



**THE EMERGENCY FOOD ASSISTANCE PROGRAM - TEFAP
AGENCY MONTHLY INVENTORY REPORT**

Revised
2026

NAME OF ORGANIZATION: _____ DATE: _____

NAME: _____ COUNTY: _____

PHONE NUMBER: _____ REPORTING MONTH: _____

USDA FOOD ASSISTANCE

FOOD PANTRIES: Total # of Families Receiving USDA Food Assistance: _____

Total # of Individuals Receiving USDA Food Assistance: _____

SOUP KITCHEN: Total # of Individuals Receiving USDA Food Assistance: _____

The above information is complete and correct to the best of my knowledge and is in compliance with the agreement for program requirements.

Signature: _____ **Date:** _____

Complete this form on or after the last day of the month and submit the report to Harvest Regional Food Bank:

Mail to: P.O. Box 707, Texarkana, TX 75504 **Fax:** (870) 774-1905 **Email:** Programs@HRFB.org