



Cornell University  
Cooperative Extension  
New York City



**EFNEP**

**EFNEP YOUTH COVER SHEET**

(Check Correct Region) <b>Brooklyn</b> <input type="checkbox"/> <b>Queens</b> <input type="checkbox"/> <b>Bronx</b> <input type="checkbox"/> <b>Manhattan</b> <input type="checkbox"/> <b>Staten Island</b> <input type="checkbox"/>						
<b>Name of CE</b>				<p><b>TARGET AUDIENCE:</b></p> <input type="checkbox"/> Special interest, Short term <i>(after school or summer)</i> <input type="checkbox"/> School Enrichment <i>(during school class hours)</i> <p><b>DELIVERY SITE:</b></p> <input type="checkbox"/> Church <input type="checkbox"/> Community Center <input type="checkbox"/> Head Start <input type="checkbox"/> Schools <input type="checkbox"/> Youth Education Site <input type="checkbox"/> Adult Ed. & Training <input type="checkbox"/> Health Care Site <input type="checkbox"/> Public Housing <input type="checkbox"/> Libraries <input type="checkbox"/> Other: _____ <p><b>STEPS TO HEALTHY MEETINGS:</b></p> <input type="checkbox"/> Signed Pledge Form <input type="checkbox"/> Implemented Steps <input type="checkbox"/> Received Certificate		
<b>Agency Name</b>						
<b>Agency Address</b>						
<b>City, State, Zip</b>						
<b>Agency Telephone</b>						
<b>Agency Fax</b>						
<b>Contact Person</b>						
<b>Contact Title</b>						
<b>Contact Email</b>						
<b>Start Time:</b>	<b># of Youth Lessons</b>	<b>Start Date</b>	<b>End Date</b>		<b>Volunteer(s)</b>	
AM PM				1		
<b>End Time:</b>	<b>School District</b>	<b>Community Board</b>		2		
AM PM						
<b>Day of the Week:</b>	MON	TUES	WED	THURS	FRI	<b>REVIEWED BY:</b>