



AGENCY MONTHLY REPORTS

Monthly reports are made up of the sign-in sheets used by partner agencies to track the number of people they serve each month. Please make sure you check the appropriate box to indicate whether you are a food pantry, soup kitchen, or residential facility.

Make sure your agency name and number is on every sheet.

Sign-In Sheet:

- Check the box in the top right hand corner to indicate whether your agency is a food pantry or soup kitchen. Residential agencies should check the residential box AND the type of feeding program that best applies to their agency. **Agencies that are both a food pantry and soup kitchen will need to fill out sign-in sheets for both.**
- Please have each person picking up food **print** their name legibly on the Sign-In Sheet and record the total number of people in their household (for food pantries) or the total number of meals they are receiving (for soup kitchens). The total number of people in the household/total number of meals should include the person who is signing in.
- At the bottom of each Sign-In Sheet provide the total number of names and the total number of household members/meals.

Monthly Distribution Sheet:

- Check the box in the top right hand corner to indicate whether your agency is a food pantry or soup kitchen. Residential agencies should check the residential box AND the type of feeding program that best applies to their agency. **Agencies that are both a food pantry and soup kitchen will need to fill out monthly distribution sheets for both.**
- Include the name of the person filling out the monthly report, and certify that food given out by your agency was distributed to Palm Beach County residents.
- For each distribution date your agency had this month, write the date, total number of names, and total number of people in a household/meals.
- At the bottom of the Monthly Distribution Sheet, you will need to put a monthly total for number of distribution dates, number of names, and number of household members/meals.

Make copies of all sheets for your records and **return the originals (or scanned color copies) by the 7th of each month** to:

Attn: Agency Relations
Palm Beach County Food Bank
525 Gator Drive
Lantana, FL 33462



- FOOD PANTRY
- SOUP KITCHEN
- RESIDENTIAL

**Palm Beach County Food Bank
SIGN-IN SHEET**

DISTRIBUTION DATE: _____

AGENCY NAME/NUMBER: _____

*One person per family must **print** their name and fill in the number of people in their household or total number of meals they are receiving. The total **should** include the person signing in.*

Name:	# of People in Household/Meals:	Name:	# of People in Household/Meals:
1. _____	_____	17. _____	_____
2. _____	_____	18. _____	_____
3. _____	_____	19. _____	_____
4. _____	_____	20. _____	_____
5. _____	_____	21. _____	_____
6. _____	_____	22. _____	_____
7. _____	_____	23. _____	_____
8. _____	_____	24. _____	_____
9. _____	_____	25. _____	_____
10. _____	_____	26. _____	_____
11. _____	_____	27. _____	_____
12. _____	_____	28. _____	_____
13. _____	_____	29. _____	_____
14. _____	_____	30. _____	_____
15. _____	_____	31. _____	_____
16. _____	_____	32. _____	_____

TOTAL # OF NAMES: _____ **TOTAL # OF PEOPLE IN HOUSEHOLD/MEALS:** _____

NOTE: Food provided by the Palm Beach County Food Bank (PBCFB) is intended for Palm Beach County residents. PBCFB agrees to uphold and maintain the confidentiality of the information supplied by your agency which includes but is not limited to, client lists of information.



- FOOD PANTRY
- SOUP KITCHEN
- RESIDENTIAL

Palm Beach County Food Bank MONTHLY DISTRIBUTION SHEET

MONTH/YEAR: _____

AGENCY NAME/NUMBER: _____

To the best of my knowledge, food provided by the Palm Beach County Food Bank was provided to Palm Beach County residents (please certify by signing below).

FORM COMPLETED & CERTIFIED BY: _____

Distribution Date:	Total # of Names:	Total # of People in Household/Meals:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
MONTHLY TOTALS:	_____	_____

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