



Daily Tracking Form for SNP Funded Programs



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

Month:			
Type of Meal: <input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Meal <input type="checkbox"/> Snack <input type="checkbox"/> Lunch			
	Serving Dates	# of meals served today	# of students new to the program *
	<i>Example</i> Sept. 14	200	200
	Sept. 15	200	2
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
Total # serving days:		Total:	Total:

• *Number of students 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) Please note that these contributions do not affect your Ministry funding.

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: _____