



SLO FOOD BANK

County Partnership for Hunger Relief

Quarterly Report Form

Quarter: _____ 1st Quarter (Jan-Mar) _____ 2nd Quarter (Apr-Jun) Year: **2021**
_____ 3rd Quarter (Jul-Sept) _____ 4th Quarter (Oct-Dec)

PARTNER ORGANIZATION INFORMATION

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

FOOD PANTRY PROGRAM

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

MEAL OR RESIDENTIAL SITE 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 (Infants):	_____	_____	_____
Ages 6-18 Years (Children):	_____	_____	_____
Ages 19-60 Years (Adults):	_____	_____	_____
Ages over 60 Years (Seniors):	_____	_____	_____
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.

Email: sfreeman@slofoodbank.org Fax: 805-238-6956

Mail: SLO Food Bank, ATTN: Suzie Freeman, 1180 Kendall Rd., San Luis Obispo, CA 93401