



Date: _____

School: _____

School District, County or Area: _____

Contact for Start-up: _____

ESTABLISH GOALS (See Guide Pages 8 and 9)

A. Full Pilot: Download Forms 1, 2, 3, 4, 5, 9 and 10

B. Kitchen Waste and Tray (Adopt-A-School): Download Forms 1, 4, 6, 9 and 10

C. Trash Only: Download Forms 1 and 7

D. Liquids Only: Download Forms 1 and 8

Program Selected: _____

Forms downloaded for your program (See Guide Page 20): YES _____ NO _____

Current process in lunchroom: _____

How many students are in your school: _____

Who does the foodservice (public or private): _____ (ask the Kitchen Manager)

How many students buy lunch every day: _____

Estimated start-up costs (ETC use): _____

Funding source (if any): _____

Begin to fill out form 10

ESTABLISH CONTACTS

Contacts in School or District (may include principal, kitchen manager, custodial staff, child nutrition service director, child nutrition service area representative):

Interest list: Groups, parents, teachers, clubs, local farms and others to be contacted:

Notes:
