



Community Growing Project Reporting Form 2010

Please fill in and return to Canadian Foodgrains Bank, Box 767, Winnipeg, MB R3C 2L4

Growing Project Name: _____

Address: _____

Coordinator Name: _____ daytime ph #: _____

Treasurer Name: _____ daytime ph #: _____

Financial Report

1. Bank balance from previous year (if applicable) \$ _____ (A)
2. Cash donations requiring tax receipts (Form 1) \$ _____ (B)
3. Cash donation that do not require receipts \$ _____ (C)
4. **Proceeds from Sale of Crop:** (attach white copies of Grain Delivery Ticket)

Crop	Elevator & Station	Metric Tonnes	Value \$
Total value			(D)

5. Total cash contributions (A+B+C+D) \$ _____ (E)
6. Total expenses paid (Form 2) \$ _____ (F)
7. Net cash balance (E-F) \$ _____ (G)
8. Cheque amount enclosed \$ _____ (H)
9. Carry forward to next year (G-H) \$ _____ (I)
10. **Grain in Store** at elevator in CFGB's name (attach white copies of Grain Delivery Ticket)

Crop	Elevator & Station	Metric Tonnes	Value \$
Total in store			(J)

For Office Use:	
Proceeds: (H +J)	\$ _____
Less Cash Donors	\$ _____
Less Gifts in Kind	\$ _____
Net:	\$ _____

11. Raised for hunger (H+J) \$ _____ (K)
12. Gifts in kind to be receipted (Form 3) \$ _____ (L)
13. Member Account Designation (check one, or mark the percentage for each member)

ADRA _____	C&MA _____	MCCC _____	TSA _____
CCODP _____	CRWRC _____	NCM _____	UCC _____
CBM _____	ERDO (PAOC) _____	PWRDF _____	WRC _____
CLWR _____	EMCC _____	PWS&D _____	GEN _____

Form 2 – Expenses Paid

Remember to attach all numbered corresponding **ORIGINAL** invoices. We need these in order to comply with Canada Reporting Agency (CRA) reporting standards.

	Invoice paid to:	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
	Total	

