

FNP
REPORTING
MADE EASY

FNP Reporting Made Easy

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County Extension Match Invoice

TO: Family Nutrition Program
 Kansas State University
 243 Justin Hall
 Manhattan, KS 66506-1422

Month: Month Match Provided In
 County: Name of County

| Category | Description | | | | | Amount |
|-----------------------------------|--------------------------|--------------------|--------------------|--------------------|-----------------------|----------------|
| 1000 Salaries and Benefits | Space Rate | TOTAL SPACE | Salary Rate | Hours | TOTAL SALARIES | |
| | Name of Person | Space | Formula | Actual wage | Hrs worked | Formula |
| | Providing Match | rate for | | rate plus | from county | |
| | | that | | benefits | match | |
| | | person | | \$ - | activity log | |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | One line for each | \$ - | \$ - | \$ - | 0 | \$ - |
| | person | \$ - | \$ - | \$ - | 0 | \$ - |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | | \$ - | \$ - | \$ - | 0 | \$ - |
| | TOTAL | | Formula | | | |
| Total | | | | | Formula | |

2000 Contractual Services (other)

| | | | |
|--------------|---------------|--|----------------|
| | Postage | Total from PostageLog | \$ - |
| | Telephone | Copy of bill, calls highlighted | \$ - |
| | Duplicating | Total from Duplicating Log | \$ - |
| | Rental/Repair | Copy of invoice | \$ - |
| | Space | From above calculation | \$ - |
| Total | | | Formula |

2500 Travel

| | | | |
|--------------|-----------------|---|----------------|
| | In-State Travel | Total from Mileage log/registrations | \$ - |
| Total | | | Formula |

3000 Supplies (under \$5000)

| | | | |
|--------------|--|------------------------------|----------------|
| | Materials (Nutrition Ed and Food Demo) | Total from supply log | \$ - |
| | Non Capital Equipment and Supplies (Equipment and Office Supplies) | | \$ - |
| Total | | | Formula |
| TOTAL | | | Formula |

Detailed information supporting this documentation is on file in the agency. We certify that we have contributed public, non-federal funds/services for matching the Family Nutrition Program, and that these funds are not used to match other federal programs.

Signature _____ FNP Agent Signs _____ Date _____ Date Signed _____

Extension Match Activity Log --- FNP

Name: Name of Person Providing Match Position Title of person providing match

County Name of County Month: Month match provided in

**FNP Related Activities (assign applicable number to the corresponding FNP activity below)*

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Education of community partners about FNP 2. Recruitment of clientele for FNP 3. Planning and preparation for FNP activity 4. Delivery and evaluation of FNP activity | <ul style="list-style-type: none"> 5. Training and supervision of Program Assistant 6. Training and supervision of Nutrition Assistant 7. Preparation of FNP reports 8. Attendance at approved conferences and trainings |
|---|--|

Round fractions of an hour to the nearest half hour.

| Date | # Hours | Activity* | | Date | # Hours | Activity* | |
|------|---------|-----------------|--|--------------|----------------|-----------|--|
| 1 | | Hours worked on | No writing in shaded areas No writing in shaded areas No writing in shaded areas No writing in shaded areas No writing in shaded areas | 17 | 0.00 | | No writing in shaded areas No writing in shaded areas No writing in shaded areas No writing in shaded areas |
| 2 | | that date | | 18 | 0.00 | | |
| 3 | 0.00 | | | 19 | 0.00 | | |
| 4 | 0.00 | Choose an | | 20 | 0.00 | | |
| 5 | 0.00 | activity # | | 21 | 0.00 | | |
| 6 | 0.00 | | | 22 | 0.00 | | |
| 7 | 0.00 | No words | | 23 | 0.00 | | |
| 8 | 0.00 | Just numbers | | 24 | 0.00 | | |
| 9 | 0.00 | 1 to 8 only!! | | 25 | 0.00 | | |
| 10 | 0.00 | | | 26 | 0.00 | | |
| 11 | 0.00 | | | 27 | 0.00 | | |
| 12 | 0.00 | | | 28 | 0.00 | | |
| 13 | 0.00 | | | 29 | 0.00 | | |
| 14 | 0.00 | | | 30 | 0.00 | | |
| 15 | 0.00 | | | 31 | 0.00 | | |
| 16 | 0.00 | | | TOTAL | Formula | | |

Individual signs

Signature of person providing match

Date Signed

Date

County Director, Area Director or Board Chair signs

Signature of Supervisor

Date Signed

Date

Collaborating Agency Match Activity Log --- FNP



County County Matching For Job Title Title of Person Providing Match

Agency Agency Name Month: Month Providing Match

*FNP Related Activities (assign applicable number to the corresponding FNP activity below)

1. Planning and preparation for FNP activit
2. Delivery and evaluation of FNP activi
3. Co-teaching FNP activity
4. Recruitment of clientele for FNF

Round fractions of an hour to the nearest half hour.

| Date | # Hours | Activity* | Date | # Hours | Activity* |
|------|-----------------|--------------|--------------|----------------|------------|
| 1 | Hours worked on | | 17 | 0.00 | No writing |
| 2 | that date | | 18 | 0.00 | in shaded |
| 3 | 0.00 | | 19 | 0.00 | areas |
| 4 | 0.00 | Choose an | 20 | 0.00 | |
| 5 | 0.00 | activity # | 21 | 0.00 | No writing |
| 6 | 0.00 | | 22 | 0.00 | in shaded |
| 7 | 0.00 | No words | 23 | 0.00 | areas |
| 8 | 0.00 | Just numbers | 24 | 0.00 | |
| 9 | 0.00 | 1, 2, 3 or 4 | 25 | 0.00 | No writing |
| 10 | 0.00 | | 26 | 0.00 | in shaded |
| 11 | 0.00 | | 27 | 0.00 | areas |
| 12 | 0.00 | | 28 | 0.00 | |
| 13 | 0.00 | | 29 | 0.00 | No writing |
| 14 | 0.00 | | 30 | 0.00 | in shaded |
| 15 | 0.00 | | 31 | 0.00 | areas |
| 16 | 0.00 | | TOTAL | Formula | |

Printed Name _____ **Signature of Person Providing Match** _____ **Date signed** _____
 Employee Print Name Employee Signature Date

Printed Name _____ **Signature of Supervisor** _____ **Date signed** _____
 Supervisor Print Name Supervisor Signature Date

No black ink, pencil or stamps.

Volunteer Match Invoice

Family Nutrition Program

Month: Month Worked

County: Name of County

Volunteer Name: Name of Individual Volunteer

Total Hours Worked: Hours worked on FNP in a month

Signature of Volunteer: Person volunteering time

Signature of Extension Agent: FNP Agent

Date: Date Form Signed

Total Value of Volunteer Time

$$\frac{\text{\# of hours worked}}{\text{(Hours)}} \times \$5.15 = \frac{\text{Formula}}{\text{(Rate)}}$$

No black ink, pencil, or stamps

FNP Expenditures Invoice

County: _____ Name of County _____

Date: _____ Date Submitted _____

TO: Family Nutrition Program
 Kansas State University
 243 Justin Hall
 Manhattan, KS 66506-1422

VENDOR:
 Who We Are Paying
 Address

TAX ID: _____ Federal Tax ID Number _____

| Category | Description | \$ |
|--------------|---|----------------|
| 2000 | Contractual Services (other) | |
| | Postage Total from Postage Log | \$ - |
| | Telephone Copy of bill, calls highlighted | \$ - |
| | Advertising For Hiring Bill and copy of ad | \$ - |
| | Duplicating Total from Duplicating Log | \$ - |
| | Rental/Repair Copy of invoice | \$ - |
| | Priority Support for Food Processor Copy of invoice | \$ - |
| | Interpreter Copy of invoice | \$ - |
| 2500 | Travel in County Vehicle | |
| | In-state Travel Total from mileage log/reg | \$ - |
| 3000 | Supplies (under \$5000) | |
| | Materials (Nut Ed and Food Demo) Copy of receipts/invoices | \$ - |
| | Non Capital Equipment and Supplies (Equipment and Office Supplies) | \$ - |
| TOTAL | | Formula |

Attach original receipts. Be sure to sign all receipts/invoices.
 Group receipts together by budget subcategories:
 For example: Food Demo, Nutrition Education Materials, etc.

Agent Signature _____ Signature of Responsible Agent _____

Supplies (less than \$5000) Log --- FNP

Budget Category 3000

Month Month Items Purchased

County Name of County

Check applicable box

| Match | Expense | Date | Brief Description/Curriculum | Materials and Food | Equipment/Supplies | Cost |
|--------------|---------|---------|---|--------------------|--------------------|----------------|
| choose | one | Date of | Where you bought it--WalMart, Dillons--what curriculum | choose | one | Amount |
| | | Receipt | or display it related to | | | \$ - |
| | | | | | | \$ - |
| | | | Remember we cannot pay sales tax. | | | \$ - |
| | | | Please send copies of the full receipt including dates | | | \$ - |
| | | | Please do not highlight anything on receipts | | | \$ - |
| | | | Please circle the items FNP is paying for | | | \$ - |
| | | | | | | \$ - |
| | | | Please note that WIC, HeadStart and Senior Center are not a | | | \$ - |
| | | | curriculum. | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Total | | | | | | Formula |

Signature _____ Signature of agent or collaborator _____ DATE _____ Date Signed _____

Personal Reimbursement Claim Form --- FNP

| Date | Description/Curriculum | Amount |
|-------------------------|--|----------------|
| Date of Purchase | Where you bought it--WalMart, Dillons and what curriculum or display it relates to--Professor Popcorn, Snacks Display | Amount |
| | | \$ - |
| | | \$ - |
| | Please circle the items that FNP is paying for--Do not highlight | \$ - |
| | | \$ - |
| | We can reimburse sales tax to an individual. | \$ - |
| | | \$ - |
| | Please note that WIC, HeadStart and Senior Center are not a curriculum. | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| TOTAL | | Formula |

"Reimbursement for personal expenditures made on behalf of KSU for the above item(s).
I certify that the above reimbursement is correct, due and unpaid."

Date **Date Submitted** Signature **Person We Are Paying**

Home Address **Individual's Home Address**

City _____

Zip _____

Sign all receipts/invoices.

Pledge

Fiscal year 2007

Family Nutrition Program

October 1, 2006 - September 30, 2007

Collaborating Organization: _____ **Name of group or individual**

Amount of Donation: _____ **Amount of donation**

Signature of Authorized Representative: _____ **Person Pledging Cash**

Signature of Extension Agent: _____ **Signature of FNP Agent**

County: _____ **Name of County**

Date: _____ **Date Pledged**

Receipt

Fiscal year 2007

Family Nutrition Program

October 1, 2006 - September 30, 2007

Collaborating Organization: _____ **Name of Group or individual**

Amount of Donation: _____ **Amount Donated**

Signature of Authorized Representative: _____ **Person Providing Cash**

Signature of Extension Agent: _____ **Agent Receiving Cash**

County: _____ **Name of County**

Date: _____ **Date Received**