## Second Harvest of South Georgia Monthly Service Report

Agency Name:	Agenc	y Number:
For the mor	oth of: 20	<u> </u>
All agencies must at least fill out the first section of this report. If an agency distributes USDA or GNAP they are also required to fill out those sections. Agencies providing meals must fill out the second section. All relevant sections must be filled out completely. Sections not pertaining to agencies must be filled out with all zeros (0s). <b>Incomplete reports will not be accepted.</b> Second Harvest of South Georgia uses the data collected in these reports to submit service statistics for the entire service area to state agencies. As such, monthly reports are <b>due by the 10</b> th <b>of each month.</b> Failure to submit these reports in a timely manner will result in a hold being placed on the agency account until all delinquent reports are caught up.		
FOR ALL MEMBER AGENCIES:  1. Number of people ages 18 and uncompared in the serving se	ed: ved: add lines 1-3):	ng month:
FOR CONGREGATE MEAL/SOUP KITCHENS  1. Number of breakfasts served: 2. Number of lunches served: 3. Number of dinners served: 4. Number of snacks served: 5. TOTAL number of meals and snack		
FOR AGENCIES DISTRIBUTING TEFAP (USD 1. Total number of households receiv 2. Total number of meals prepared w 3. Total number of people receiving to	ving USDA product: vith USDA product:	
FOR GNAP AGENCIES DISTRIBUTING GNAP  1. Number of households receiving G  2. Total number of individuals receiv  3. Total number of meals prepared w  4. Number of TANF families receiving  5. Number of transitional families receiving  6. Number of at-risk families receiving	NAP assistance: ing GNAP assistance: vith GNAP product: g GNAP assistance: ceiving GNAP assistan	ce: