



**Maryland**  
 Department of  
 Human Services  
**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)

Groups	Quarter _____ Participant Data				
	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)?
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: \_\_\_\_\_