

Monthly Report Form

Second Harvest Food Bank Greater New Orleans and Acadiana

Monthly reports are due by the 5th calendar day of the following month. Agencies delinquent in submitting monthly reports will be blocked on the 7th calendar day at the close of business. **Incomplete and/or inaccurate reports will not be accepted and will be returned to the agency. This form can be emailed to agencyGNOA@secondharvest.org or faxed to 504-613-6461.**

Date(of submission) _____ for Month _____ Parish _____
 Full Name of Agency _____ Agency # _____
 Address _____
 Contact Person _____ Phone# _____

Food Bank products are used and distributed on these days and hours:

Days and Hours of Service: _____

Please circle 1 agency type: Mobile Pantry Pantry Residential Shelter Soup Kitchen

Demographic Breakdown: EVERY box must be completed by all pantries and on-site feeding agencies

| | | New | Continued | Total |
|-------------------------|----------------------|-----|-----------|-------|
| # of households | | | | |
| Breakdown of households | # of children (0-17) | | | |
| | # of adults (18-64) | | | |
| | # of seniors (65+) | | | |

On-site Feeding (ONLY soup kitchens, shelters, residential facilities and snack-only programs)

| | |
|-----------------------|--|
| # of Breakfast served | |
| # of Lunches served | |
| # of Dinners served | |
| # of Snacks served | |

SNAP Outreach (any site offering SNAP application assistance or SNAP information)

| | |
|---|--|
| # of applications (Initial, Simplified Reports, or Redeterminations) | |
| # of clients offered SNAP information, assisted with document sending, etc. | |

Food Resources NOT provided by Second Harvest

| | |
|--|--|
| Food donations from other sources (food drives, etc.) # of pounds | |
| Purchased food (not purchased from Second Harvest) # of pounds | |