



# 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 7<sup>th</sup> day of the following month for EACH program registered with the FoodBank.** For example: January's report would be due on February 7<sup>th</sup>. The reports can be sent to Network Relations at the address below, faxed to (908) 248-9649, or preferably emailed to PartnerReporting@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 \_\_\_\_\_