

Note to WNEP Coordinator: Complete a copy of this form for **each Agency** (cost shared and non-cost shared) with which some educational programming is being planned.



Wisconsin Nutrition Education Program

County Name _____

Agency Number _____

PLAN FOR PROGRAMMING RELATIONSHIP BETWEEN WNEP AND AGENCY PARTNER
October 1, 2009 to September 30, 2010

The mission of the Wisconsin Nutrition Education Program (WNEP) is to provide nutrition education to food stamp recipients and/or those eligible for the food stamp program. WNEP works in partnership with community agencies who share a common mission for reaching out to limited-income members of the communities.

Information about the Agency Partner:

Name of Agency: _____

Agency Address: _____

Name of Agency Contact: _____ Title: _____

Phone number: _____ email: _____

WNEP will provide the following Educational Programs in collaboration with this Agency

List each Educational Program or Programming relationship by number and title:

<u>Agreement Number</u>	<u>Agreement Title</u>	<u>Cost share Relationship?</u>	<u>% FoodShare Recipients</u>
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %
_____	_____	___ YES ___ NO	_____ %

Complete Form B-10 (Educational Plan) for every Agreement listed above and Form D-10 (Cost Share Agreement) for each Agreement listed above with which there is Cost Share.