



**Office of Community Services (OCS)**  
**Department of Labor and Industrial Relations**  
**State of Hawaii**

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**  
**PROGRAM QUARTERLY PROGRESS REPORT**

Provider: \_\_\_\_\_ Report Period: \_\_\_\_\_

**A. OUTCOME MEASUREMENTS**

<b>OUTCOMES</b>	<b>Qtr End 12/31/____</b>	<b>Qtr End 03/31/____</b>	<b>Qtr End 06/30/____</b>	<b>Qtr End 09/30/____</b>	<b>YTD</b>
Number of supporting ERAs contracted to distribute to households					
Number of supporting ERAs contracted to provide prepared meals					
Number of distribution activities					
Number of individuals that received TEFAP commodities through distributions to households					
Number of individuals that received TEFAP commodities through prepared meals					
Number of complaints received					
Amount of TEFAP commodities received					
Amount of TEFAP commodities distributed					

**B. NARRATIVE SUMMARIES**

1. Provide a brief narrative of the program's major activities, highlights, and achievements for the quarter.
2. Identify and describe any programmatic or administrative initiatives or adjustments implemented this quarter which improved your ability to operate the program more effectively and efficiently.
3. Identify any difficulties or challenges your agency faces in operating your program efficiently and effectively. Provide specific recommendations or suggestions on how OCS might assist your program in particular or improve the TEFAP program in general.
4. Identify any complaint(s) received and the corrective action(s) taken for addressing and resolving the complaint(s).

Submitted By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_