



Child Nutrition Index Data Request Form

Only for proposals being submitted to Hunger Impact Partners

Please identify the data you need from Hunger Impact Partners (check all that apply)

- School Breakfast Meals
- Summer Meals
- Not-in-School-Time Meals (CACFP, CACFP At-Risk)
 - Snacks
 - Suppers

Organization Information	
Name of Organization: 	Type of Organization: (please check one) <input type="checkbox"/> School <input type="checkbox"/> School District <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Park & Recreation <input type="checkbox"/> Child Care Center
Please identify geography: <input type="checkbox"/> Single Site <input type="checkbox"/> School District name _____ <input type="checkbox"/> County name _____	Tax Status: (please check one) <input type="checkbox"/> For Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> NA: Does not apply
How many children are currently enrolled in your program?	How many children are eligible for: _____ Free meals _____ Reduced-price meals
Street Address:	City, State, Zip:
Phone Number:	Website:
Briefly state your current challenges: 	

Contact Information	
Name of Primary Contact:	Title of Primary Contact:
Direct Phone Number:	Email:

Please email the form to ensearch1@aol.com.