MSR WORKSHEET

All partner agencies are required to keep records which accurately reflect the total number of neighbors served each month, and report those totals to Second Harvest on the Monthly Service Report. The MSR is due by the 5th of each month, with the late MSR report ending on the 15th. Failure to submit the MSR by the **16th** will result in temporary holds being placed on your accounts. You may use this template to collect your totals, but all totals must be submitted via Agency Express.

If you did not distribute food for the month, please report zeros on the MSR.*

SECTION I: All partner agencies are required to complete this section in its entirety.

- Total Individuals receiving ANY food assistance:
  - Children under 18 years _____
  - Individuals 18 – 64 years _____
  - Individuals 65 and over _____

  (If you serve backpacks, enter totals under children under 18 field.
  If you serve congregate meals, enter totals under Individuals 18-64 field.)
- Total households receiving **ANY** food assistance* _____
  (*Each household only counted once per month - unduplicated)
- Pounds of food received or purchased outside of Second Harvest. (*Not including pounds reported from Partner Rescue Program*) _____

SECTION II: FOOD PANTRY (*if applicable*)

- Total number of HOUSEHOLDS receiving any **USDA** _____
- Total number of HOUSEHOLDS receiving *only* **NON-USDA** _____

***GNAP**: If and when applicable, please complete the below GNAP questions*

- Total number of families eligible for **GNAP** via TANF designation _____
- Total number of families eligible for **GNAP** via SNAP/Food Stamps, SSI, Medicaid or Income _____

SECTION III: BACKPACK (*if applicable*)

- Total number of backpacks distributed using any **USDA** _____
- Total number of backpacks distributed with **NO USDA** _____

***GNAP:** If and when applicable, please complete the below GNAP questions*

- Total number of backpacks distributed using **GNAP** product _____

SECTION IV: CONGREGATE FEEDING (*if applicable*)

- Total number of meals served using **USDA** product _____
- Total number of meals served using **NO USDA** _____

***GNAP:** If and when applicable, please complete the below GNAP questions*

- Total number of meals served using **GNAP** product _____
