



Quarterly Report Form

Quarter: _____ 1st Quarter (Jan-March) _____ 2nd Quarter (April-June) **Year:** _____
 _____ 3rd Quarter (July-Sept) _____ 4th Quarter (Oct-Dec)

AGENCY PARTNER INFORMATION

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

EMERGENCY FOOD PROGRAM

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

CONGREGATE OR RESIDENTIAL MEAL PRORAM

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

AGE BREAKDOWN (A + B)

	Month 1	Month 2	Month 3
Ages 0-5 Years:	_____	_____	_____
Ages 6-18 Years:	_____	_____	_____
Ages 19-40 Years:	_____	_____	_____
Ages 41-60 Years:	_____	_____	_____
Ages over 60 Years:	_____	_____	_____
Total Number of People Served (A + B):	_____	_____	_____

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

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Quarterly Report Instructions

AGENCY PARTNER INFORMATION

This section should be completed every time a report is submitted. Please print agency name as it appears on invoice and statements from the Food Bank Coalition so that report can be entered accurately into our tracking system.

AGENCY PROGRAM (DEFINITIONS)

Emergency Food Program: Agency provides groceries to those in need of one-time or short-term food assistance.

Congregate Food Program: This is a group meal. Agency prepares and serves meals to walk-in guests, or prepares meals for serving clients off-site. They do not provide shelter to clients.

Residential Program: Agency prepares and serves meals to clients to whom they also provide shelter.

CLIENT DEMOGRAPHICS

Number of Families/Households Served: This can be tracked by a sign-in sheet, bags distributed, etc

Total Number of People Served: This number will then be broken down by age and accounts for everyone in household.

Age Breakdown: This can be a visual estimate based on experience with clients served.

RECORD KEEPING

Record keeping is vital to maintain the integrity of the agency's program. Agencies must keep records that will provide the information necessary to complete quarterly reports. Records must be legible and kept for at least two years.

HOW & WHEN TO SUBMIT QUARTERLY REPORT FORM

Reports are due for every program an agency operates by the 15th of the month following the end of a quarter, regardless of whether the program was active. If no service was provided by the program for the month, the report should reflect zeros in the appropriate sections.

Please submit reports to:

Director of Community Relations

Aracely Aceves Lozano

- [cell] (850) 835-9924
- [fax] (805) 238-6956
- [email] aalozano@slofoodbank.org

Please submit reports by (annual due dates):

- **January 15:** Quarterly Report 4 (reflects food distributed during Oct, Nov, Dec)
- **April 15:** Quarterly Report 1 (reflects food distributed during Jan, Feb, March)
- **July 15:** Quarterly Report 2 (reflects food distributed during April, May, June)
- **October 15:** Quarterly Report 3 (reflects food distributed during July, Aug, Sep)

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