

**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, 2008 to September 30, 2009**

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-09 (Educational Plan) for every Agreement listed above and Form D-09 (Cost Share Agreement) for each Agreement listed above with which there is Cost Share.**