# Community Growing Project Reporting Form 2022

**Please submit this form by November 30th.**

**Please fill in and return to:**

**Canadian Foodgrains Bank, Attn: Stephanie Ball, Box 767, Winnipeg, MB R3C 2L4**

Growing Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ daytime ph #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ daytime ph #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP ID:**

**Financial Report**

1. Bank balance from previous year (if applicable) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(A)**

2. Monetary donations $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(B)**

(complete **Form 1** for donations that require a charitable tax receipt)

3. Proceeds from sale of crop: (# acres harvested: \_\_\_\_\_) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(C1)**

(attach white copies of Grain Delivery Ticket or settlement)

4. Crop and/or hail insurance received (if applicable) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(C2)**

**5.** Other income ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(D)**

**6. Total Fundraising (A+B+C1+C2++D) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (E)**

7. Total expenses paid **(Form 2)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(F)**

8. Net cash balance **(E-F)**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(G)**

9. Cheque amount enclosed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(H1)**

10. Previous amounts sent in (if applicable) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(H2)**

11. Carry forward to next year **(G-H1 & H2)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(I)**

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

12. Gifts in kind to be receipted **(Form 3)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(J)**

13. Member Account Designation (check one, or mark the percentage for each member)

ADRA \_\_\_\_\_\_ D&P \_\_\_\_\_\_ NCM \_\_\_\_\_\_ TEARFUND (formerly WRC) \_\_\_\_\_\_

CBM \_\_\_\_\_\_ EMCC \_\_\_\_\_\_ PWRDF \_\_\_\_\_\_ UCC \_\_\_\_\_\_

CLWR \_\_\_\_\_\_ ERDO (PAOC) \_\_\_\_\_\_ PWS&D \_\_\_\_\_\_ WORLD RENEW \_\_\_\_\_\_

C&MA \_\_\_\_\_\_ MCCC \_\_\_\_\_\_ TSA \_\_\_\_\_\_ GEN \_\_\_\_\_\_

Form 1 – Monetary Donations

Monetary donations of $10 or more to Canadian Foodgrains Bank made through a growing project are eligible to receive a charitable tax receipt for the amount of their contribution, **provided sufficient funds are sent to Canadian Foodgrains Bank by December 31st to cover the total amount of donations needing receipts.**

Please complete this page (or attach a list of donor information), listing all contributors eligible for a charitable tax receipt. Rows can be added if completing the form electronically. Receipts will be mailed directly to these supporters by Canadian Foodgrains Bank, provided we have their full mailing address.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID#  For office use only | **Name**  **(as it appears on the cheque)** | **Mailing Address**  **(including city & postal code)** | **Amount** | **Date donation received** |
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|  | **2. Monetary donations requiring tax receipts**  **(enter this amount on line B) Total** | | $ |  |

Form 2 – Expenses Paid

Please include a copy of each invoice while retaining a copy for your files

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Payment paid to** | **Item(s) Purchased:** | **Amount:** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |
|  | **6. Total expenses paid (enter this amount on line E)** | **Total** | **$** |

Form 3 – Non-Monetary Donations

Besides monetary gifts, anything you can touch, feel or store that has been donated to the growing project may be eligible for a charitable tax receipt for the fair market value of the donation. If applicable, please fill out the form below and provide **copies of supporting invoices**. **Sorry, donated services (i.e. land rent, custom work, etc.) are NOT eligible**. Please refer to the guide for more information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For Office Use: ID# | **Company Name & Mailing Address**  **(include city & postal code)** | **Donated Product** | **Donation Value** | **Tax Receipt**  (yes or no) | **Invoice attached** (invoice must be attached if tax receipt is requested) | **Letter\***  (yes or no) |
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|  | **11. Gifts in Kind to be receipted**  **(enter this amount on line I)** | **Total** | **$** |  |  |  |

\* A letter of appreciation can be sent to donors who do not require a tax receipt.