

Program Year: **2009**

### Feed Ohio Monthly Report

Goal: To provide mentoring and wrap-around services to vulnerable youth to support  
TANF Goal 3.

GRANTEE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM: **Feed Ohio**

CONTACT PERSON: **(INSERT NAME OF PROJ. MGR)**

FY2009

FY 2010

Week

The Projected \$'s Expended by the agency for this program & % of total:

Funding Source	FY 2009 \$'s Anticipated	FY 2009 \$'s Expended	% of Total
A. GOFBCI Funds			
B. Federal Programs			
C. State Programs			
D. Local Public Funding			
E. Private Sources			
F. In-kind Donations	0.00	0.00	
<b>TOTAL</b>	<b>0.00</b>	<b>0.00</b>	

**Number of Children served the SFSP Meal**

previous months	this month	project total
		0

Names of funders:

GOFBCI, etc.  
\_\_\_\_\_

**Number of Children attending Enrichment**

previous	Program this month	project total
		0

Community Investors:

Community investors are individuals or organizations not included with the proposal who have made a financial gift or in-kind donation to the program.  
\_\_\_\_\_

**Program Partners:**

# of Partners: \_\_\_\_\_

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Name(s) of Partners:

Please list the names of agencies within your collaborative framework.  
\_\_\_\_\_

Staff Involved: (names & positions) Please list key staff who have contributed to the Project here.  
\_\_\_\_\_

Target Area: Target area(s) that your organization serves through the Feed Ohio Project.  
\_\_\_\_\_

Performance Target: This would be the amount of children you proposed to serve in your proposal or the revised target per the R&L meetings.  
\_\_\_\_\_

**Attendance Records - Sign-in sheets req. for verification**

**DAILY SFSP SITE ATTENDANCE**

**# OF CHILDREN WHO ATTENDED THE ENRICHMENT PGM. FOR AT LEAST 1/2 THE SESSION**

TOTAL WEEKLY ATTENDANCE (SITE)

TOTAL WEEKLY ATTENDANCE (ENRICHMENT PGM.)

# of UNDUPLICATED CHILDREN SERVED THE SFSP

# OF UNDUPLICATED CHILDREN ATTENDING THE ENRICHMENT PROGRAM

TOTAL SUMMER ATTENDANCE

AVERAGE WEEKLY ATTENDANCE

AVERAGE SUMMER ATTENDANCE

6/9/2008

6/10/2008

6/11/2008

6/12/2008

6/13/2008 6/14/2008 6/15/2008



0  
0





Agency:  Date:   
Program:  Goal:

Performance Target

	Product Steps	Projection Date	Completion Date	Verification
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Product Steps	Projection Date	Completion Date	Verification
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Product Steps	Projection Date	Completion Date	Verification
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Year: 2008 - 2009

Feed Ohio SFSP Support Project

Agency Name: 0 \_\_\_\_\_

Date: \_\_\_\_\_

**Explanation Form:**

Please use this form to narrate any aspect of the program, agency partnership, or project to increase capacity that you believe is not adequately addressed in the "Feed Ohio Work Plan". Please indicate how these aspects, partnerships or projects correlate to the approved budget and the goals of the Feed Ohio Project.

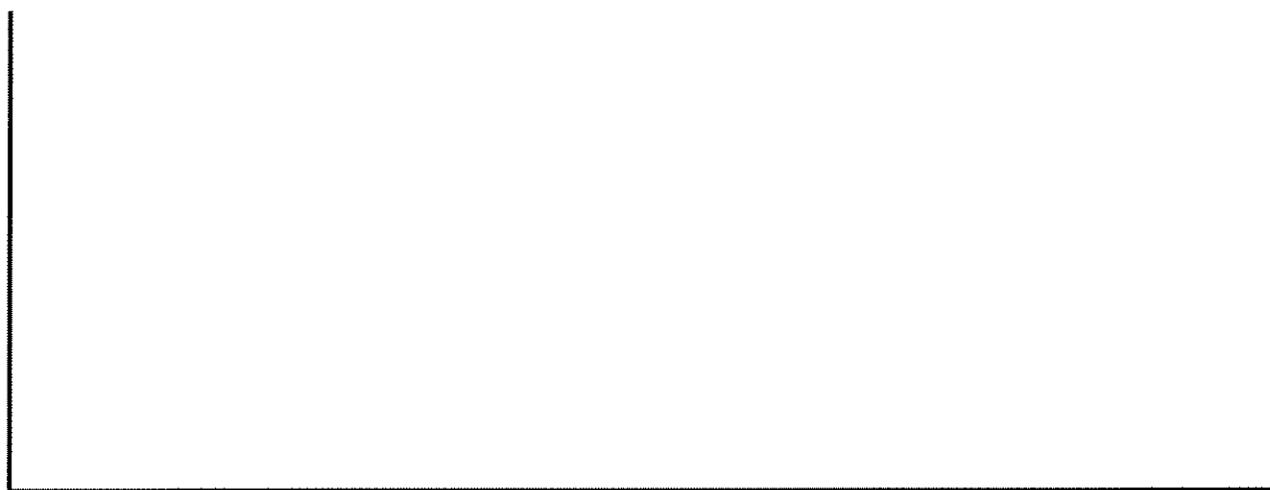
Other topics that you may want to further explain on this form might include entries for dollars mobilized in the funding source section. Please feel free to explain calculations used for this category.

PROGRAM: 0 \_\_\_\_\_

NARRATIVE:

Large empty rectangular box for the narrative.

NARRATIVE Continued:



Program Year: 2009

**Feed Ohio SFSP Project**  
**Progress toward Completion of Deliverables**

Agency:

Date:

Program:

Goal:

**Overall Project Goals**

GOFBCI intends to fulfill the following objectives through the Feed Ohio SFSP grants:

- A. Prevent and reduce the incidence of out-of-wedlock pregnancies;
- B. Increase the number of eligible children who utilize the SFSP in Ohio and provide reports to track attendance at sites;
- C. Develop and support SFSP sites throughout the State of Ohio as determined by the MR-81 data available from the Ohio Department of Education (see Section VII (D) Applicant's Library)
- D. Improve SFSP sponsor/site sustainability by defraying initial site infrastructure costs.

	<b>Deliverables</b>	<b>Projection Date</b>	<b>Completion Date</b>	<b>Verification/Attachments</b>
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>