



Food Bank of Northwest Louisiana



## MEMBER AGENCY MONTHLY REPORT

Please complete this form and **E-Mail** or **Mail** the completed form to the Food Bank by the 5<sup>th</sup> day of the month.

Email to: [adminassist@foodbanknla.org](mailto:adminassist@foodbanknla.org)

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID. Number: \_\_\_\_\_ Report Month: \_\_\_\_\_

### FOOD PANTRY

# of Children (< 18): \_\_\_\_\_ # of Adults (18-64): \_\_\_\_\_ # of Seniors (65+): \_\_\_\_\_

# of Household Served: \_\_\_\_\_ # of Evacuees Served: \_\_\_\_\_ # of Homeless Served: \_\_\_\_\_

# Clients Not Served Due To The Lack Of Food: \_\_\_\_\_

Estimated % Of Food Distributed By Your Agency Received From The Food Bank: \_\_\_\_\_%

Total Food Cost For The Current Month: \$ \_\_\_\_\_ Pounds Distributed: \_\_\_\_\_

### SOUP KITCHEN / RESIDENTIAL

# of Children (< 18): \_\_\_\_\_ # of Adults (19-64): \_\_\_\_\_ # of Seniors (65+): \_\_\_\_\_

# of Breakfasts Served: \_\_\_\_\_ # of Lunches Served: \_\_\_\_\_ # of Dinners Served: \_\_\_\_\_

# of Snacks Served: \_\_\_\_\_ # of Evacuees Served: \_\_\_\_\_ # of Homeless Served: \_\_\_\_\_

Estimated % Of Food Distributed by Your Agency Received From The Food Bank: \_\_\_\_\_%

Total Food Cost for The Current Month: \$ \_\_\_\_\_ Pounds Distributed: \_\_\_\_\_

Printed Name of Person completing form: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

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