Daily Tracking Form for SNP Funded Programs

School Name:_____ **Address:**_____

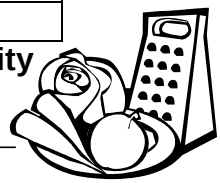
School Contact:_____ **Email:**_____

Month:		
Type of Meal:	❒Breakfast ❒Morning Meal ❒Snack ❒Lunch	
Serving Dates	# of meals served today	# of students new to the program *
Example Oct 1st	*200*	*10*
Total number of serving days this month:	Total:	Total:

- **Number of students who have registered and are accessing the program for the first time this school year*

Also, please tell us about your in-kind donations and/or additional sources of income (may include parent contributions, fundraising events, food, supplies, equipment, non-consumables from other agencies, businesses, individuals or social clubs, cash donations)

Sources of Contributions	Value ($)	Description

To report these figures *at the end of every month*, please fax to your Community Coordinator - _____**at** _____

Completed by:_____Title:_____Date: _____