



Wrap Your Own- Iowa Grown

2011 Financial/Performance Report Form

Name: _____ School: _____

How many students were served as part of this initiative: _____

Grades of students served: _____

What were some positive aspects of the “Wrap Your Own- Iowa Grown” initiative:

What are some things we could do to improve this initiative: (We will use your feedback to better this initiative in the future)

Please list name and address of grower and what was purchased

Name	Address	City	Zip	Item(s) purchased

Have you purchased from this grower/growers in the past? Yes No

Would you purchase from this grower again? Yes No

How much money was spent on these fruits/vegetables: _____

Are you interested in purchasing “local foods” in the future? Yes No

What foods would you be interested in buying? _____

Would you like your information posted on our website so growers may contact you directly? Yes No

Additional Comments:

Thank you for your participation in this initiative.

