**Family Investment Administration**

**Office of Nutrition Assistance Programs, Bureau of Special Grants**

 **Maryland Emergency Food Program (MEFP)**

**Quarterly Log and Activity Report**

**Quarter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of report:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program name/ Organization name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program type** (Pantry/Soup Kitchen/Shelter, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section I- Program Activities and Participant Demographics**

1. How many days was your program open this quarter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If **meals are served on-site** (soup kitchen, shelter, after-school program, etc): how many meals or snacks (units of service) were served **using FY25 MEFP Grant funds** this quarter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If **bags, boxes or backpacks of foods were distributed** (food pantry, meal delivery, weekend backpack program, etc.): how many were distributed **using FY25 MEFP Grant funds** this quarter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please **estimate how many meals were contained in each bag, box or backpack.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(this information is needed in order to determine units of service)

|  |  **Quarter \_\_\_\_\_\_\_\_\_ Participant Data** |
| --- | --- |
| **Groups** | **Total # Served** | **Disabled** | **Unemployed** | **Veterans** | **Homeless** |
| **Adults (18 +)** |  |  |  |  |  |
| **Children (0-17)** |  |  |  |  |  |
| **Households**  |  |  |  |  |  |

**Section II - Receipt Documentation**

| **Maryland Emergency Food Program (MEFP) Receipt Log** |
| --- |
| **Award Amount $** | **Beginning Balance for this Quarter $** |
| **Receipt Date** | **Receipt/Invoice # (”1, 2, 3..” or “BJ’s 1, Aldi’s 1”)** | **Amount (MEFP expenditures)** | **Purchaser (Title)** | **How food was used (event, pantry distribution. meals prepared)?** |
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|  |  |  |  |  |
| Total Amount of Expenditures $  | Ending Balance $ |

I HEREBY CERTIFY under the penalties of perjury that the following information and/or attached receipts are true and correct to the best of my knowledge, information and belief.

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

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