



**STAFF USE ONLY**

Rec. date: \_\_\_\_\_

Post date: \_\_\_\_\_

**MAUI FOOD BANK  
MEMBER AGENCY MONTHLY REPORT**

**REPORTS ARE DUE BY THE 5TH OF THE MONTH**

Mail or deliver reports to: Maui Food Bank, 760 Kolu Street, Wailuku, HI 96793

Email reports to: [Agency@mauifoodbank.org](mailto:Agency@mauifoodbank.org)

**PLEASE COMPLETE ALL DATA FIELDS.** Incomplete reports will NOT be accepted.

Agency: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NO DUPLICATED NUMBERS.** Report the total number of people served at least 1 time in the month. Please count each person only once for your total number of people served.

TOTAL NUMBER FOR MONTH			
Total Children Served (0-17 yrs.)		Total Adults Served (18 yrs. +)	
Total New People Registered		Total Days Program Operated	
Total Families/Households Served		Total Meals and Snacks Served	

ETHNICITY (Enter number of people, not percentages)							
Caucasian	Hawaiian/ Part Hawn	Pacific Islander (Marshallese, Samoan, etc.)	Asian (Chinese, Japanese, Filipino, etc.)	African American	Aleutian/ Native American	Hispanic (Mexican, Guatemalan, Puerto Rican, etc.)	Other

VOLUNTEER PROGRAMS (If applicable)			
Total Volunteers Utilized		Total Volunteer Hours Worked	