

TEFAP (The Emergency Food Assistance Program) - MONTHLY REPORT FORM

Reports must be submitted by the 1st of each month, no later than the 5th of each month

Month of: _____ Agency: _____

Office Address: _____

Contact: _____ Phone: _____

Distribution Address: _____

Days and times of Distribution: _____

(Use a second sheet if more than one location)

Total Number of Persons Served

Total Number of Households Served

Print name of person reporting

Date

I certify that the above information is correct to the best of my knowledge. Report must be returned by the 1st of each month, no later than the 5th of each month to Hazel Chicas, Agency Relations Coordinator (714) 897-6670 x 3101

Email To: **Maria Correa**, Agency Relations Coordinator at mcorrea@capoc.org and
cc: tefap@capoc.org