Kauai Independent Food Bank
Monthly Report - Program

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Program Name

_____

Food Service Distribution Type

_____

Reporting Month, Year

_____ _____

Phone Number (Direct) Email Address

_____ _____

Coordinator - Print Signature and Date

How many people were recipients of food service distributions this month?

Number of Keiki (0-18) served: _____

Number of Adults (19-59) served: _____

Number of Kupuna (60+) served: _____

If known, number of recipients who are of Native Hawaiian descent: _____

Programs, describe the schedule, time, and locations of distributions.

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Are foods received by the program being used timely? _____

If not, in the comments section please explain a reason and a solution to get foods used.

Unpaid volunteer hours that contributed to the food service distribution: _____

Comments:

_____

_____