



## Chester County Food Bank's Tier 2 Monthly Statistics Report

Reports are due by the 5<sup>th</sup> of each month following food distribution. This report is a MANDATORY requirement in accordance with your Membership Agreement with CCFB signed each year. If you did not distribute food during a month, please enter 0s in the designated areas and submit the form. Reports will be emailed out at the end of each month. Reports can also be found on the Agency Zone of CCFB's website. This report can be completed online, faxed to 484-359-4346, or mailed to CCFB, 650 Pennsylvania Drive, Exton, PA 19341. Any questions can be directed to the Agency Relations Coordinator at [elyse@chestercountyfoodbank.org](mailto:elyse@chestercountyfoodbank.org). Reports must be up to date in order to access inventory from CCFB.

***Please estimate to the best of your ability on questions pertaining to duplicated and unduplicated information. A duplicated household is a household that visited your pantry more than one time during the month. Duplicated services/individuals refer to the number of duplicated services provided during a given month, therefore, if a family of 4 came to your pantry 2 times this month, the number of duplicated individual services would be 8 because 4 individuals x 2 visits = 8 duplicated services.***

### Section 1 – Agency Info:

- Name of Agency: \_\_\_\_\_
- Name of Person Completing Report: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Section 2 – Food Pantries/Cupboards Distribution Data:

- Month: \_\_\_\_\_
- Number of Households: \_\_\_\_\_
- Number of Children: \_\_\_\_\_
- Number of Adults: \_\_\_\_\_
- Number of Seniors: \_\_\_\_\_
- Total number of Individuals (Children + Adults + Seniors):  
\_\_\_\_\_
- Estimated Number of Duplicated Households (the number of HH that visited your pantry more than once per month):  
\_\_\_\_\_
- Estimated Number of Duplicated Services/Individuals (This is the number of duplicated services that were provided this month – see above directions for more clarity): \_\_\_\_\_
- How do you track reporting numbers? \_\_\_\_\_

- a. Rough estimate
- b. Paper log
- c. Tracked electronically
- d. Other: \_\_\_\_\_ (please write in your method)

**Section 3 – Soup Kitchens and/or Emergency Shelters (if you do not distribute soup kitchen meals or shelter meals, leave blank):**

- Number of Soup Kitchen Meals: \_\_\_\_\_
- Number of Shelter Meals: \_\_\_\_\_

**Section 4 – Agency Feedback:**

- Are there any concerns or unmet needs you would like us to know about?

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- Please share any stories from your distribution that speak to the impact of your food program.

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