



COMMUNITY PARTNER MONTHLY REPORT

**You may submit statistics online in replacement of this form
for your convenience.**

Reporting Month _____ Year _____ Account # _____

Partner Organization Name _____

Partner Completing This Form _____ Date: _____

Category	Quantity
Total # of Households Served	
Ages 0-17 years	
Ages 18-59 years	
Ages 60-Older	

**PLEASE RETURN THIS COMPLETED FORM NO LATER THAN
THE 5TH OF EACH MONTH TO:**

Feeding America Riverside | San Bernardino
2950 Jefferson St, Suite B, Riverside, CA 92504
FAX: (951) 359-8314