

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 <i>HOUSEHOLDS</i> SERVED	NUMBER OF <i>INDIVIDUALS</i> 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: _____