	Description
KFS		Recorded by A. Fuchs
Minute Maid		
School Council		
Charities Faith Groups		
Parents/Individuals		
Other:		



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Completed by: _____ Title: _____ Date: _____

Daily Tracking Form for SNP Funded Programs "Grab & Go" Or "Sit & Serve" Models



School: _____ Month: _____ Student Enrollment: _____

	Serving Dates	<input type="checkbox"/> Breakfast OR <input type="checkbox"/> Morning Meal # of meals served today
	<i>e.g. September 24</i>	<i>50</i>
1-M		
2-T		
3-W		
4-T		
5-F		
6-M		
7-T		
8-W		
9-T		
10-F		
11-M		
12-T		
13-W		
14-T		
15-F		
16-M		
17-T		
18-W		
19-T		
20-F		
		Extra meals:
	Total # of serving days:	Total # of Meals:

Also, please tell us about your in-kind donations and/or additional sources of income.

These may include in-kind donations such as food, supplies, equipment, or fundraising, parent donations, etc.
(Please note that these contributions are encouraged to support your program and do not affect your Ministry funding.)



Sources of Contributions	Value (\$)	Description
KFS		Recorded by A. Fuchs
Minute Maid		
School Council		
Charities/Faith Groups		
Parents/Individuals		
Other:		

To report these figures **at the end of every month**, please email or fax to your Community Coordinator –**Angela Fuchs** at angela.fuchs@snpce.ca or 705-743-2897

Completed by: _____ Title: _____ Date: _____

School Sources of Contributions both Financial and In-kind:

School _____ **Month** _____

Please tell us about your in-kind donations and/or additional sources of income (including in-kind donations such as food, supplies or equipment, or cash donations). Please note that these contributions are encouraged to support your program and do not affect your Ministry funding.

Source of Contributions	Total \$ Value		Description
	CASH	IN-KIND	
SOURCE			
Kawartha Food Share			Recorded by A. Fuchs
Minute Maid (# of cans picked up)			\$1 per can (value)
School Council			
Business/Corporate Sponsors (list names)			
Charities and Faith Groups (list names)			
Parents/Caregivers/Community members			
Fundraising events			
Other (list)			