

NEW YORK CITY PEOPLE SERVED REPORT

Please report on the internet the monthly total by going to www.feednyc.org.
If unable to use internet, please send this form to Food Bank for New York City.

Attention: Member Services
39 Broadway, 10th Floor
New York, NY, 10006
Phone: 212-566-7855 Ext. 2264
Fax: 212-566-1463

ID#:

Agency Name: _____

Your Name: _____

Position: _____

Address: _____ Borough: _____ Zip Code:

Tel. #1: Fax #:

Tel. #2: Tel #3:

1) Children <input type="text"/>	2) Children <input type="text"/>	3) Children <input type="text"/>	4) Children <input type="text"/>	5) Children <input type="text"/>	6) Children <input type="text"/>	7) Children <input type="text"/>
Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>
Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>
8) Children <input type="text"/>	9) Children <input type="text"/>	10) Children <input type="text"/>	11) Children <input type="text"/>	12) Children <input type="text"/>	13) Children <input type="text"/>	14) Children <input type="text"/>
Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>
Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>
15) Children <input type="text"/>	16) Children <input type="text"/>	17) Children <input type="text"/>	18) Children <input type="text"/>	19) Children <input type="text"/>	20) Children <input type="text"/>	21) Children <input type="text"/>
Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>
Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>
22) Children <input type="text"/>	23) Children <input type="text"/>	24) Children <input type="text"/>	25) Children <input type="text"/>	26) Children <input type="text"/>	27) Children <input type="text"/>	28) Children <input type="text"/>
Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>
Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>
29) Children <input type="text"/>	30) Children <input type="text"/>	31) Children <input type="text"/>				
Adults <input type="text"/>	Adults <input type="text"/>	Adults <input type="text"/>				
Elderly <input type="text"/>	Elderly <input type="text"/>	Elderly <input type="text"/>				

Did you turn away anyone this month? No Yes

How many?

Why? Lack of food Other

Month Reporting for: (Month/Year) /	Totals	
	Children	<input type="text"/>
	Adults	<input type="text"/>
	Elderly	<input type="text"/>
	Total	<input type="text"/>



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IMPORTANT: All monthly reporting is to be completed online at www.feednyc.org or by sending this form to Food Bank For New York City. Do not send an additional copy of your monthly report to HRA EFAP, UWNYP HPNAP or other funding sources.

INSTRUCTIONS:

1. Please go on line at www.feednyc.org to report number of People Served. If 1st time user, go to “[How to create a user ID for your Organization](#)” in www.feednyc.org.
2. If unable to use internet, please use this form and hand print or type all information.
3. Submit the form by the 10th of the month following the reporting period.
4. Please be advised, any changes to your name, agency name, address or telephone numbers should be submitted on letterhead to you funders.
5. Some agencies may have several distribution sites. **Each site should maintain a separate calendar and send in a separate report.**

For example:

If St. Luke’s Church operates a food pantry in its basement, then it would complete a calendar and report for St. Luke’s Food Pantry.

If St. Luke’s Church also operates a soup kitchen in its social hall, then it would complete a separate calendar for St. Luke’s Soup Kitchen.

6. Completing the daily worksheet: Use the worksheet to indicate the number of persons fed by your program. The worksheet above shows dates such as January 1, January 2, not days of the week. It CAN be used for any month. Do not confuse dates with days.
7. Totals this month: This is the most important part of the report. Please complete accurately.
8. If your program is closed temporarily for any reason, such as vacation, you are still required to submit this report. Enter "0" for totals.
9. Failure to submit this report could jeopardize your status with your funding organization such as the Food Bank, HRA EFAP or United Way of NYC.

FOOD PANTRIES ONLY:

- A. Count each person in the household who receive food, even if only one person comes to the food pantry.
- B. Count every person each time they receive food from your food pantry.

FOR SOUP KITCHENS AND ON-SITE MEAL PROGRAMS ONLY:

- A. Count each person served a meal at each mealtime. For example, if a person is served breakfast and lunch at your site on the same day, count this as two persons served.
- B. Count persons returning for seconds at a single mealtime as **one person** served.

AGE OF CLIENTS:

IF you DO NOT KNOW a client’s age, please estimate.

- A. Children: All those between 0 and 17 years of age
- B. Adults: those between 18 and 64 years of age.
- C. Elderly: those 65 and older.

10. Please answer the questions as they pertain to your programs. Indicate the number of people that were not able to get food and explain the reason(s) by checking the box next to reason.

This information is very important; please answer it as accurate as possible.