

Monthly Service Report

The Community FoodBank works hard to provide our partner agencies with quality service and a wide variety of nutritious foods for your clients. We also must 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 following information below by the 7th day of the following month for <u>EACH</u> program registered with the **FoodBank.** (i.e., January's report would be due on February 7th. The reports can be emailed to Network Relations

at PartnerReporting@cfbnj.org					
Month / Year					
Agency Id Number (i.e. A0001-01)					
Agency Name					
Contact Name F					
A. Pantry Programs & Other Non-Meal Distrib	outions				
	CFB	SFPP	TEFAP		
	Com. Accept.	Com. Accept.	Com. Accept.		
	Sheet	Sheet	Sheet		
Number of Adults (over 18) served during the month					
Number of Children (under 18) served during the month					
Total Number of Persons served during the month					
Total Number of Households served during the month					
Total Number of Households served during the month					_,
Total #		Total # of	Total # of	Total # of	
Diaper Bank & Period Inititive Program Serve	1	Menstruators	Pads Distributed	Adults	
Serve	ed Distributed		Distributed	Served	
					ı
B. On-Premise/Congregate Feeding Programs Agency ID:					
(Soun Kitchens, Group Homes, Shelters, After school progr	ams)	-y			
1. Total Number of individuals served (include	e snacks)				
Number of breakfasts	,				
Number of lunches					
Number of dinners					
Number of snacks					
 Number of home delivered meals 					
2. Total Number of meals provided (Add together	er all lines from question #1	except for the total	number of individu	ıals)	
Please reach out directly to your Network Relations representatives in	•			lirector, conta	ıct