

Project HOPE Food Bank

QUARTERLY REPORT

_____ quarter of _____ year

Please note: Quarterly Reports current year only

Program Name:	Church Name:
Address:	Contact Person:
City/State/Zip:	Phone:
Email:	Fax:

****Households are only new if you have not assisted them in the past.**

<u>Month Name</u>				<u>TOTAL</u>
Food Pantries:				
1. Total number of households assisted				
2. Number of adults				
3. Number of children:				
4. NEW Households: (this is the first time this year you have assisted this household. NOTE: The household does not need to be new to our pantry, just the first time you have served them this year.)				
5. New adults: number of adults living in households reported as new				
6. New children: number of children living in households reported as new				
Soup Kitchens and Homeless Shelters:				
7. Number of meals served				
8. Number of individuals served				

Caution: Food Pantries MUST fill in lines (1) through (6). Soup Kitchens and Homeless Shelters must fill in lines (7) and (8). If you have both a Food Pantry AND a Soup Kitchen, please fill in all (8) lines.

This report is due by **April 15**. If your reports are not in on time, you will lose your discount on food.

Mail reports to: Project HOPE Food Bank, PO Box 39, Hot Springs, AR 71902

Email reports to: fb.projecthope915@gmail.com