

# Agency Monthly Report to the Food Bank of the Albemarle

Each agency must submit its monthly report by the 10<sup>th</sup> day of the following month. Failure to submit the report by the 10<sup>th</sup> of the following month will result in the agency being placed on product hold. Please send to Data Entry clerk by email to [fbalbemarlereports@gmail.com](mailto:fbalbemarlereports@gmail.com) or fax at 252-335-4797

This Report is for the Month of

Agency Submitting Report

Date Form Submitted  Type of Agency

Primary County Served  Report Based on  Counts

## Families/Households Helped Last Month

DECLARED RACE?	Black:	White:	Asian:	American Indian:	Hispanic:	Other/Undeclared:
<b>Total Number of Households Served:*</b>	How many Employed:	Receiving Food Stamps:				

Of the  families /households helped last month, how many were new to your agency last month?

## Individuals Helped Last Month

Number of each age?	0-4 Years:	5-17 Years:	18-64 Years:	65+ Years:	Total Number Individuals Assisted:

We served households who live in ZIP CODE:	# served	We served households who live in ZIP CODE:	# served	We served households who live in ZIP CODE:	# served

\*Zip Code totals should be equal to total number of households helped\*

Name of person submitting report:  
 Agency Phone Number:  
 Email: