



**MARYLAND
FOOD BANK**
UNTIL HUNGER ENDS.

Quarterly Report Form

For any questions on how to fill out the Report, please reference the Quarterly Report Instructions on page 5 of this form.

Reporting for which quarter of the year? Please check one:

Jul-Sep Oct-Dec Jan-Mar Apr-Jun

Note: For items that do not apply please mark as N/A.

PROGRAM TYPE

Pantry Soup Kitchen Shelter Residential Other

Agency Name:	MFB Agency Number:	
Program / Site Name:	MFB Program Number:	
Prepared by:	Title:	
Agency Billing Address:	Agency Central Phone Number: Agency email address:	
Signature:	Date:	
Contact Person Name:	Direct Phone Number:	
Contact Person Address:	Contact Person email:	

HOURS OF OPERATION: Please list the days of the month that your agency is opened for food distribution and the hours of operation on those days.

Days of the month (Mondays, Tuesdays, etc.)	Hours of Operations

FOOD POUNDS DISTRIBUTED:

Please list the pounds of food your program has distributed for the quarter from other sources.

Total Quarterly Pounds Distributed from sources other than the MFB	
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INDIVIDUALS SERVED: Total number of individuals who received food through your agency.

Total Individuals Served for the Quarter	
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Primary Geographic Areas Served

Town, City, County or Zip Codes primarily served by the organization	
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FOR PANTRIES ONLY:

How is your Distribution Handled	Yes or No
Pre-made bags or boxes	
Clients choose foods from your pantry	
Combination	
Other, Please Explain	

POPULATION SERVED: Please indicate the percentage of individuals served through your food distributions.

Population Served	Percentage %	Population	Percentage%	Population	Percentage%
Battered Spouse		HIV/AIDS		Veterans	
Runaway Neglected Youth		Alcohol / Drug Dependant		Disabled	
Chronically Mentally Ill		Elderly		Single Parent	

ETHNIC COMPOSITION OF CLIENTS:

Please provide the percentage of individuals served through your food distributions from each ethnic category.

Ethnicity	Percentage of Individuals Who Received Food
Multiracial	
Black or African American	
White	
Asian	
American Indian or Alaska Native	
Native Hawaiian or Pacific Islander	
Hispanic	

CLIENT REFERRALS AND OTHER NON-FOOD SERVICES:

Please indicate the number of individuals who received assistance other than food.

Service Type	# of Times Service Provided	# of Individuals Who Received Services During the quarter
Example: Utility Assistance	Once per month	60
Referrals to Other Agencies		
Clothing		
Diapers		
Housing		
Utility Assistance		
Other		

VOLUNTEERS & STAFF: Please list the number of volunteers who have assisted with your food distributions and their approximate hours contributed and the number of paid staff at your agency.

Number of Total Volunteers Assisted in Food Distribution	Estimated Number of Hours of Volunteer Service contributed	Number of Paid Staff

FOOD SOURCING: Please indicate what percentage of your total overall food is received from the MFB and through other sources.

Source	National or Local?	Frequency Items Received	% Of Total Food Received
Example: Individuals	Local	Twice per month	2%
Wholesale Club			
Retail Store			
Other Food Bank			
Other Non-Profit Donor			
Church			
Individuals			
Organizational Food Drives			

PROGRAM ACTIVITIES: Non-food activities undertaken by your organization during the quarter.

Type of Program (Youth Program, Ministry, Life Skills Training, other please list)	How Frequent Are These Programs Available to Clients?
Example: Senior Knitting Circle	Once a week

WORKSHOP PARTICIPATION:

Have Any staff / Volunteers attended a MFB workshop this quarter?	Yes	No

CHALLENGES/PROBLEMS DURING THE REPORT PERIOD: Please describe any barriers or problems encountered during the quarter that may be affecting progress toward the goals and objectives of this program or the delivery of services.

Type of Challenge, Problem or Barrier Experienced	Internal or External	How it is Being Addressed by the Organization
Example: Not many volunteers	Internal	Providing more incentives

FOOD QUALITY: Please indicate any concerns you may have about the food received from the MFB or items that you would like to see offered by the MFB.

NOTE: The MFB Quarterly Report form is designed to collect information on the direct services provided by our network of partners utilizing food from the MFB and its donors. Please complete all sections. Incomplete or late quarterly reports will cause your account to be inactivated until the quarterly report is received. Your cooperation with this reporting is greatly appreciated. Thank you.

QUARTERLY REPORT FORM INSTRUCTIONS

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QUARTER: (1st quarter July - Sept, 2nd quarter Oct - Dec, 3rd quarter Jan - March, 4th quarter April - June)

PROGRAM TYPE: Emergency Pantry, Soup Kitchen, Shelter, Residential, daycare, senior program etc.

AGENCY: The name of the agency who is a member of the MFB.

MFB AGENCY NUMBER: The identifier that begins with the letter "A" followed by 3 numbers.

MFB PROGRAM NUMBER: The "P" number provided by MFB for your agency.

PROGRAM NAME: The name of the program or site receiving food from the MFB.

PREPARED BY: Name of person who completed the form.

TITLE: Title of the person who completed the form.

AGENCY BILLING ADDRESS: The address MFB should use to send invoices.

AGENCY CENTRAL PHONE NUMBER: The telephone number listed in the public phone book.

AGENCY EMAIL ADDRESS: The email address for the agency on the internet.

SIGNATURE: Signature of the person who completed the form.

DATE: Date that form was signed.

CONTACT PERSON: Name of person we can contact for questions about the completed form.

DIRECT PHONE NUMBER: The direct phone number for the person who completed the form.

CONTACT PERSON ADDRESS: The agency address of the person who completed the form.

EMAIL: Email of the person listed above.

HOURS OF OPERATION: Days that your agency is opened for food distribution and the hours of operation.

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FOOD POUNDS DISTRIBUTED: Total number of pounds of food organization has distributed not from MFB.

FOOD DISTRIBUTION: Number of individuals who received food from your program.

INDIVIDUALS SERVED: The total number of individuals who received food from your agency.

GEOGRAPHIC AREA SERVED: Please indicate the geographic served by county, town or zip code.

FOR PANTRIES ONLY: Please indicate how the food is distributed to your clients.

POPULATION SERVED: Please indicate the percentage of your clients served in the populations shown.

ETHNIC COMPOSITION OF CLIENTS: To the best of your knowledge indicate ethnic category of clients.

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CLIENT REFERRALS: Number of individuals referred verbally or in writing for other services.

VOLUNTEERS & STAFF: Number of volunteers who assisted your organization during food distributions for quarter. Please provide the total paid staff of your agency.

FOOD SOURCING: Percentage of total food is received from what types of sources.

PROGRAM ACTIVITIES: Non-food program activities and the number of participants in each activity.

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WORKSHOP PARTICIPATION: Please circle either yes or no to indicate if any representatives of your organization participated in MFB workshops.

CHALLENGES: Please describe any challenges, problems or obstacles you may have encountered, whether the obstacles were internal or external and what action the organization took to overcome them. Please indicate any technical assistance you believe will help you to address these issues.

FOOD QUALITY: Please indicate any concerns you have about products received from the MDFB this quarter and list any items you would like to see offered by the MDFB in the future.

SUCCESES: Describe successes your organization has achieved this quarter and or any progress the organization has made towards meeting their food program goals.

DONOR INFORMATION: Please list any information you would like us to share in our donor reporting which may encourage increased interest and or support in the efforts of the MDFB and your organization.

Thank you for taking the time to complete and return this quarterly report. The information contained herewith will be used by the MDFB to improve our outreach and services to our network of food providers.

FOR ASSISTANCE IN COMPLETING THIS REPORT, PLEASE CONTACT THE MFB AT: 410-737-8282 ext. 205

PLEASE SUBMIT TO: Maryland Food Bank
2200 Halethorpe Farms Road
Baltimore, MD 21227