

Second Harvest Community Food Bank

Member Agency Monthly Report is Mandatory- Contract requires 12 reports

DUE BY NOON ON THE 10TH OF EVERY MONTH

<i>Mail:</i> 915 Douglas St. Joseph, MO 64505	<i>Fax:</i> 816-364-6404	
---	-----------------------------	--

Report Month-Year _____	Agency Name _____	Agency I.D. No. _____
----------------------------	----------------------	--------------------------

Check here if a USDA Commodity distribution Agency

1. MEAL PROGRAM ON-SITE:

Total number of UNDUPLICATED INDIVIDUALS served during the month. _____

Total number of MEALS served during the month:	Breakfast	Lunch	Dinner	Snacks	Home Del

2. PANTRY DISTRIBUTION : Record Individuals who received PRODUCT OTHER THEN COMMODITIES

Total number of Unduplicated Individuals served during the month.	Non-USA	
Total number of Unduplicated Households served during the month.		

3. USDA PANTRY DISTRIBUTION

Total number of Unduplicated Individuals served during the month.	USDA	
Total number of Unduplicated Households served during the month.		
Total reported USDA Public Assistance Households (PA)		(USDA agencies only)
Total reported USDA Non-Public Assistance Households (NFA)		(USDA agencies only)

4. GRAND TOTALS OFF #2 AND #3

Total Unduplicated Individuals served during the month.	
Total Unduplicated Households served during the month.	

USDA DISTRIBUTION PANTRIES ONLY

HOUSEHOLDS SERVED COMMODITIES DURING THE MONTH (totals for #3)		
TOTAL NUMBER INDIVIDUALS IN HOUSEHOLD	TOTAL NUMBER LOW TO MODERATE INCOME "HOUSEHOLDS"	TOTAL NUMBER LOW TO MODERATE INCOME "INDIVIDUALS"
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Signature: _____

Date: _____

**Second Harvest Community Food Bank
Monthly Report**

BUCHANAN COUNTY AGENCIES ONLY

Agency Name _____ Agency No. _____

(Total Ethnicity and Total Race must be equal)

ETHNICITY TOTALS: (Enter number INDIVIDUALS served per category)

Hispanic or Latino _____ Not Hispanic or Latino _____

RACE TOTALS: (Enter number INDIVIDUALS served per category)

White _____ American Indian & Alaskan Native _____
 Black/African American _____ American Indian & Alaskan Native & White _____
 Black/African American & White _____ American Indian & Alaskan Native & Black/African American _____
 Asian _____ Native Hawaiian & Other Pacific Islands _____
 Asian & White _____ Other _____

Please ENTER the Number Individuals Served per Category

Handicapped _____ Elderly (62+) _____

Single FEMALE Head of Household with Children _____

Second Harvest recommended income guidelines					
HUD-Housing & Urban Development		125% Federal Poverty Guidelines		150% Federal Poverty Guidelines for	
HH OF 1	\$29,250.00	HH of 1	\$13,548	HH of 1	\$16,248
HH OF 2	\$33,400.00	HH of 2	\$18,216	HH of 2	\$21,864
HH OF 3	\$37,600.00	HH of 3	\$22,896	HH of 3	\$27,468
HH OF 4	\$41,750.00	HH of 4	\$27,564	HH of 4	\$33,084
HH OF 5	\$45,100.00	HH of 5	\$32,244	HH of 5	\$38,688
HH OF 6	\$48,450.00	HH of 6	\$36,924	HH of 6	\$44,304
HH OF 7	\$51,750.00	HH of 7	\$41,592	HH of 7	\$49,908
HH OF 8	\$55,100.00	HH of 8	\$46,272	HH of 8	\$55,524

Signature: _____ Date: _____