**Agency Monthly Report to the Food Bank of the Albemarle 2024**

Each agency must submit its monthly report by the 5th 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 email monthly report to [fbalbemarlereports@gmail.com](mailto:fbalbemarlereports@gmail.com).

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| --- | --- |
| This Report is for the Month of: |  |
| Agency Submitting Report: |  |
| Town in which the Agency is located: |  |
| Zip code of the Agency: |  |
| Primary County Served: |  |
| Date Report was Submitted: |  |
| Type of Agency: | Pantry  Mobile Food Pantry  Soup Kitchen  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Families/Households Helped**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *DECLARED RACE?* | 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Number of each age served*? | 0-4 Years: | 5-17 Years: | 18-59 Years: | 60+ Years: | **Total Number Individuals Assisted\*:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
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