



The Food Sharing Project 2018-19 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 Breakfast/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.

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