



# Supplemental Program (P2) Reporting Instructions

Reporting Forms for  
Fiscal Year 18-19

# What's new in the 2018 version

- Categorized food waste fields


# General reporting guidelines

- Don't hesitate to contact your FFLC Partner Agency Services Coordinator with questions
- Each agency receives a reminder on the 5<sup>th</sup> of the month that their report is due on the 10<sup>th</sup>
- Agencies with consistently late reports or multiple overdue reports may have their access to FFLC food withheld until the reports are submitted
  - Refer to the FFLC Late Reporting Guidelines for more information

# Filling out your monthly report

## SUPPLEMENTAL FOOD (P2) PROGRAMS

### Monthly Report



Period covered by this report    Month     Year

Agency Name

Report Prepared by

Phone/email

Return to Partner Agency Services  
 phone: 541-343-2822  
 email: reports@foodforlanecounty.org  
 fax: 541-343-5019  
 mail: 770 Bailey Hill Rd.  
 Eugene, OR 97402    v. 2018

**Reports are due on the 10th of the month.**

**Unduplicated count for 1st time recipients**

*If you are able to keep track of who are new clients since July 1st, please enter that information below. This starts over each fiscal year.*

	1st time served
# new adults (18 years and older) served this month	
# new children (under 18) served this month	
<b>TOTAL</b>	

*For all 1st time clients, fill out the information below. Each column should equal the total 1st time food recipients.*

<p><b>Ethnicity</b></p> <p>Hispanic origin <input type="text"/></p> <p>Non-Hispanic origin <input type="text"/></p> <p>Unknown/Decline to answer <input type="text"/></p> <p style="text-align: right;"><b>TOTAL</b> <span style="border: 2px dashed red; padding: 2px;"></span></p>	<p><b>Race</b></p> <p>White/Caucasian <input type="text"/></p> <p>Black/African American <input type="text"/></p> <p>American Indian/Alaskan Native <input type="text"/></p> <p>Asian <input type="text"/></p> <p>Native Hawaiian/Pacific Islander <input type="text"/></p> <p>Multiracial <input type="text"/></p> <p>Unknown/Decline to answer <input type="text"/></p> <p style="text-align: right;"><b>TOTAL</b> <span style="border: 2px dashed red; padding: 2px;"></span></p>	<p><span style="border: 2px dashed red; padding: 2px;"></span> These three cell numbers should match</p>
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**Volunteers**

*Please include the total number of volunteers that worked for your pantry this month, and the hours they worked.*

Number of volunteers this period       Number of volunteer hours

**Backpack Programs**

*For Backpack Programs only, please include the number of children that received food and the total number of snack packs distributed.*

Number of children       Number of parcels distributed

**Other Food Resources**

*Please report all donations you received from the following donors in pounds (lbs.). Do not include food received from FFLC.*

Store/Food Industry Donor <input type="text"/>	#	Local Food Drives <input type="text"/>	#
Store/Food Industry Donor <input type="text"/>	#	Individuals/Groups <input type="text"/>	#
Store/Food Industry Donor <input type="text"/>	#	Locally Grown Produce <input type="text"/>	#
		(home grown, farm, etc.)	

**Waste**

*Please include all food that you received from FFLC that was not usable. Do not include leftovers from food prepared by your agency.*

Did you discard any food this month?     yes     no    If yes, how many pounds did you discard?  #

Canned	Other Dry Goods	Produce	Frozen	Dairy	Bread	Repack (dry, frozen)

Suggested reasons: Expired/Outdated, Spoiled/Rotten, Rusted/Dented, Damaged Package/Label, Surplus, Recalled

# Choosing the correct report

The correct report for fiscal year 2018-19 can be easily identified by the “v. 2018” text in the box at top of the page. If you do not have the current version, visit the Partner Agency Zone or contact FOOD for Lane County.




**SUPPLEMENTAL FOOD (P2) PROGRAMS**  
**Monthly Report**

Period covered by this report    Month     Year

Agency Name   
Report Prepared by   
Phone/email

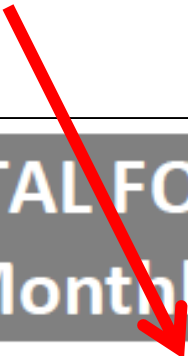
**Return to Partner Agency Services**  
phone: 541-343-2032  
email: reports@foodforlane.org  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    **v. 2018**

*Reports are due on the 10th of the month.*



# Choosing the correct month

The “Month” field refers to the calendar month you are reporting on, not necessarily the month you are submitting the report. Reports are due by the 10<sup>th</sup> of the following month. A report detailing your food service in January, for example, would be due February 10<sup>th</sup>.



**SUPPLEMENTAL FOOD (P2) PROGRAMS**  
**Monthly Report**

Period covered by this report    Month     Year

Agency Name   
Report Prepared by   
Phone/email

**FOOD**  
For Lane County

*Reports are due on the 10th of the month.*

Return to Partner Agency Services  
phone: 541-343-2822  
email: [reports@foodforlanecounty.org](mailto:reports@foodforlanecounty.org)  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    v. 2018

# Your Agency's Information

Please fill in all requested information in these fields to ensure efficient communication if we have questions.

## SUPPLEMENTAL FOOD (P2) PROGRAMS

### Monthly Report

Period covered by this report    Month     Year

Agency Name	Main St. School Pantry
Report Prepared by	Jan Q. Smith
Phone/email	Jan_q@gmail.com

*Reports are due on the 10th of the month.*


Return to Partner Agency Services  
phone: 541-343-2822  
email: [reports@foodforlanecounty.org](mailto:reports@foodforlanecounty.org)  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    v. 2018

# Your Agency's Information

Reports are due to your Partner Agency Services Coordinators by the *10<sup>th</sup> of each month*. Please create a reminder on your calendar or phone. Reports can be emailed, mailed, faxed, or dropped off in person.

Our preference is that you email your reports to [reports@foodforlanecounty.org](mailto:reports@foodforlanecounty.org)

## SUPPLEMENTAL FOOD (P2) PROGRAMS Monthly Report



Period covered by this report    Month     Year

Agency Name   
Report Prepared by   
Phone/email

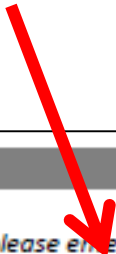
*Reports are due on the 10th of the month.*

Return to Partner Agency Services  
phone: 541-343-2822  
email: [reports@foodforlanecounty.org](mailto:reports@foodforlanecounty.org)  
fax: 541-343-5019  
mail: 770 Bailey Hill Rd.  
Eugene, OR 97402    v. 2018



# Service Statistics

If your agency does a formal intake for clients, count each adult and child's first time receiving food *since July 1<sup>st</sup>* here. Do not count those clients again until the count starts over each fiscal year (July 1).



Unduplicated count for 1st time recipients		
<i>If you are able to keep track of who are <u>new clients since July 1st</u>, please enter that information below. This starts over each fiscal year.</i>		
	1st time served	
# new adults (18 years and older) served this month	<input type="text"/>	
# new children (under 18) served this month	<input type="text"/>	
TOTAL	<input style="border: 2px dashed red;" type="text"/>	
<i>For all 1st time clients, fill out the information below. Each column should equal the total 1st time food recipients.</i>		
Ethnicity	Hispanic origin	<input type="text"/>
	Non-Hispanic origin	<input type="text"/>
	Unknown/Decline to answer	<input type="text"/>
	TOTAL	<input style="border: 2px dashed red;" type="text"/>
Race	White/Caucasian	<input type="text"/>
	Black/African American	<input type="text"/>
	American Indian/Alaskan Native	<input type="text"/>
	Asian	<input type="text"/>
	Native Hawaiian/Pacific Islander	<input type="text"/>
	Multiracial	<input type="text"/>
	Unknown/Decline to answer	<input type="text"/>
	TOTAL	<input style="border: 2px dashed red;" type="text"/>
<input style="border: 2px dashed red;" type="text"/>	These three cell numbers should match	

# Service Statistics

If your agency does formal intake, please include the race and ethnicity for *first time clients only* (i.e., a client's first visit after every July 1). *Ethnicity* refers to an individual's *cultural identity*. *Race* refers to their *physical attributes or ancestry*.

This information must be optional; do not require or dissuade a client from sharing this information. FFLC follows the USDA's definitions of ethnicity and race.


**Unduplicated count for 1st time recipients**

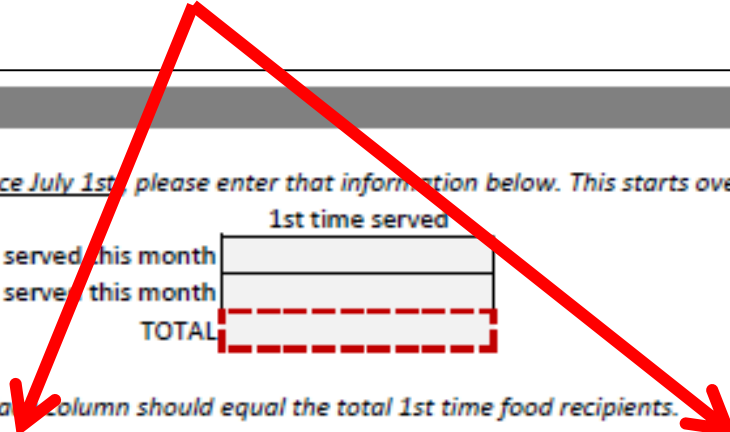
If you are able to keep track of who are new clients since July 1st, please enter that information below. This starts over each fiscal year.

# new adults (18 years and older) served this month	1st time served
# new children (under 18) served this month	
TOTAL	

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food recipients.

Ethnicity	Hispanic origin		Race	White/Caucasian	
	Non-Hispanic origin			Black/African American	
	Unknown/Decline to answer			American Indian/Alaskan Native	
	TOTAL			Asian	
				Native Hawaiian/Pacific Islander	
				Multiracial	
				Unknown/Decline to answer	
				TOTAL	

 These three cell numbers should match



# Service Statistics

**NOTE: The totals in the three red dashed cells must all be equal.**

**The TOTAL for Ethnicity and TOTAL for Race should equal the TOTAL 1<sup>st</sup> time served. If there is a discrepancy in the numbers, you should make up the difference in the appropriate “Unknown” cell.**

## Unduplicated count for 1st time recipients

If you are able to keep track of who are new clients since July 1st, please enter that information below. This starts over each fiscal year.

	1st time served
# new adults (18 years and older) served this month	25
# new children (under 18) served this month	15
TOTAL	40

For all 1st time clients, fill out the information below. Each column should equal the total 1st time food recipients.

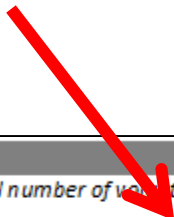
Ethnicity	
Hispanic origin	25
Non-Hispanic origin	15
Unknown/Decline to answer	10
TOTAL	40

Race	
White/Caucasian	7
Black/African American	6
American Indian/Alaskan Native	5
Asian	4
Native Hawaiian/Pacific Islander	3
Multiracial	2
Unknown/Decline to answer	13
TOTAL	40

These three cell numbers should match

# Volunteer Information

Please include the total number of volunteers you had and the total number of hours they worked.



Volunteers	
<i>Please include the total number of volunteers that worked for your pantry this month, and the hours they worked.</i>	
Number of volunteers	<input type="text"/>
Number of volunteer hours	<input type="text"/>

# Backpack Programs

Please include the number of children enrolled in your program here.

Please include the total number of parcels distributed throughout the reporting month here.

Backpack Programs	
<i>For Backpack Programs only, please include the number of children that received food and the total number of snack packs distributed.</i>	
Number of children <input type="text"/>	Number of parcels distributed <input type="text"/>

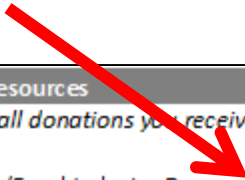
*If your Supplemental Food Program is not a Backpack Program, skip this section.*

# Other Food Resources

If your program directly receives food donations, please list that information in the appropriate field below. For stores and food industry donors, please list the name of the donor and the total pounds received.

Do not include food you receive from FFLC.

Other Food Resources	
<i>Please report all donations you received from the following donors in <b>pounds (lbs.)</b>. <u>Do not include food received from FFLC.</u></i>	
Store/Food Industry Donor _____	<input type="text"/> #
Store/Food Industry Donor _____	<input type="text"/> #
Store/Food Industry Donor _____	<input type="text"/> #
Local Food Drives	<input type="text"/> #
Individuals/Groups	<input type="text"/> #
Locally Grown Produce (i.e. home grown, Plant-a-Row)	<input type="text"/> #



# Waste

Please include all food *that you received from FOOD for Lane County* that you had to discard because it was unfit for human consumption, or because you were not able to distribute it.

Add up the total weight of any food discarded that month and record it in the appropriate field.

Seven food categories are provided for you. If you discarded food of this type, provide a brief reason why. Suggested language is listed below the fields.

Waste						
<i>Please include all food that you received from FFLC that was not usable. Do not include leftovers from food prepared by your agency.</i>						
Did you discard any food this month?			X	yes	no	
If yes, how many pounds did you discard?					75	#
Canned	Other Dry Goods	Produce	Frozen	Dairy	Bread	Repack (dry, frozen)
<i>Rusted</i>		<i>Rotten</i>			<i>Moldy</i>	
Suggested reasons: Expired/Outdated, Spoiled/Rotten, Rusted/Dented, Damaged Package/Label, Surplus, Recalled						

# Questions?

If you have any questions, please contact your Partner Agency Services Coordinator

- Nathan Keffer
  - [nkeffer@foodforlanecounty.org](mailto:nkeffer@foodforlanecounty.org)
  - 541-343-2822 Ext 134
- Mallory Davis
  - [mdavis@foodforlanecounty.org](mailto:mdavis@foodforlanecounty.org)
  - 541-343-2822 Ext 110