

**GUAM DEPARTMENT OF EDUCATION**  
**SCHOOL FOOD AUTHORITY (SFA) MONTHLY MEAL COUNT REPORT**  
**FOR COMMUNITY ELIGIBILITY PROVISION (CEP) SCHOOLS**  
**School Year 2025 - 2026**

<b>A. Name of SFA:</b>	Guam Department of Education	<b>G. Month/Year Reported</b>	
<b>B. School Name:</b>			

<b>C. Enrollment for the Month:</b>		<b>H. Total Serving Days:</b>	<b>Breakfast:</b>		<b>Lunch:</b>	
<b>D. Total Attendance for the Month:</b>						
<b>E. Total Absentees for the Month:</b>						
<b>F. Average Daily Attendance:</b>						
		<b>I. Average Daily Participation (ADP) for Breakfast:</b>				
		<b>J. Average Daily Participation (ADP) for Lunch:</b>				

K. Date	L. Number of Reimbursable Meals		M. Daily Attendance
	Breakfast	Lunch	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
<b>Grand Totals:</b>			

FOR LEA USE ONLY		
Monthly Meal Data		
Total Number of Meals Served during the Month		
Breakfasts	Lunches	Total

FOR LEA USE ONLY		
Annual CEP Percentages		
Percentage of Identified Students	Percentage of Meals Reimbursed at Federal	
	FREE Rate	PAID Rate
<b>61.23%</b>	<b>97.97%</b>	<b>2.03%</b>

FOR LEA USE ONLY		
Type of Meal	Number of Meals to be Reimbursed at	
	FREE Rate	PAID Rate
Breakfast		
Lunch		

CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true and correct and is in accordance with rules and regulations governing the Child Nutrition Programs. It is understood that any willful misinterpretation, fraud/embezzlement are subject to applicable penalties.			
<b>Prepared by:</b>			
<i>Type or Print Name</i>	<i>Position Title</i>	<i>Signature</i>	<i>Date</i>
<b>Certified by:</b>			
<i>Type or Print Name</i>	<i>Position Title</i>	<i>Signature</i>	<i>Date</i>

REMARKS/COMMENTS

This institution is an equal opportunity provider.