



# FY '07 TRACKS Cost Share Documentation Form: School-Age

Complete for PENNSYLVANIA NUTRITION EDUCATION TRACKS activities. Start a new form each month.



Cost Share Staff Name: \_\_\_\_\_

Month / Year: \_\_\_\_\_

Job Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TRACKS Staff Name/Agency Name: \_\_\_\_\_ THE FOOD TRUST

For Official Use Only	Date of FSNE Activity	Total Time Spent on FSNE Activity (Including prep time)	<b>Choose ONE Activity:</b> A) Taught an activity B) Assisted with teaching an activity C) Distributed / disseminated indirect educational information D) Other (describe in detail, e.g. assisted with health fair)	<b>Choose ONE Strategy:</b> (choose from either Direct or Indirect Education)		<b>Choose ONE Objective:</b> A) Fruit & Vegetables B) MyPyramid C) Whole Grains D) Calcium E) Snacks F) Breakfast G) Food Safety H) Physical activity I) Beverages	<b>Choose ONE Curricula:</b> A) MyPyramid B) 5-a-Day C) Team Nutrition D) SDP / Subcontractors E) Professor Popcorn F) Eat Smart Play Hard G) Health Smart curricula H) ReCharge I) Kids Cafe J) LiFE K) Food Fun Reading L) Smart Shop Teens M) We Can N) Cooking with Kids O) FRIDGE	Enter # of Eligible Audience Reached
				<b>DIRECT EDUCATION:</b> A) Single Class B) N/A C) N/A D) N/A E) Afterschool Single F) N/A G) N/A H) N/A I) One-on-One J) Assembly K) Multi media	<b>INDIRECT EDUCATION:</b> L) Poster, Bulletin Board, Display M) Announcements N) N/A O) Health Fair, Exhibit, Community Event P) Food Demo, Food Tasting Q) Newsletter R) Fact sheet, Pamphlet S) Website			
		Hour:      Min:						
		Hour:      Min:						
		Hour:      Min:						
		Hour:      Min:						
		Hour:      Min:						
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		Hour:      Min:						
<b>"Other Cost Share" - Choose activity:</b> A) attended training, B) recruiting participants, C) scheduling FSNE, D) setting up education area, E) other (describe)								
<b>Grand Total Time:</b>	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____	Date: _____ Hour: _____ Min: _____ Activity: _____

**THE FOOD TRUST**