Partner Agency Monthly Participation Report

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Return this form by the 7th of every month (reporting for previous month) to agencies@thefoodbank.org, or fax, mail or hand-deliver to the food bank.

- ➢ You are required by your contract with the food bank to report your numbers served on a monthly basis
- ➢ No report from agency = less funding from cities and county for the food bank
  which = less food for your agency to give to clients
- ➢ Even if the number of clients served by your agency does not change on monthly basis, you are still required to submit monthly participation numbers.

Month and **year** you are reporting for**: _____ 20_____**

Agency Name	
Agency Number	
Contact Name	
Email Address	
Phone Number	

Program #1

Name: _____

Total Number of Meals (Congregate feeding sites only): _____

Type of program (check one): □ Pantry   □ Soup Kitchen   □ Child Care   □ Shelter

 □ Recovery   □ Residential/Mental Health   □ Youth

Please fill in the *total* number of households, unduplicated* individuals, children, and seniors for each zip code served during the month you are reporting for. Then, fill in the *total* number of households, individuals, children, and seniors served across all zip codes in the **last row**.

*Number of UNDUPLICATED clients (i.e. if a client receives food several times in a month, only count them once). Count all family members, children, and seniors in household.

Zip Code	City	Households	Individuals	Children (under 18)	Senior (62+)
95001	Aptos				
95003	Aptos				
95004	Aromas				
95005	Ben Lomond				
95006	Boulder Creek				

Zip Code	City	Households	Individuals	Children (under 18)	Senior (62+)
95007	Brookdale				
95010	Capitola				
95017	Davenport				
95018	Felton				
95019	Freedom				
95033	Los Gatos				
95041	Mt. Hermon				
95060	Santa Cruz				
95061	Santa Cruz				
95062	Santa Cruz				
95063	Santa Cruz				
95064	Santa Cruz				
95065	Santa Cruz				
95066	Scotts Valley				
95067	Scotts Valley				
95073	Soquel				
95076	Watsonville				
95077	Watsonville				
Other: _____	Other: _____				
Other: _____	Other: _____				
Other: _____	Other: _____				
		Total Households: _____	**Total Unduplicated Individuals:** _____	**Total Children Served:** _____	**Total Seniors Served:** _____

Program #2 (If Applicable)

Name: _____

Total Number of Meals (Congregate feeding sites only): _____

Type of program (check one): □ Pantry   □ Soup Kitchen   □ Child Care   □ Shelter

 □ Recovery   □ Residential/Mental Health   □ Youth

Please fill in the *total* number of households, unduplicated* individuals, children, and seniors for each zip code served during the month you are reporting for. Then, fill in the *total* number of households, unduplicated individuals, children, and seniors served across all zip codes in the **last row**.

*Number of UNDUPLICATED clients (i.e. if a client receives food several times in a month, only count them once). Count all family members, children, and seniors in household.

Zip Code	City	Households	Individuals	Children (under 18)	Senior (62+)
95001	Aptos				
95003	Aptos				
95004	Aromas				
95005	Ben Lomond				
95006	Boulder Creek				
95007	Brookdale				
95010	Capitola				
95017	Davenport				
95018	Felton				
95019	Freedom				
95033	Los Gatos				
95041	Mt. Hermon				
95060	Santa Cruz				
95061	Santa Cruz				
95062	Santa Cruz				
95063	Santa Cruz				
95064	Santa Cruz				
95065	Santa Cruz				
95066	Scotts Valley				

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Zip Code	City	Households	Individuals	Children (under 18)	Senior (62+)
95067	Scotts Valley				
95073	Soquel				
95076	Watsonville				
95077	Watsonville				
Other: _____					
Other: _____					
Other: _____					
		Total Households: _____	**Total Unduplicated Individuals:** _____	**Total Children Served:** _____	**Total Seniors Served:** _____