



800 Ohlone Parkway Watsonville, CA 95076
 Phone: (831) 722-7110 ext 212
 Fax: (831) 722-0435

Today's Date: _____

Month Reporting _____ 20__
 (always previous month)

Agency Information	
Agency Name	
Food Bank Number	
Contact Name	
Phone Number	
Email Address	
Site Street Address	
City and Zip Code	

Please fax (831 722-0435), mail, or hand deliver to Tiffany Wong at the Food Bank.

- Due by the 1st of the Month and Delinquent after the 7th of the month
- 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 counties for the Food Bank which = less food for your agency to give to clients

Be advised that even if the number of clients through your agency does not change monthly, you are still required to submit monthly participation numbers.

Program #1 Name _____

Number of *unduplicated clients served (count all family members) _____ **Number of Individuals**

_____ **Number of Families**

_____ **Number of meals**
(Congregate feeding sites only)

Type of agency program (circle one): Child Care Home Pantry Soup Kitchen Recovery Mental Health Other

Program #2 Name _____

Number of *unduplicated clients served (count all family members) _____ **Number of Individuals**

_____ **Number of Families**

_____ **Number of meals**
(Congregate feeding sites only)

Type of agency program (circle one): Child Care Home Pantry Soup Kitchen Recovery Mental Health Other