



Emergency Services Network

Monthly Report Form

Monthly reports must be submitted to Branches by the 15th day of the following month (e.g. July's report is due August 15th).

Site: _____ Month: _____

MEALS:

Bulk Food: _____ X _____ = _____
of bags Avg. meals per bag Total bulk meals

Meals Served On- Site: _____ Meals Home- Delivered: _____

FUNDS: Please list funding sources (and the \$ amount) that supported your program this month:

Local Church & Other Cash Donations	\$ _____
Local Church Food Donations (\$ value) (ex. 20 cans = \$20 value)	\$ _____
Other Food Donations (estimate \$ value)	\$ _____
Total	\$ _____

VOLUNTEERS: How many people volunteered at your site this month? _____

DEMOGRAPHICS: Please list the approximate number of clients who were:

Children (0-17)		Hispanic	
Adult Female (18-64)		Black Non-Hispanic	
Adult Male (18-64)		White Non- Hispanic	
Elderly (65+)		Other	
TOTAL*		TOTAL*	
*TOTALS MUST BE THE SAME			

OTHER: Please express any comments, concerns, needs, suggestions, changes in days/hours of operations etc. regarding your program: _____

I certify that the above monthly report is an accurate account of activity at the specified site.

Date

Signature, Local Church Representative

Office Use Only: Date Received: __/__/____ Data entered into spreadsheet ____