

**SURVEY RESULTS REPORT
SCHOOL YEAR**

Return by October 15th

School Food Authority (SFA): _____

Number of Schools in SFA: _____

SCHOOL / SITE NAME	TOTAL ENROLLMENT	FREE ELIGIBLE	REDUCED ELIGIBLE

SIGNATURE OF SCHOOL OFFICIAL

DATE

TITLE OF SCHOOL OFFICIAL

Email Completed form to: SNPspecialprojects@ag.state.nj.us