

**NETWORK FOR A HEALTHY CALIFORNIA FUNDED PROJECT: SCNAC FEDERAL SHARE DOCUMENTATION  
FEDERAL SHARE WEEKLY TIME LOG  
FY 2009-2010**

*Record your time in 15 minute increments, using decimals to record partial-hour increments (i.e., .25, .50, and .75.) Sign in blue ink and date the log on the last working day of the month and then give it to your program manager.*

Name:	Title:
Partner:	Phone/email:

October		November		December	
Oct 1-15	Oct 16-31	Nov 1-15	Nov 16-30	Dec 1-15	Dec 16-31

**Total Logged Hours for 1st Quarter:** \_\_\_\_\_

\* I certify that documented time is from Allowable Activities listed on this page.

**Employee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor/ Designee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Examples of Allowable Activities to log above:**

**Children/Student Nutrition Education in a Classroom or Group**

**Setting:**

- Harvest of the Month activities
- Nutrition education integrated into daily routines and/or lesson plans
- Create artwork/essays on the topic of nutrition
- Read books with a nutrition theme
- Bulletin boards/door murals that support good nutrition and increase physical activity
- Discuss breakfast and lunch menu choices in relation to the components of a healthy nutritious meal
- Teach nutrition via CD ROM/Internet/Computer programs
- Conduct cooking classes and/or taste tests with healthy foods as part of a nutrition education lesson/activity
- Garden-based nutrition education
- Nutrition education field trips (do not include travel time or costs) such as tours of farmers' markets
- Nutrition promotion activities in the cafeteria or meal area
- Nutrition education in nurse's/health aide office

**Nutrition Education at Special Events:**

- Nutrition education at special events - health fairs, Open House, Back to School Night, carnivals, assemblies, fund raisers, etc.

**Physical Activity Promotion:**

- Present one-time physical activity demonstration that educates and promotes physical activity as a component of a broader nutrition education intervention
- Promote healthy active lifestyles as a component of a nutrition education intervention (e.g. Shape of Yoga)
- Give advice on where to access low- or no-cost physical activities

**Paid Time off:**

Paid time off (e.g., vacation, sick leave, holiday time, etc.) should be recorded as the actual paid vacation, paid sick time or paid holiday time earned per the organization's policies. These types of earnings must be prorated by the FTE budgeted in the contract –e.g., if a .50 FTE employee takes a vacation day, that employee would record 4 hours of vacation time for that day.

**Adult Nutrition Education in Classroom, Group or Individual**

**Settings:**

- Adult nutrition education classes/seminars/workshops
- Talk with parents or distribute information about nutrition/ physical activity promotion
- Connect families with community resources that promote healthy eating and physical activity
- Conduct cooking classes and/or taste tests with healthy foods

**Nutrition Promotion Activities:**

- Disseminate information and promote nutrition education at meetings, conferences, and other events
- Disseminate press releases, press kits, PSA's, or other nutrition education and physical activity promotional materials linked with nutrition
- Disseminate newsletters, videos, CDs, or web pages on good nutrition or physical activity promotion
- Media outreach for events targeting food stamp eligibles that promote good nutrition
- Provide nutrition information or technical assistance to community leaders who work with food stamp eligibles

**Staff Training/Professional Development:**

- Nutrition Education Training - attending workshops, seminars and other training events that support nutrition education and physical activity promotion

**Administrative Tasks Related to the Network:**

- Time completing documentation for *Network* contracts
- Fiscal/accounting duties (e.g. invoicing)
- General clerical tasks in support of *Network* projects

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Name:	Title:
Partner:	Phone/email:

January		February		March	
Jan 1-15	Jan 16-31	Feb 1-15	Feb 16-28	Mar 1-15	Mar 16-31

**Total Logged Hours for 2nd Quarter:** \_\_\_\_\_

**\* I certify that documented time is from Allowable Activities listed on this page.**

**Employee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor/ Designee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

***Examples of Allowable Activities to log above:***

**Children/Student Nutrition Education in a Classroom or Group**

**Setting:**

- Harvest of the Month activities
- Nutrition education integrated into daily routines and/or lesson plans
- Create artwork/essays on the topic of nutrition
- Read books with a nutrition theme
- Bulletin boards/door murals that support good nutrition and increase physical activity
- Discuss breakfast and lunch menu choices in relation to the components of a healthy nutritious meal
- Teach nutrition via CD ROM/Internet/Computer programs
- Conduct cooking classes and/or taste tests with healthy foods as part of a nutrition education lesson/activity
- Garden-based nutrition education
- Nutrition education field trips (do not include travel time or costs) such as tours of farmers' markets
- Nutrition promotion activities in the cafeteria or meal area
- Nutrition education in nurse's/health aide office

**Nutrition Education at Special Events:**

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**Staff Training/Professional Development:**

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**Administrative Tasks Related to the Network:**

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Name:	Title:
Partner:	Phone/email:

April		May		June	
Apr 1-15	Apr 16-30	May 1-15	May 16-31	Jun 1-15	Jun 16-30

**Total Logged Hours for 3rd Quarter:** \_\_\_\_\_

**\* I certify that documented time is from Allowable Activities listed on this page.**

**Employee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor/ Designee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

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Partner:	Phone/email:

July		August		September	
Jul 1-15	Jul 16-31	Aug 1-15	Aug 16-31	Sep 1-15	Sep 16-30

**Total Logged Hours for 4th Quarter:** \_\_\_\_\_

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**Employee Signature (blue ink only)\*** \_\_\_\_\_ **Date** \_\_\_\_\_

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