**Affiliated Agency Worksheet 2018**

If you are reporting for other organizations or agencies please list them on a copy of this worksheet (or provide your own list), and return with your completed survey to your *HungerCount* Provincial Coordinator.

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| --- | --- | --- | --- |
| **Organization Name** | **Programs offered (please check all that apply)** | | |
| **Grocery** | **Meal** | **Snack** |
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**Meals and Snacks Worksheet 2018**

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| **Date** | **Meals Served** | **Snacks Served** | **Date** | **Meals Served** | **Snacks Served** |
|  |  |  | March 16 |  |  |
| March 1 |  |  | March 17 |  |  |
| March 2 |  |  | March 18 |  |  |
| March 3 |  |  | March 19 |  |  |
| March 4 |  |  | March 20 |  |  |
| March 5 |  |  | March 21 |  |  |
| March 6 |  |  | March 22 |  |  |
| March 7 |  |  | March 23 |  |  |
| March 8 |  |  | March 24 |  |  |
| March 9 |  |  | March 25 |  |  |
| March 10 |  |  | March 26 |  |  |
| March 11 |  |  | March 27 |  |  |
| March 12 |  |  | March 28 |  |  |
| March 13 |  |  | March 29 |  |  |
| March 14 |  |  | March 30 |  |  |
| March 15 |  |  | March 31 |  |  |
| **TOTAL** |  |  | **TOTAL** |  |  |