



# MONTHLY REPORT CARD Congregate 2010

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Data from: Month \_\_\_\_\_ Year \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # C\_\_\_\_\_

County \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Agency E-MAIL \_\_\_\_\_

Number of individual meals and snacks served for the month:

BREAKFAST \_\_\_\_\_

LUNCH \_\_\_\_\_

DINNER \_\_\_\_\_

SNACK \_\_\_\_\_

TOTAL \_\_\_\_\_

\_\_\_\_\_ % of products used in your agency that came from Ozarks Food Harvest.

\_\_\_\_\_ % of products donated to your agency by the community or other groups.

\$\_\_\_\_\_ Estimated cost of food purchased from all sources (OFH, grocery, etc.)

**Reports are due by the 5<sup>th</sup>.** Complete the entire form even if you did not shop at Ozarks Food Harvest this month. If you did not serve any people in a given category, enter a zero.

COMMENTS or Staff Changes:

