



Partner Agency Monthly Report

Completed forms are due to the Food Bank no later than the 5th of the following month. For example, January's report is due on or before February 5th. If monthly reports are not received on or before the 5th of the following month, your agency will be placed on hold.

Reporting for the month of _____

Agency Name _____

Name of person filling out form _____

Phone _____ Fax _____ Email _____

PANTRY PROGRAM

Total Number of **Households** (families): _____

Total Number of **Individuals** (all ages): _____

Total Number of **Children** (0-17): _____

Total Number of **Adults** (18-64): _____

Total Number of **Seniors** (65+): _____

MEAL PROGRAM

People Count (# of people served): _____

Meal Count (# of total plates served): _____

SNACK PROGRAM

People Count (# of people served): _____

Snack Count (# of total snacks served): _____

This form can be mailed, faxed, or delivered in person.

Address:

Food Bank of Northeast Louisiana 4600 Central Ave. Monroe, LA 71203

Fax: 318-322-1620

Email to: reception@fbnela.org