Monthly Service Report

Submitting Monthly Reports to Second Harvest Food Bank

All agencies are required to keep records which accurately reflect the total amount of products received and distributed (or used). Agency records also outline the agency's policy and procedure for determining that recipients of food bank products are truly in need of the assistance.

Agencies are required to submit a report of activity each month. The report consists of the number of individuals served during that month.

All agencies must submit the Monthly Service Report for food pantries or on-premise feeding programs.

Directions For Submitting Report On-line

Please log into the system (agencyexpress3.org) using your log in credentials and go to the Food Bank Links tab (not the report tab) you will see the monthly service report with the name of the month. Open the report and fill in the appropriate numbers for your agency. When you have completed the report you will need to hit the SUBMIT button at the bottom of the page. If you do not SUBMIT....we do not get the report!

SECOND HARVEST FOOD BANK
MONTHLY SERVICE REPORT

Month_____   Agency Account #_____

Agency Name_____ Contact Name_____ Phone_____

> Please submit (via fax ,email, US Postal Service, or walk-in) the information requested by the 5th day of the following month. For example: January's report is due no later than February 5th. Agencies with more than two outstanding reports due will be inactivated. Please check all your numbers and make sure that they are accurate. If your agency was not active please repot zeroes in the appropriate places. Thank you!!

ALL MEMBER AGENCIES: All agencies distributing food received from Second Harvest must complete this section:

1. Number of people 18 and under receiving food:
2. Number of people ages 19-64 receiving food:
3. Number of people ages 65 & over receiving food:
4. Total **number of people** receiving food: *Add numbers from 1-3 above*

CONGERGATE FEEDING PROGRAMS: All agencies preparing meals for clients (soup kitchens, shelters, and other feeding centers) please complete this section:

5. Total number of **meals** served:

******USDA & GNAP Report****
If an agency cooks a meal with a USDA or GNAP product, please report the number in this section.**

USDA Report

6. Total number of **households** receiving USDA product
7. Total number of **people** receiving USDA assistance
8. Total number of **meals** prepared using USDA product as ingredient

GNAP Report

9. Total number of **households** receiving GNAP assistance
10. Number of **TANF families** receiving GNAP assistance
11. Number of **transitional** families receiving GNAP assistance
12. Number of **At-Risk** families receiving GNAP assistance
13. Total number of **meals** served using GNAP product as ingredient

Please FAX or EMAIL this page to:
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