STATE DISASTER FOOD ASSISTANCE PROGRAM (SDFAP) TRACKING REPORT

Reporting Period (Dates):	
Local Agency:	
Distribution Site Address:	
Distribution Dates:	

INVENTORY

A	Number of SDFAP boxes **STORED** at agency from previous disaster (if applicable)	
B	Number of boxes **RECEIVED** from the State during reporting period	
C	Number of boxes **DISTRIBUTED** to households during reporting period	
D	Number of boxes **REMAINING** at agency at end of reporting period (A + B – C = D)	

PEOPLE SERVED

Number of people **SERVED** by boxes distributed during this reporting period	

COMMENTS/NOTES

This report is completed and submitted by: _____

Name: _____

Phone: _____

Date Completed: _____