

SUPPLEMENTAL FOOD (P2) PROGRAMS

Monthly Report



Period covered by this report Month Year

Agency Name
 Report Prepared by
 Phone/email

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Reports are due on the 10th of the month.

Unduplicated count for 1st time recipients

If you are able to keep track of who are new clients since July 1st, please enter that information below. This starts over each fiscal year.

	1st time served
# new adults (18 years and older) served this month	<input type="text"/>
# new children (under 18) served this month	<input type="text"/>
TOTAL	<input type="text"/>

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food recipients.

Ethnicity	Hispanic origin <input type="text"/> Non-Hispanic origin <input type="text"/> Unknown/Decline to answer <input type="text"/> TOTAL <input type="text"/>	Race	White/Caucasian <input type="text"/> Black/African American <input type="text"/> American Indian/Alaskan Native <input type="text"/> Asian <input type="text"/> Native Hawaiian/Pacific Islander <input type="text"/> Multiracial <input type="text"/> Unknown/Decline to answer <input type="text"/> TOTAL <input type="text"/>
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Volunteers

Please include the total number of volunteers that worked for your pantry this month, and the hours they worked.

Number of volunteers this period Number of volunteer hours

Backpack Programs

For Backpack Programs only, please include the number of children that received food and the total number of snack packs distributed.

Number of children Number of parcels distributed

Other Food Resources

Please report all donations you received from the following donors in **pounds (lbs.)**. Do not include food received from FFLC.

Store/Food Industry Donor <input type="text"/>	#	Local Food Drives <input type="text"/>	#
Store/Food Industry Donor <input type="text"/>	#	Individuals/Groups <input type="text"/>	#
Store/Food Industry Donor <input type="text"/>	#	Locally Grown Produce <input type="text"/>	#

(i.e. home grown, Plant-a-Row)

Waste

Please include all food that you received from FFLC that was not usable. Do not include leftovers from food prepared by your agency.

	yes	no
Did you discard any food this month?	<input type="text"/>	<input type="text"/>
If yes, how many pounds did you discard?	#	<input type="text"/>
What type of food did you discard?	<input type="text"/>	
What was the reason it was discarded?	<input type="text"/>	