

**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****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			
Male Children Served (0-17 yrs.)		Male Adults Served (18 yrs. +)	
Female Children Served (0-17 yrs.)		Female Adults Served (18 yrs. +)	
Total New People Registered		Total Days Food Program Operated	
Total Families/Households Served		Total Meals and Snacks Served	

ETHNICITY (Enter <u>number</u> of people, not percentages)							
Caucasian	Hawaiian/ Part Hawn	Pacific Islander (Marshalllese, 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	