

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 EACH 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

Μ	Ionth/Year						
Agency Id Number (i.e. A0001-01)							
	Agency Name						
Co	ontact Name Phone Number						
A. Pantry Programs & Other Non-Meal Distributions							
			CFB	SFPP	TEFAP		
			Com. Accept. Sheet	Com. Accept. Sheet	Com. Accept. Sheet		
			Sheet	Sheet	Sheet		
	Number of Adults (over 18) served during the month						
N	Number of Children (under 18) served during the month						
1	value 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 # of	Total # of	Total # of	Total # of	Total # of	
	Diaper Bank & Period Initiative Program	Children	Sleeves	Menstruators	Adults	Packs	
	For the Adults, Children and Menstruators information, this should ONLY reflect the	Served	Diapers		Served	Maxi Pads	
	individuals who are using these products. This can						
	potentially differ from the total adults, children or menstruators for a given household.						
D				ID			
В.	B. <u>On-Premise/Congregate Feeding Programs</u> Agency ID: (Soup Kitchens, Group Homes, Shelters, After school programs)						
1	al Number of individuals served (include snacks)						
			`	,			
0	Number of breakfasts						
0	Number of lunches						
0	Number of dinners Number of snacks						
0	Number of home delivered meals						
-		Add together all lin	es from question #1	excent for the total	number of individu	uals)	
2. Total Number of meals provided (Add together all lines from question #1 except for the total number of individuals) Please reach out directly to your Network Relations representatives if you need to report any program changes such as new director, contact							
person or shopper, in addition to any address, e-mail, or telephone number updates.							
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