



## Agency Monthly Report

Month/Year: \_\_\_\_\_ Reporting Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Person Responsible for Report: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Describe any changes in programs, hours facilities, staff, funding or policies since last report: \_\_\_\_\_

### Service Information by Program:

	Food Pantry	Soup Kitchen or Shelter	On-Site Feeding or Residential	Back Pack or Summer Feeding (non-congregate)	Day Care	Totals
<b>Total # Served</b>						
<b># new clients served</b>						
<b># households served</b>						
<b># prepared meals served</b>						
<b># home delivered meals served</b>						
<b># SNAP applications completed &amp; submitted</b>						
<b># WIC applications completed &amp; submitted</b>						

### Client & Volunteer Statistical Information:

# Served 0-18	# Served 19-64	# Served 65 +	# Females Served	# Males Served	# Veterans Served
<b># Households w/ at least one person employed</b>		<b># of Volunteers</b>		<b># of Volunteer Hours</b>	

**Food Donations:**

Donor	# of Pounds Received
Arkansas Hunters Feeding the Hungry	
Individuals	
Local Food Drives Sponsored by the Food Bank	
Local Food Drives Non-Food Bank sponsored	
Local Farmer's Market or Local Farmers	
Other Food Bank/Food Rescue Organization Please specify:	
Retail Donations Local Grocery Stores, Dollar Stores, etc.	
Other Please specify:	

**Walmart Retail Donation:** (Please leave blank if you are not currently a participant in this program.)

Food Category	Pounds Received
Bakery	
Produce	
Meat	
Dairy	
Prepared Food	
Drinks	
Assorted Food (Non-perishable)	
Non-Food Items	
<b>TOTAL</b>	

**Please share your stories with us:**

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Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

**(Due by the 10<sup>th</sup> day of the month) E-mail to [officebnca@centurytel.net](mailto:officebnca@centurytel.net) or Fax to 870-499-3500**