



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 to: Feeding the Valley P.O. Box 8904 Columbus GA 31908 *

THIS FORM IS AVAILABLE FOR ELECTRONIC SUBMISSION ON THE WEBSITE UNDER THE "PARTNER AGENCY" TAB

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/circumstances.

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: _____