



# The Food Sharing Project 2019-2020 Data Reporting Form

School/Program: \_\_\_\_\_

Month: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

## Part A. Program Activity

How Many days was the program available? Count the number of days of school in the month: \_\_\_\_\_  
Enter for each meal or snacks that you provide.

Meals/Snacks served this month: # of Breakfasts: \_\_\_\_\_  
# of Early Morning Meals: \_\_\_\_\_  
# of Snacks: \_\_\_\_\_  
# of Lunches: \_\_\_\_\_

## Part B. Financial Summary

Monthly Revenue from: Parental contributions \$ \_\_\_\_\_ Fundraising \$ \_\_\_\_\_  
Community Donations \$ \_\_\_\_\_ Other (specify below) \$ \_\_\_\_\_

Monthly Expenses for: Food & Supplies \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

In Kind Donations (non-cash): *Estimated* value of donations: \$ \_\_\_\_\_  
Please list items received and the source of the donation: (i.e. bagels –parents)

\_\_\_\_\_  
\_\_\_\_\_

## Part C. Program Volunteers & Sign Off

Volunteers and volunteer hours monthly: # of volunteer hours this month: \_\_\_\_\_

Record the number of volunteers who contributed this month.  
(Includes Program Coordinator, staff, students, parents and community volunteers.)

# of Parents: \_\_\_\_\_ # of Staff: \_\_\_\_\_ # of Community: \_\_\_\_\_ # of Students: \_\_\_\_\_

**Sign Off:** Enter your name and click **Save & Close** at the top of the page.

FAX: 613-530-3710 PHONE: 613-530-3514 EMAIL: [fsp@kingston.net](mailto:fsp@kingston.net)

*Thank you for providing this valuable information promptly at each month end!*