



**FOOD AND NUTRITION SERVICES**  
**Fairfax County Public Schools**

## Notification of Share Table

Date: \_\_\_\_\_

School name: \_\_\_\_\_

On behalf of my school, I hereby agree to partake in the Share Table Program at my school starting on \_\_\_\_\_.

To participate in this program, I agree to the following guidelines:

- Post Food and Nutrition Services (FNS) signage
- Adhere to food sharing guidance outlined on our webpage located [here](#).

Select the options your school chooses to partake in for leftovers:

- Discard of food at the end of the day
- Food Sharing through MOU, located [here](#).
- A different food sharing initiative in another form, ex: backpack program

For questions regarding Share Tables, please contact:

Get2Green - [get2green@fcps.edu](mailto:get2green@fcps.edu)

Brittany Smith - [basmith2@fcps.edu](mailto:basmith2@fcps.edu)

**Your School's Share Table Point of Contact:**

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

Email: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_