

EFNEP Monthly Summary Sheet

Educator Name: _____ Today's Date: _____

My updated **list of families** is attached.

My updated **list of volunteers** is attached.

Outside Funding in the past month

Grant Dollars: (outside funding, not EFNEP)	\$
Contributions:	
• Actual cash dollars contributed	\$
• Class Rooms: Total number of classes held in rooms at other agencies	Number: (class series)
• Child Care: Hours of child care contributed by agencies	Number : (Hours)
• Transportation: number of participants who received rides to EFNEP classes	Number: (Participants)
• Food: approximate dollar value of food contributed to EFNEP/SNAP- ED classes	\$
Other actual dollars received	\$

Number of classes taught (these are actual classes, not class series)

Number of agency meetings

Success Stories *A strong success story includes details! Fill in the details of success stories from participants and agency partners by using the 5 P's:*

The Problem: this could be the participant's health or a behavior they want to change.

The Partners: who was involved? Agency partners? Family members?

The Program: quickly describe the program (8 week series, nutrition education classes, etc.).

The Participant: include details about the participant that are relevant to the story; do they have children? Are they married? How old are they? Where are they from?

The Impact: what difference did the program make in the participant's life? What behavior did they change and how did it affect them and their family?

