



Statistics for the month of: _____

Statistics are due by the 10th of the month for the previous month.

Please enter your statistics online if you are set up for online ordering.

Failure to submit statistics on time may result in suspension of your account.

Agency Name: _____ **Agency #:** _____

Agency Contact Name: _____ **Date Submitted:** _____

Category	Quantity	Instructions
Pantry		Please enter number of individuals served by each type of program.
Shelter		
Kitchen		
Other Program		
Total Households		
Total Individual		
Male		*Both genders should add up to total individuals served.
Female		
*Total		
0-5		*Ages should add up to total individuals served
6-17		
18-64		
65+		
*Total		
African American		
Arab		
Asian		
Chaldean		
Hispanic		
Native American		
Caucasian		
Other Ethnicity		
Veterans		
Total Individuals Turned Away		

Agency Relations Contacts
Phone: 313-923-3535 Fax: 313-924-6313
Alma Perez Ext. 212 aperez@gcfb.org
Ann Marie Reed Ext. 289 areed@gcfb.org
Barbara Thomas Ext. 222 bthomas@gcfb.org
Cristina Herrero Ext. 247 cherrero@gcfb.org
Mollie Grierson Ext. 286 mgrierson@gcfb.org