

Sugary Drinks Distributor Tax Funding Initiative Biannual Report: September 2019-June 2020

II. Activities

Summarize the activities completed during the report period. For each type of activity indicate: the number of activities for each type of activity; up to two program focus areas; number of sign-ins; number of unduplicated participants; if applicable, what success looks like (e.g. attendance requirement, referrals used, etc.) and percentage of participants (or other) meeting target; and the amount participants pay to attend (write 0 if free) . An example is included in the table below.

Activity Type	Number of activities during report period	Primary Program Focus Area	Secondary Program Focus Area	# of sign-ins	# of unique participants (unduplicated)	What does success look like (i.e. attendance requirement; % referrals taken)	% of participants successfully completing activity.	How much do participants pay to attend?
Series of Cooking classes	6	Healthy Eating		136	25	Attend 5/6 classes	85	\$0.00

[For Healthy Food Purchasing Supplement only]

- a. What was the total value of SDDT funds issued via voucher or other method to support food purchasing? _____
- b. What was the total amount of SDDT funds spent? _____

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III. Community Reach & Participation:

Indicate the number of persons your organization reached by ethnicity and age. Do not include persons already listed above in the employment/job training section.

	0-5 years	6-18 years	19-24 years	25-64 years	65-75 years	75+ years	Age Unknown	Pregnant women
Asian								
Chinese								
Vietnamese								
Japanese								
Filipinx								
Pacific Islander								
Black/African American								
Latinx								
Native American								
American Indian/Alaska Native								
First Nation (Canada)								
Native/Indigena from Mexico, Central or South America								
White								
Middle Eastern								
Multi-ethnic								
Unknown/ Declined to state								

PARTICIPANT ENGAGEMENT: Describe if and how your program engages participants in the planning, implementation, and/or evaluation of the program.

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IV. Community Partnerships:

List any community partners you have worked with in the reporting period and what the nature of that partnership was.

Partner	Nature of partnership

V. Program and Budget:

Are you on track with spending your budget? Yes No

January Report Only: Do you expect to do a budget revision? Yes No

Briefly describe any **key changes to your program**, such as staff, community, location, and/or budget.

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VI. Key Accomplishments and highlights: Attach a narrative description of the major activities, key accomplishments and highlights of your program during the report period. (Please attach photos, media posts, presentation slides, etc. as supplemental documents). Be Concise!

VII. Barriers Encountered: Please describe any challenges or unanticipated issues on your program, and if applicable how you addressed them and any requests for technical assistance. (Describe areas where no progress was made or you were unable to complete an activity fully, and why. Include any steps taken to overcome challenges or resolve problems). Be Concise!

VIII. July Report Only: Please describe any potential policy, systems or environmental changes and strategies that you have identified.