



Quarterly Report Form

Quarter: _____ 1st Quarter (Jan-Mar) _____ 2nd Quarter (Apr-Jun) Year: **2018**
 _____ 2nd Quarter (Jul-Sept) _____ 4th Quarter (Oct-Dec)

PARTNER ORGANIZATION INFORMATION

Organization Name: _____
 Distribution Address: _____
 City: _____ Zip: _____
 Phone: _____ Fax: _____
 Mailing Address: _____
 City: _____ Zip: _____
 Phone: _____ Fax: _____
 Food Program Coordinator: _____ Phone: _____
 Email: _____

PANTRY OR DISTRIBUTION PROGRAM

	Month 1	Month 2	Month 3
Number of Families/Households Served:	_____	_____	_____
Total Number of People Served:	_____	_____	_____

CONGREGATE MEAL OR RESIDENTIAL PROGRAM

	Month 1	Month 2	Month 3
Number of Families/Households Served:	_____	_____	_____
Total Number of People Served:	_____	_____	_____
Number of Meals Served:	_____	_____	_____
Number of Snacks Served:	_____	_____	_____

AGE BREAKDOWN OF ALL PEOPLE SERVED

	Month 1	Month 2	Month 3
Ages 0-5 Years:	_____	_____	_____
Ages 6-18 Years:	_____	_____	_____
Ages 19-60 Years:	_____	_____	_____
Ages over 60 Years:	_____	_____	_____
Total Number of People Served:	_____	_____	_____

Signature: _____ Date: _____
 Print Name: _____ Title: _____

Please submit quarterly report by the 15th of Jan., Apr., Jul., and Oct. for the preceding quarter.

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