



Agency Monthly Distribution Report
(Ex: December totals are due by the 5th Day of January)

Report for the Month\* of: \_\_\_\_\_ 20\_\_\_\_ Agency Code: \_\_\_\_\_

\*(The month you distributed the food, not the month you are turning this report in.)

Reports are required by the 5th of every month from ALL active agencies

Full Name of Agency: \_\_\_\_\_

Please mail or fax to: Feeding the Valley
P.O. Box 8904 Columbus GA 31908 \* FAX Number 706-561-0896
Email to: dshemwell@feedingthevalley.org

FOR AGENCIES WHO PROVIDE FOOD BOXES

Please tell us the total number of families (households) served by your agency: \_\_\_\_\_

Please tell us the total number of individuals within these households: \_\_\_\_\_

Of the total families served tell us the number of families (households) who received USDA Food: \_\_\_\_\_

From the USDA Household Eligibility Criteria Forms tell us the number of people in these households: \_\_\_\_\_

Of the total families served tell us the total number of families who received GNAP Food:\* \_\_\_\_\_

From the GNAP Client Intake Forms tell us the total number of people within these households: \_\_\_\_\_

From the GNAP Client Intake Forms tell us the total number of families that are: \_\_\_\_\_

\*(Total of all three categories must equal number of GNAP Families)

At-Risk Families: \_\_\_\_\_ TANF Clients: \_\_\_\_\_ Transitional Services: \_\_\_\_\_

Describe the needs/circumstances of a family who received GNAP this month:

Four horizontal lines for describing family needs.

FOR AGENCIES WHO PROVIDE ON-SITE FEEDING

Please tell us the total number of individuals who received meals from your agency: \_\_\_\_\_

Please tell us the total number of meals served: \_\_\_\_\_

(Ex: 10 people served x 3 meals x 20 days = 600 meals served for the month)

Please tell us the total number of individuals who received snacks from your agency: \_\_\_\_\_

Please tell us the total number of snacks served: \_\_\_\_\_

(Ex: 10 people served x 3 snacks x 20 days = 600 snacks served for the month)

Please tell us how many total meals were served using USDA Product: \_\_\_\_\_

Please tell us how many total meals were served using GNAP Products: \_\_\_\_\_

Questions filling out this form? Call (706-561-4755 ext. 107) or email David (dshemwell@feedingthevalley.org)