

## **Kitchen Creations Checklist:**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
County: \_\_\_\_\_ Date of Class: \_\_\_\_\_

- \_\_\_\_\_ Demographic Survey
- \_\_\_\_\_ Session 1 Comment Sheets
- \_\_\_\_\_ Session 2 Comment Sheets
- \_\_\_\_\_ Session 3 Comment Sheets
- \_\_\_\_\_ Session 4 Comment Sheets
- \_\_\_\_\_ Sign in Sheets
- \_\_\_\_\_ Program Evaluations
- \_\_\_\_\_ Expense Sheet & Procurement Card  
Transaction Confirmations

\*Please check off items as they should all be included and mailed to K'Dawn at NMSU. If for some reason you do not have an item included, please state the reason.

\*Please paperclip forms together and keep separate from differing forms.

\*If sending information for more than one class, please make sure dates on are all forms and that you have a check list for each class.

**Thank you😊**

## *Kitchen Creations*

Your birth date \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

To help us learn more about you, please check the one best response to each of the following questions:

**1. Do you have diabetes?**

- Yes
- No
- No, but a member of my family has diabetes
- I don't know

**2. Do you prepare most of the food eaten in your home?**

- Yes
- No

**3. What is your age? \_\_\_\_\_**

**4. Are you:**

- Hispanic/Latino
- Native American/American Indian
- White (non-Hispanic)
- African-American/Black
- Asian-American
- Other \_\_\_\_\_

**5. Are you:**

- Female
- Male

**6. How would you describe your general health?**

- Excellent
- Good
- Fair
- Poor

***Kitchen Creations – Meal Planning (session 1)***

**Your birth date** \_\_\_\_\_ **County** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMMENTS:**

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***Kitchen Creations – Balancing Carbohydrates (session 2)***

**Your birth date** \_\_\_\_\_ **County** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMMENTS:**

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***Kitchen Creations – Vegetables, Beans, and Grains (session 3)***

**Your birth date** \_\_\_\_\_ **County** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMMENTS:**

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***Kitchen Creations – Heart Healthy Cooking (session 4)***

**Your birth date** \_\_\_\_\_ **County** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMMENTS:**

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## *Creaciones de la Cocina*

Fecha de nacimiento \_\_\_\_\_ Condado \_\_\_\_\_ Fecha \_\_\_\_\_

**Ayúdenos a saber más acerca de usted. Por favor, ponga una palomita junto a la respuesta que mejor aplique en cada de las siguientes preguntas:**

**1. ¿Tiene diabetes?**

- Sí
- No
- No, pero un miembro de mi familia tiene diabetes
- No sé

**2. ¿Es usted quien prepara la mayoría de la comida que se consume en su hogar?**

- Sí
- No

**3. ¿Cuántos años tiene? \_\_\_\_\_**

**4. ¿Es usted...?**

- Hispano/Latino
- Americano Nativo/Indio Americano
- Anglo (no-hispano)
- Afro-Americano/Negro
- Asiático-Americano
- Otro \_\_\_\_\_

**5. ¿Es usted...?**

- De sexo femenino
- De sexo masculino

**6. ¿Cómo describiría su estado de salud en general?**

- Excelente
- Buena
- Más o menos buena
- Mala

***Creaciones de la Cocina – Planear las comidas (sesión 1)***

**Fecha de nacimiento** \_\_\_\_\_ **Condado** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**COMENTARIOS:**

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***Creaciones de la Cocina – Balancear los Carbohidratos (sesión 2)***

**Fecha de Nacimiento** \_\_\_\_\_ **Condado** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**COMENTARIOS:**

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***Creaciones de la Cocina – Verduras, Frijoles, y Grano (sesión 3)***

**Fecha de Nacimiento** \_\_\_\_\_ **Condado** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**COMENTARIOS:**

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***Creaciones de la Cocina – Cocinar para un Corazón Saludable (sesión 4)***

**Fecha de Nacimiento** \_\_\_\_\_ **Condado** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**COMENTARIOS:**

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## Kitchen Creations Budgets

The index number that everyone will use this year is: **109449**.

Like last year, it will be critical for you to keep track of your expenditures so we can track them on the account. You will need to process the expenses in your county like any other expense. But at the end of your school please send us a list of expenses.

**\*We need the Expense Sheet with the itemized expenses and copies of the following: a Cardholder Transaction Confirmation for each expense from your P-card, a Purchase Order document and any invoices that go with it, and any Travel or Reimbursements used with this account. \*Please DO NOT send receipts or copies of receipts, they are not necessary for us.**

There is a table provided on the second to last page for a summary of expenses. There is also an example on the last page of the Cardholder Transaction Confirmation. Please send the Expense Sheet plus the required documents mentioned above **within two weeks** of finishing a school. You will need to submit an addendum with the remaining expenses if you do a reunion.

Please send to K'Dawn Jackson by email ([kjackson@nmsu.edu](mailto:kjackson@nmsu.edu)) or fax to (646-1889).

**You may spend up to the amounts given below.**

### Food/Supplies

Food: \$350

Equipment (small kitchen-type equipment): \$200 if this is the first cooking school in your county, \$50 for repeat schools

Supplies and misc. (including copying): \$200

You are not tied to line items on the above so if you end up spending less on food and more on supplies (or vice versa) that is OK

### Assistant Pay

There is funding to pay for an assistant to help you with the cooking school. You are allocated up to 10 hours per cooking school session for an assistant at a grade 6. (However, if you have an existing employee that is above a grade 6 that you would like to use, let me know. We have some flexibility on that.) If you are using an existing employee have them enter the extra hours in Banner. Print the Banner sheets that show the extra hours and fax those to us. We will charge the Kitchen Creations account for the extra hours worked.

If someone that is not an existing employee is hired, they can be paid as contract labor. To do this, you need to have them fill out a vendor form and then submit invoices, similar to how you pay your CDE. The rate for these assistants is \$7.50 per hour.

### CDE Pay

The payment for the CDE (or other diabetes professional as approved by Karen) will fall under professional services. So that means you will need to do a purchase order and the person you work with will need to give you invoices. The range for the CDE pay rate is \$45-\$55 per hour for a total up to 22 hours (5 hours per regular class session and 2 hours for the reunion). If the CDE you are working with requests a higher rate, contact Martha Archuleta for approval or negotiation of the standard rate. We can pay for travel for the CDE if they have to drive from out of town. We can also provide additional pay for travel time. This is typically a lower rate than the CDE consulting rate (e.g. \$20 per hour). If your CDE is participating as part of their regular job and you are not paying them, you can provide them with some educational materials or supplies for their programs. The amount for these supplies is \$200.

### Misc. Expenses- space rental, travel

You may also need money for rental space for conducting Kitchen Creations sessions and travel if you are conducting the classes in a different town than the Extension office. If you are using space from another agency or a school classroom and they are not charging you, you can provide educational materials or supplies. The amount for these supplies is \$100.

### Compensation for Home Economist time

There will be \$400 compensation for home economist's time as in past years. This will be put in the same account as it was last year. This money must be used up yearly.

As always, please call if you have any questions.

**KITCHEN CREATIONS – Expense Sheet**

County \_\_\_\_\_

Date \_\_\_\_\_

Responsible Person \_\_\_\_\_

Dates of Class \_\_\_\_\_

**Please fill out the following table for each Kitchen Creations class you do. List individual, itemized expenses in each category.**

<b>Item</b>	<b>\$ Amount</b>	<b>Vendor</b>
Food, supplies, and misc.		
Assistant pay (only if contract labor)		
CDE expenses (or materials for CDE if not paid)		
Space rental (or materials for space usage in not paid)		
Travel (for Extension employees)		
<b>Total</b>		

If you used an existing Extension employee for your assistance, provide their name and the number of hours worked below. Also please remember to fax a copy of the Banner forms that show the extra hours worked.

Name \_\_\_\_\_

Number of hours worked on Kitchen Creations \_\_\_\_\_





# Cardholder Transaction Confirmation

## EXAMPLE ONLY

View Message

Page 1 of 1

Date: Wed, 21 Jun 2006 15:43:16 +0000 (UT)  
From: bpmprd@nmsu.edu **Block Address**  
Subject: **Cardholder Transaction Confirmation \*\*\* PLEASE DO NOT REPLY TO THIS MESSAGE \*\*\***  
To: pbustama@nmsu.edu

 Reply  Reply All  Forward  Print  Delete

These are your current approved transactions:






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44359579319140010548690-1Cardholder:MARTHA ARCHULETA  
2006/06/08 00:00:00 82.9300 WAL-MART #5155 737001 [REDACTED]  
Purpose:Food items such as fruit, vegetables, cheese, salsa, beans,  
taco shells, water, and ice for the Fit Families class.  
Comments:

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44359579319140010548690-2Cardholder:MARTHA ARCHULETA  
2006/06/08 00:00:00 64.5700 WAL-MART #5155 732001 [REDACTED]  
Purpose:Supplies such as plates, tableclothes, jump ropes, magazines,  
and catch mitts for the Fit Families class.  
Comments:

Example

 Reply  Reply All  Forward  Print  Delete