

Second Harvest Community Food Bank

Member Agency Monthly Report is Mandatory- Contract Requires 12 Reports

DUE BY NOON ON THE 10TH OF EVERY MONTH

Online Submission:

attach to email and send to: reports@ourcommunityfoodbank.org

Agency Name and Ref Number:

Report Month/Year:

TOTAL number of INDIVIDUALS served during the month: _____

Number of INDIVIDUALS served this month who are **NEW** since Jan: _____

TOTAL number of HOUSEHOLDS served during the month: _____

Number of HOUSEHOLDS served this month who are **NEW** since Jan: _____

TOTAL number of volunteer hours this month: _____

USDA DISTRIBUTION PANTRIES ONLY

HOUSEHOLDS SERVED TEFAP DURING THE MONTH

| TOTAL NUMBER INDIVIDUALS IN HH | NUMBER OF HOUSEHOLDS SERVED | NUMBER OF INDIVIDUALS SERVED |
|--------------------------------------|------------------------------------|-------------------------------------|
| 1 | | 0 |
| 2 | | 0 |
| 3 | | 0 |
| 4 | | 0 |
| 5 | | 0 |
| 6 | | 0 |
| 7 | | 0 |
| 8 | | 0 |
| 9 | | 0 |
| 10 | | 0 |
| 11 | | 0 |
| 12 | | 0 |
| TOTALS: | 0 | 0 |

Signature: _____
Type Name of Person Completing Form

Date: _____