



CHART 3- PROGRAM OPERATIONS CONGREGATE MEALS

Organization Name: _____ Fiscal Year: _____

1. Organization/Person(s) conducting nutrition education for congregate sites
2. Resources to be used: special guests/community partners/handouts/programs (ex: eatright.org, myplate.gov, MSU extension, Cooking Matters)
3. Materials distributed in languages other than English (list materials and languages provided)

Congregate Nutrition Education Activities Plan and Expected Outcomes

Please indicate the topic of nutrition education for each month and describe the desired outcome

October

November

December

January

February

March

April

May

June

July

August

September

CONGREGATE SITE INFORMATION

4. List of Congregate Sites:

5. Number of Home-Delivered Meal recipients who also attended a congregate site:

6. Describe vehicles and equipment used for transporting and delivering meals: hot, cold, frozen and/or shelf-stable foods:

7. Average Volunteer FTEs at mealtime:

8. Average Paid Staff FTEs at mealtime:

Submitted By:

Date:

AAA 1-B Comments:

Approved by: _____ Date: _____