



Partner Organization Monthly Report

Return this form by the 5th of the following month to:

Emma Vieira at

Phone: 530 668-0690 ▪ Fax: 530 668-8530

emma@yolofoodbank.org

Agency Name: _____

Month/Year of Report: _____

Program Name: _____

Agency 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.