# National School Lunch Program

# Equipment Assistance Grant Quarterly Progress Activity Report

*Email your quarterly report to* *ode.schoolnutrition@ode.oregon.gov*

Fiscal Year (FY) of the Equipment Grant Awarded: [ ]  2021-2023 [ ]  2022-2024

Indicate which quarter you are reporting: [ ]  1st Qtr. (Oct-Dec) [ ]  2nd Qtr. (Jan-Mar)

 [ ]  3rd Qtr. (Apr-Jun) [ ]  4th Qtr. (Jul-Sept)

Sponsor’s Name:       School’s/Site Name:

Type of equipment:       [ ]  New

|  |
| --- |
| 1. Progress towards expending its grant funds:

      1. Any accomplishments or challenges encountered in expenditure activities:

     1. If applicable, reasons why haven’t spent all or part of grant funds:

     1. The amount and percentage of the grant award spent:

     1. The types of equipment purchased, the cost of each piece of equipment purchased with grant funds, and, if applicable, any ancillary costs covered with grant funds:

     1. The impact of equipment purchased with grant funds on the nonprofit food service program:

     1. If applicable, whether the recipient has returned, or is considering returning, equipment purchased with grant dollars.

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| Signature of Authorized RepresentativePrinted Name:       Title:        |
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 Duplicate as necessary Revised 1/2023