

**MONTHLY STATISTICAL REPORT FOR SECOND HARVEST FOODBANK OF  
SOUTHEASTERN OHIO**

For the Month of \_\_\_\_\_ 20\_\_

Complete appropriate Statistical Sections. Reports must be submitted to the foodbank no later than the **10<sup>th</sup> of the month** following the month to which the report pertains.

Name of Agency: \_\_\_\_\_ Check here if any new information:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

**Food Pantry:** A part of a foodbank network that distributes food and grocery products to low-income households, including food from sources other than USDA, to relieve situations of emergency and distress. It is housed in a standing facility that distributes commodities, among other food and grocery products, on a regular basis.

<b>FOOD PANTRY Statistical Section</b>	<b>A</b> With Minor Children	<b>B</b> Without Minor Children	<b>C</b> TOTALS (Column A+B)
1. Number of Households	_____	_____	_____
2. Number of Seniors Served (age 60 & older)	_____	_____	_____
3. Number of Adults Served (age 18-59)	_____	_____	_____
4. Number of Children Served (birth to 17)	_____	_____	_____
5. <b>TOTAL</b> Number of People (2+3+4)	_____	_____	_____

**Meal Site:** Provides meals to people in need.  
**Shelter:** Provides nights of shelter to homeless people, run away children or victims of abuse.

**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

**Congregate or Residential Meals:**  
 Primary service is not food distribution; but meals are included as part of the services provided, including Residential Treatment Facilities, Child or Adult Day Care, Senior Citizen Center, Group Home, Youth Program, Summer Camp etc.

Comments: \_\_\_\_\_

*Thanks for All You Do!*

Mail To: Second Harvest Foodbank of Southeastern Ohio  
 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](mailto:SEOFB@SEORFC.COM)