

Weekly Tracking Form for SNP Funded Programs

School Name: _____ Address: _____

School Contact: _____ Email: _____

Month:			
Type of Meal: <input type="checkbox"/> Breakfast/Morning Meal <input type="checkbox"/> Snack <input type="checkbox"/> Lunch			
	Serving Dates (List by the week)	# of days	# of meals/day
	e.g. Sept 8-12	5	5 x 175=875
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
		Total serving days:	Total # of meals:
Total			

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 or equipment, or cash donations from parents/caregivers, fundraising events, other funders, agencies, businesses, individuals, school board, school council or service clubs. Please note that these contributions are encouraged to support your program and do not affect your Ministry funding.)

Sources of Contributions	Value (\$)	Description



Daily Tracking Form for SNP Funded Programs

School Name: _____ Address: _____
School Contact: _____ Email: _____

Month:					
Type of Meal: <input type="checkbox"/> Breakfast/Morning Meal <input type="checkbox"/> Snack <input type="checkbox"/> Lunch					
	Serving Date	# Of Meals Served			
e.g.	September 3	30			
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		
			Total serving days:	Total # of meals:	
Total					

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