



**SECOND HARVEST FOOD BANK OF NORTHWEST NC**  
**Monthly Service & TEFAP Report (MSTR)**

Reporting Period: MONTH (Required) \_\_\_\_\_ / YEAR (Required) \_\_\_\_\_

(See instructions for *Reporting Period* on back; credit granted only for month noted.)

**AN ENTRY IS REQUIRED IN EVERY FIELD** – indicate with NA if field does not pertain to program. Incomplete reports and/or failure to submit by the deadline each month shall result in suspension of shopping privileges.

Submit via EMAIL: [mstrshfb@secondharvest.org](mailto:mstrshfb@secondharvest.org); FAX: 336.784.7369; or MAIL: 3655 Reed St, W-S, NC 27107

Agency Name: (Required)	County: (Required)
Program #: (Required)	Total Distribution Hours this Reporting Period: (Required) Hrs:
Date Report Completed: (Required)	
Person Completing Report: (Required)	
Contact # for Person Completing Report: (Required)	
Valid Email Address: (Required)	

**ONSITE FEEDING PROGRAMS ONLY**

**I. SERVICE NUMBERS - enter NA on lines that do not apply; see back for instructions**

	Daily Average # of Clients	MEALS SERVED		
		Breakfast	Lunch	Dinner
Soup Kitchen	(Required)	(Required)	(Required)	(Required)
Shelter	(Required)	(Required)	(Required)	(Required)

**II. PRODUCT RECEIVED – enter NA on lines that do not apply; see back for instructions.**

FOOD SOURCE:	APPROXIMATE POUNDS RECEIVED	
	FRESH PRODUCE ONLY	ALL OTHER PRODUCT
1. SHFB (do not include donations from store matches)	(Required) lbs.	
2. COLLECTED ON OWN	(Required) lbs.	(Required) lbs.
3. PURCHASED (do not include product obtained through the Food Purchase Program or from SHFB.)	(Required) lbs.	(Required) lbs.

**III. PRODUCT DISTRIBUTED – see back for instructions**

a. Approximate <u>PERCENTAGE</u> of food/food product distributed that was a direct result of the partnership with SHFB. (Include TEFAP, SAM, Food Purchase Program, and direct store pickups)	(Required) %
b. Approximate <u>WEIGHT</u> of FRESH PRODUCE distributed from all sources. (Weight of produce from ALL sources, including store matches, minus weight of produce you discarded)	(Required) lbs.

**Use Store Donations Report for submitting donations from ALL store matches.**

## Instructions for Completing the Monthly Service & TEFAP Report (MSTR)

### AN ENTRY IS REQUIRED IN EVERY FIELD.

ENTER NA OR A ZERO IF THE FIELD DOES NOT APPLY OR IF THERE IS NOTHING TO REPORT.

**Deadline** – Reports are to be submitted by 5:00 p.m. on the 10<sup>th</sup> (or last business day prior to the 10<sup>th</sup>) of each month. Reports received after 5:00 p.m. will be considered late and program will incur a five day suspension of shopping privileges.

**Reporting Period:** Enter the MONTH and YEAR of the reporting period. Reports are to be completed by the 10<sup>th</sup> of each month with figures for the PREVIOUS month, which is the reporting period. Be sure the reporting period indicated on top of the form is accurate – credit is granted only for the month noted.

**Identifying Information:** Enter the name of the sponsoring organization (Agency Name), and the 9 digit Program Number: ie: Love Chapel / #0530EMS01. Enter the county, the total number of meal service hours, date the form is completed, name of the person completing the report, phone number, and a valid email address. All are required fields.

**I. SERVICE NUMBERS** – an entry must be made in each column. Complete the appropriate line and enter NA on the line that does not apply to this program.

**DAILY AVERAGE NUMBER OF CLIENTS** - The daily average can be obtained by dividing the total number of plates served during the month by the number of times serving occurred. Example: Program served 4 times during the month and served a total of 1200 plates, so the daily average number of clients would be 300; (1200 / 4 = 300). Enter daily average number of clients next to the appropriate program type.

**NUMBER OF MEALS SERVED:** Record the total number of each meal served during the reporting period. Enter NA on line(s) that do not apply.

**II. PRODUCT RECEIVED** – Record the approximate weight of product received from the sources listed.

**SHFB** – Enter fresh produce received from SHFB, but do not include produce received from store donations. Produce from store donations will be reported on the Store Donations Report.

**COLLECTED ON OWN** – In the appropriate field, record the approximate weight of fresh produce and all other product your agency collected/raised on its own through sources such as local food drives, donations, and miscellaneous store (any store not listed on your Store Donations Report) pickups.

**POUNDS PURCHASED** – In the appropriate field, record the weight of fresh produce and all other product purchased during the reporting period. Do **NOT** include food obtained through the Food Purchase Program or from SHFB.

**III. PRODUCT DISTRIBUTED** –

a. Record the approximate **percentage** of food/food product distributed that was a direct result of the partnership with SHFB. Include TEFAP, SAM, Salvage, Food Purchase Program, and direct store pickups listed on your Store Donations Report.

b. Record the approximate **weight** of fresh produce distributed. Include produce from all sources, including store donations. Due to the high disposal rates, the pounds distributed may very well be less than the pounds reported in Section II as received.