

LOCAL AGENCY MONTHLY STATISTICAL REPORT - Electronic Form

For the Month of 20

For use by local agencies that receive federal and/or state funded food. Tab through the form to complete the appropriate Statistical Sections. Reports must be submitted to the **foodbank** within ___ working days after the end of the month to which the report pertains.

Check here if any new information:

Name of Agency:

Address: City: Zip:

County: Phone: Fax: Email:

Name of Person Completing Form:

FOOD PANTRY Statistical Section

	A With minor children	B Without minor children	C TOTALS (Column A+B)
1. Number of Households			0
2. Number of Seniors Served (age 60+)			0
3. Number of Adults Served (18-59)			0
4. Number of Children Served (birth-17)		0	0
5. TOTAL Number of People Served (2+3+4)	0	0	0

MEAL SITE and/or SHELTER Statistical Section

A. Number of People (head count) Served:

B. Number of Meals (plate count) Served:

CONGREGATE and/or RESIDENTIAL MEALS Statistical Section*

A. Number of People (head count) Served:

B. Number of Meals (plate count) Served:

*federal and state funded food may NOT be used by these agencies

Comments:

Mail To: Second Harvest Foodbank of Southeastern Ohio 1005 CIC Dr Logan, Oh.43138
 FAX To: 740-380-9411 OR CALL: Donna Sundgren 800-385-6813 ext 229 or Marilyn Sloan at
 ext 246 or E-MAIL TO SEOFB@SEORFC.COM

Thanks for All You Do!