# Great Plates Delivered

## Data Reporting

To be submitted every Monday and Thursday by Noon to [GreatPlates@soc.caloes.ca.gov](mailto:GreatPlates@soc.caloes.ca.gov)

## Local Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Cumulative number of approved participants receiving meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Total number of active, participating individuals in your program)*

1. Cumulative number of meals delivered to participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Total number of meals delivered since your program started)*

* + The number of meals per day you serve each participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Average number of meals served weekly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of days per week you are delivering meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of participants that are 65 years or older: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of participants that are 60-64 years and high-risk (as defined by the CDC), positive for COVID-19, or exposed to COVID-19? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many food providers are you currently working with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What have your total costs been since starting the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: The three questions below have been added per Governor’s Office request.

Please provide your best estimate if you do not have exact numbers.

1. Total number of staff members employed by your jurisdiction’s participating food providers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What percentage of your participating food providers are minority owned?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has your program placed a limit on the amount of dollars that your jurisdiction has committed for this program? \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * If yes, does your program have a participant cap (If placed) \_\_\_\_\_\_\_\_\_\_\_
   * What is the approximate number of eligible seniors you believe are not being served due to local funding limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_