

## WORK PLAN FORM

1. Recipient Name:	2. MOA Number:	3. MOA Term Dates:	Reserved for NCIDC Use			
High Mountain Reservation	20-CSBG-001	<b>From:</b> 01-01-20 <b>Thru:</b> 12-31-20				
4. Identified Need(s)/Problem(s), Planned Goal(s) & Description of Services:			5. Service Code	6. Planned number of clients to be served:	7. Planned number of households to be served:	8. FNPI Outcomes
<b>Identified Need/Problem:</b> A survey conducted by the local Elementary School and the Tribal Day Care Center found that many Native American Indian children do not eat a nutritious breakfast. This endangers the children's health and impairs their physical and mental growth. They also found that some of the children lacked adequate school supplies.						
<b>Planned Goals:</b> Work with the local school district, the Tribal Day Care Center, the Tribal Recreation Program, Federal and State agencies to plan, develop and implement School Breakfast Nutrition programs for the Tribal Day Care Center and local Elementary School. Purchase school supplies for the children.						
<b>Nutrition and Food/Meals Service Code: SRV 5ii Prepared Meals</b> Using the resources of the community, develop a combined approach to address the lack of nutritional breakfast provided for the children. Establish cooperative agreements between the School District and the Tribe, and submit jointly sponsored grant applications to appropriate Federal and State agencies for funding of School Breakfast Nutrition Programs.			SRV 5ii	30	13	
<b>FNPI 5z; The number of individuals who reported a better sense of food security.</b> To obtain an outcome for this FNPI goal the 30 children would need to take a survey and then the Survey results would be listed under outcomes if they reported a better sense of food security.			FNPI 5z	30	13	30
<b>Education Service Code: SRV 2k School Supplies</b> This part of the program will serve an estimated 30 children. School supplies will be purchased for the children, including but not limited to Note books, Pencils, Erasers, Crayons and Scissors.			SRV 2k	30	13	
<b>9. Planned Number of Volunteer Hours</b> (Enter "0" if none.)			Service Code: B3A1	20		
<b>10. List Planned Partnerships/Organizations</b> (Enter "0" if none) School District Tribal Day Care Center Tribal Recreation Program			# of Agency(s):  1 2	B5H B5C		
<b>Use Additional Work Plan Forms as Necessary</b>						