



COMMUNITY FOODBANK OF NEW JERSEY

MONTHLY SERVICE REPORT



The Community FoodBank works very hard to provide our partner agencies with quality service and a wide variety of nutritious foods for your clients. We also have to be accountable to our donors and the Feeding America Network. We must have a record of the number of people that are served at our member agencies. **Your cooperation in submitting reports on time is a requirement of your membership with the FoodBank**

Please submit the information requested below by the 7th day of the following month for EACH program registered with the FoodBank. For example: January's report would be due on February 7th. The reports should be sent to: Attn: Timeka Rodriguez at the address below, or faxed to (908) 248-9649, or email to trodriguez@cfbnj.org.

Month _____

Agency Id Number (6 digit #) _____

Agency Name _____

Contact Name _____

Contact Phone _____

B. FOOD PANTRY PROGRAMS 

1. Number of households served during the month _____
2. Number of persons served during the month (total people in household) _____
3. Number of children (under 18) served _____
4. Number of seniors (65 and over) served _____
5. Number of households with at least one employed adult _____
6. Number of households receiving TANF and/or Food Stamps _____

B. ON-PREMISE/CONGREGATE FEEDING PROGRAMS  ID# _____

(Soup Kitchens, Group Homes, Shelters, After school programs)

1. Number of individuals (do not duplicate) served _____ (include snacks)
2. Number of breakfasts _____
3. Number of lunches _____
4. Number of dinners _____
5. Number of snacks _____
6. Number of home delivered meals _____

ADD LINES 2 THROUGH 6 FOR TOTAL MEALS _____

Please indicate any program changes such as new director, contact person, address, phone number or new shoppers _____