



**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)	

**PANTRY/GROCERY PROGRAMS ONLY**

I. SERVICE NUMBERS – an entry must be made in each column; see back for instructions				
	UNDUPLICATED HOUSEHOLDS	UNDUPLICATED INDIVIDUALS	TOTAL HOUSEHOLDS	TOTAL INDIVIDUALS
TEFAP ELIGIBLE PROGRAMS (Must enter a figure in each column; enter NA if not eligible for TEFAP)	(Required)	(Required)	(Required)	(Required)
ALL PANTRIES – include TEFAP figures, if applicable (Must enter a figure in each column)	(Required)	(Required)	(Required)	(Required)
Estimate the number of days the food is expected to last (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)	(Required)	lbs.

III. PRODUCT DISTRIBUTED – see back for instructions	
a. Approximate PERCENTAGE 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 WEIGHT 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 / #0530EMP01. Enter the county, the total number of distribution hours for the reporting period, 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. **Enter NA in the TEFAP columns if not eligible for TEFAP.**

**TEFAP ELIGIBLE PROGRAMS:** Programs distributing TEFAP **MUST** complete this line. Programs are required to provide the number of **unduplicated** and **total** individuals/households served with TEFAP product each month.

**Unduplicated** - count households and the individuals of those households only **once** regardless of the number of times served in a given month.

**Total** - count the households and the individuals of those households **each and every time** they are served in the reporting period. Therefore, if the program serves only one time per month and there is no duplication of service, the figures for Total Households and Total Individuals will be the same as the figures reported for Unduplicated Households and Unduplicated Individuals.

In the case of duplicated service, Total Households will reflect the total of Unduplicated Households **plus** those households served more than once. Total Individuals will reflect the total of Unduplicated Individuals **plus** the individuals in those households that were served more than once.

**ALL PANTRIES:** **All pantries are required to complete this section.** See definitions above for **unduplicated** and **total** individuals and households. The figures on this line must include the households and individuals reported on the TEFAP line, if applicable, **plus** households and individuals that were not eligible for TEFAP but received product from general inventory. As a result, the figures reported on this line will be the same as or greater than the numbers reported on the TEFAP line.

**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 received from store donations are 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 Donation Report) pickups.

**POUNDS PURCHASED** – In the appropriate field, record the approximate 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.

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.