



**Family Investment Administration  
Office of Community 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 FY26 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 FY26 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
Seniors (60+)					
Adults (18 +)					
Children (0-17)					
Households					



## Section II - Receipt Documentation

<b>Award Amount \$</b>			<b>Beginning Balance for this Quarter \$</b>	
<b>Receipt Date</b>	<b>Receipt/Invoice # ("1, 2, 3.." or "BJ's 1, Aldi's 1")</b>	<b>Amount (MEFP expenditures)</b>	<b>Purchaser (Title)</b>	<b>How food was used (event, pantry distribution, meals prepared)?</b>
<b>Total Amount of Expenditures \$</b>			<b>Ending Balance \$</b>	

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: \_\_\_\_\_

**PLEASE UPLOAD COMPLETED REPORTS USING THIS SUBMISSION LINK: [FY26 MEFP Quarterly Report Submission](#) link.**