

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	
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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.

Total number of Unduplicated Households served during the month.

Non-USDA

3. USDA PANTRY DISTRIBUTION

Total number of Unduplicated Individuals served during the month.

Total number of Unduplicated Households served during the month.

Total reported USDA Public Assistance Households (PA)

Total reported USDA Non-Public Assistance Households (NFA)

USDA

(USDA agencies only)

(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: _____