Branches
Grow Deeper, Climb Higher

Emergency Services Network: <u>Monthly Report Form</u>

Monthly reports must be submitted to Branches by the 15th day of the following month [e.g., July (7/1-7/31) report is due August 15th].

Site/ Program Name: _____   **Service Dates (e.g., 7/1-7/31):_____**

PROGRAM IMPACT:

I. **BULK FOOD:** _____ X _____ = _____
   # of bags   Avg. meals per bag   Total bulk meals

Please list the approximate number of clients who were served through **Bulk Food**:

Children (0-4)			
Children (5-17)		Hispanic	
Adult Female (18-64)		Black Non-Hispanic	
Adult Male (18-64)		White Non- Hispanic	
Elderly (65+)		Other	
TOTAL (A)*		**TOTAL (B)***	

*TOTAL (A) Must Match Total (B).

II. **CONGREGATE MEALS (Served On- Site): _____**

Please list the approximate number of clients who were served through **Congregate Meals**:

Children (0-4)			
Children (5-17)		Hispanic	
Adult Female (18-64)		Black Non-Hispanic	
Adult Male (18-64)		White Non- Hispanic	
Elderly (65+)		Other	
TOTAL (A)*		**TOTAL (B)***	

*TOTAL (A) Must Match Total (B).

III. **DELIVERED MEALS (to a Home or to the Homeless): _____**

Please list the approximate number of clients who were served through **Home-Delivered Meals**:

Children (0-4)			
Children (5-17)		Hispanic	
Adult Female (18-64)		Black Non-Hispanic	
Adult Male (18-64)		White Non- Hispanic	
Elderly (65+)		Other	
TOTAL (A)*		**TOTAL (B)***	

*TOTAL (A) Must Match Total (B).

IV. **FOOD VOUCHERS: _____**   **_____**
       Total Number of Recipients   **Dollar Amount Distributed**

Please list the approximate number of clients who were served through **Home-Delivered Meals**:

Children (0-4)			
Children (5-17)		Hispanic	
Adult Female (18-64)		Black Non-Hispanic	
Adult Male (18-64)		White Non- Hispanic	
Elderly (65+)		Other	
TOTAL (A)*		**TOTAL (B)***	

*TOTAL (A) Must Match Total (B).

PROGRAM UPDATE:

I. TEAM BREAKDOWN
Please write the number of:

PAID Staff members who worked with your food pantry this month: _____

UNPAID Volunteers who worked with your food pantry this month: _____

II. FUNDING SOURCES
Please list the dollar ($) amount supporting your program this month:

Branches Check Contribution $_____

Branches Food Voucher Contribution $_____

Local Church & Other Cash Donations $_____

Local Church Food Donations ($ value) (ex. 20 cans = $20 value) $_____

Other Food Donations (estimate $ value) $_____

Total $_____

Branches contributed less than 50% of the operations this month: (Check One)   0 YES   0 NO

III. FEEDBACK
CHANGES: Please share with us any changes in your program population (volunteers, days/hours of operations etc.) regarding your program:

_____
_____

SUGGESTIONS: Please share with us any needs or suggestions regarding the ESN program:

_____
_____

OTHER: Please share with us any comments, or concerns:

_____
_____

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

_____   _____

Date   Signature, Site/ Program Representative

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