



Agency Partner Quarterly Report, Year _____

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

Agency Information

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

Food Pantry Program Services Statistics

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

*A household is one or more people living at the same address and a family is related group of 2 or more people living at the same address
 **Count the total of all individuals in families/households

Congregate Feeding Site (Kitchens) Service Statistics

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

Both Pantries and Congregate Feeding Sites Provide Information Below

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

A Quarterly Report must be completed every quarter, even if no food is distributed during 1 or all 3 months.

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