

## EFNEP Monthly Summary Sheet Instructions

### Definitions:

*Class* –A unit of instruction, which covers a lesson from, approved curricula (not a class series). If you teach a one-on-one unit of instruction, it equals one class. If you teach a unit of instruction to a group, it also equals one class.

*Teaching visits* - A group receiving one “unit of instruction” (class) counts as one teaching visit per participant. If you teach a class to a group of eight people, you have completed eight teaching visits. If you teach a one-on-one class, then you have completed one teaching visit.

*Class series* – One class series includes teaching the core 9 lessons (plus supplemental lessons if appropriate) to either a group of people or one-on-one.

*Lesson* – a designated lesson plan from approved curricula. For example, teaching the entire “Go Lean With Protein” lesson to a group of people or one-on-one is considered one lesson; regardless of whether that lesson was taught during one class or more than one class.

*Teaching Hours* – number of hours of actual teaching time (this does not include class preparation or clean-up).

### Instructions for completing the Monthly Summary Sheet:

- Enter your full name and today’s date.
- List of Families: Update your list of families by writing the total number of teaching visits for each person on the list next to their name (just teaching visits in the current month). Add the names of any new enrollees (not on the list at the bottom of the list) and their total teaching visits. After you have completed this task, place an “X” in the box in front of the statement, “My updated list of families is attached.” on page 1 of the EFNEP Monthly Summary Sheet.
- List of Volunteers: Update your list of volunteers by marking through the volunteer hours and listing the new total number of hours volunteered since October 1<sup>st</sup> of the current fiscal year. Add the names of any new volunteers (not on the list) and their total volunteer hours at the bottom of the list and attach a completed EFNEP Volunteer Registration form for each new volunteer. After you have completed this task, place an “X” in the box in front of the statement, “My updated list of volunteers is attached.” on page 1 of the EFNEP Monthly Summary Sheet.
- Outside Funding- If you teach in multiple counties, list each county at the top where indicated and report outside contributions by county.
  - a. Grant Dollars - These are dollar amounts you have received from grants your EFNEP unit successfully applied for (other than the Colorado EFNEP funding). It would include, funding from foundations, etc. received this month. Please also indicate the source of the grant dollars.

b. Contributions - EFNEP does not require detailed records of these contributions. Your estimate of the following contributions is sufficient. The dollar values will be calculated and aggregated at the state level and reported as support that our agency partners provide to the program. This does NOT include CSU Extension support, which is tracked elsewhere. Please also indicate the source of the contributions. **Note:** Do not count unpaid volunteer time as contributions. Use the EFNEP Volunteer Registration form for this.

- i. Actual dollars contributed - Money contributed for purchasing items for classes (lesson enhancements, supplies, snacks, demonstration foods, etc.) as well as the dollar amount of gift certificates for program participants received this month.
- ii. Class Rooms - Please indicate: How many individual classes/lessons were held in rooms you use in other agencies (other than CSU Extension rooms) this month. For example, if during the course of the year you use a church room for 3 class series, the public library for 2 class series, and a school classroom for 2 class series, you'd fill in the form as follows:

Total number of series of classes held in these rooms:   7  

- iii. Childcare: Show the approximate total number of hours childcare was contributed by agencies this month. The state office will estimate the dollar value.
- iv. Transportation: Estimate the number of people who received rides to classes through transportation provided by agency partners. You do NOT need to show number of rides, distance, etc. – only the total number of people who received rides this month.
- v. Food: Please estimate the total dollar value of food contributed by agency partners this month. This includes food for recipe preparations, snacks, etc.

c. Other Dollars: Include any other actual dollars received this month. Contributions to benefits, retirement funds, etc. are included at the state level and should not be included here.

- Number of Classes taught: Write the total number of classes you taught over the past month in the box provided. These are individual classes (with groups and one-on-one) that you taught – not the number of class series you taught. Include Maternal & Infant and Make-up Classes in this total number of classes for all counties. If you teach in more than one county, write the total number of classes taught in each county and list the county names.
- Number of Maternal & Infant Classes: Write the total number of classes you taught (with groups and one-on-one) over the past month in the box provided.

- Number of Make-up Classes: Write the total number of classes you taught (with groups and one-on-one) over the past month in the box provided.
- Number of Teen Lessons Taught: Write the total number teen classes you taught in the past month in the box provided.
- Number of Youth Lessons Taught: Write the total number youth classes (not including teens) you taught in the past month in the box provided.
- Success Story: Each month you are required to submit at least one success story with your monthly paperwork. A success story is a statement by either a participant or agency reflecting how involvement in EFNEP has changed their lives or the lives of their family in a positive way. Success stories answer one of the three questions:
  - a. “How has participating in EFNEP lessons made a difference in your life?” (participants)
  - b. “How has participating in EFNEP made a difference in the lives of your clients?” (agencies)
  - c. “How has partnering with EFNEP helped you achieve your organization’s goals?” (agencies)

After you have completed this task, place an “X” in the box in front of the statement, “My updated success story is attached.” on page 1 of the EFNEP Monthly Summary Sheet.