

FOOD BANK OF DELAWARE
MONTHLY HUNGER RELIEF TRACKING SHEET
DUE BACK BY THE 5TH OF EVERY MONTH

This tracking sheet is to ensure all the communities needs are being met. All Hunger Relief Partners are required to track and submit numbers on a monthly basis. Please submit a separate form for each of your feeding program and only provide one month per sheet.

Agency Name _____

Account # _____

County: (Please check one) NCC KENT SUSSEX

Month: (Please check one)
 JAN FEB MAR APR
 MAY JUN JUL AUG
 SEP OCT NOV DEC

Contact Person: _____

Phone Number: _____

Please indicate the total number of households, individuals, adults, children, and first-time participants for the month which you have indicated above. A first time client is one whom you have not serviced before OR one that has not sought your services since **JULY 1st of 2023**

	Monthly Total # of Households	Monthly Total # Adults	Monthly Total # Children	Monthly Unduplicated # of Households	Monthly Unduplicated # Adults	Monthly Unduplicated # Children	# of Households First Visit Since 7/1/23? (running tally for the fiscal year)
Total							

The total #'s of households, adults and children are the total number served during the month. The unduplicated #'s should reflect the first time the client is served in the month but not any return visits.

The first visit should reflect the households who are being served for the first time since 7/1/23. As this is an ongoing tally, each following months total should either be the same (if no new visits) or higher than the previous month.

Please be aware that this sheet supercedes all previous tally sheets distributed by the Food Bank of Delaware and should be completed each month and returned **BY THE 5TH OF EVERY MONTH** to ensure that our records remain accurate. Thank you for your cooperation, it is greatly appreciated.

Email form to: cservice@fbd.org
 or mail to: The Food Bank of Delaware
 Attn: Erika Strobel
 222 Lake Drive
 Newark, DE 19702