



# Partner Organization Monthly Report

Return this form by the 5<sup>th</sup> of the following month to:

Zane Hatfield at  
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Organization Name: \_\_\_\_\_

Month/Year of Report: \_\_\_\_\_

Program Name: \_\_\_\_\_

Partner Organization ID: \_\_\_\_\_

1a. Number of Meals Provided to Each Client =

1b. Number of Direct Clients Served =

**2a. Composition of Client Households Served**

**2b. Of these Households, how many Clients are:**

Adults		Children			People Served
Males	Females	Male	Female	Under 3	Total

Senior	Disabled	Homeless

**3a. Household Status (Unduplicated)**

**3b. Of these households, how many are:**

Single Adults	Two Parent Households	Other Family Status	Totals (# of Families)

Female Headed Households	Male Headed Households

**4. Household Income**

Income & %AMI	# households	Number in Household and Corresponding Income							
		1	2	3	4	5	6	7	8
Extremely Low (30%)		\$16,150	\$18,450	\$20,750	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320
Low (50%)		\$26,950	\$30,800	\$34,650	\$38,450	\$41,550	\$44,650	\$47,700	\$50,800
Moderate (80%)		\$64,600	\$73,850	\$83,050	\$92,300	\$99,700	\$107,050	\$114,450	\$121,850

*Income levels updated 7/17*

**5. Race/Ethnic Composition (Unduplicated Individuals)**

Category	# of People	# of People who are Hispanic*
Amer Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Pacific Islander		
White		
White and Amer Indian or Alaska Native		
White and Asian		
White and Black or African American		
American Indian or Alaska Native and Black or African American		
Balance/ Other		
TOTAL		

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**YOLO FOOD BANK**

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\* "Hispanic" is not a race category. However, each race category can include Hispanic ethnicity. HUD funding requires that we identify this. If the person is from Mexico and/or a person's primary language is Spanish, count them as Hispanic in the appropriate race category.