

## Food Operations Financial Form

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Our Organization runs on a: \_\_\_\_\_ fiscal year      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 \_\_\_\_\_ calendar year      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**FOOD OPERATIONS ONLY**

Revenue Sources	Lists & Explanations	Received	Pending	TOTAL
Grants - public				
Grants - private				
Savings Accts - Bequests				
United Way Allocation				
Program Income & Fees				
Contributions				
Other				
<b>TOTAL</b>				

**No in-kind donations to be included as income**

Expenses				
Admin. Costs				
Salaries for Food Program				
Operating costs for food program				
Food Costs				
<b>TOTAL</b>				

**Contact: Robin Popp at 541-408-1978 or [rpopp1015@hotmail.com](mailto:rpopp1015@hotmail.com)**

