

Agency Monthly Report to the Food Bank of the Albemarle 2018

Each agency must submit its monthly report by the 10th day of the following month. Failure to submit the report by the 10th 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 or fax at 252-335-4797

This Report is for the Month of:	
Agency Submitting Report:	
Town in which the Agency is located:	
Zipcode of the Agency:	
Primary County Served:	
Date Report was Submitted:	
Type of Agency:	<input type="checkbox"/> Pantry <input type="checkbox"/> Mobile Food Pantry <input type="checkbox"/> Soup Kitchen <input type="checkbox"/> Other: _____

Families/Households Helped

<i>DECLARED RACE?</i>	Black:	White:	Asian:	American Indian:	Hispanic:	Other/Undeclared:
Total Number of Households Served this Month:	How many Households have someone Employed:	How many Households are receiving Food Stamps:	How many NEW families did you serve this month:			

Individuals Helped

<i>Number of each age served?</i>	0-4 Years:	5-17 Years:	18-64 Years:	65+ Years:	Total Number Individuals Assisted*:

*Total Number of Individuals served should add up to the same number for each chart.

We served HH's who Live in ZIP CODE	#SVD	We served HH's who Live in ZIP CODE	#SVD	We served HH's who Live in ZIP CODE	#SVD

Name of person submitting report: Phone Number: Email:
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