

## 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@shcfb.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 <b>HOUSEHOLDS</b> SERVED	NUMBER OF <b>INDIVIDUALS</b> 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
<b>TOTALS:</b>	<b>0</b>	<b>0</b>

Signature: \_\_\_\_\_  
*Type Name of Person Completing Form*

Date: \_\_\_\_\_