

FOOD BANK of NORTHWEST LOUISIANA MEMBER AGENCY MONTHLY REPORT

Please complete this form on the last day of the month using information for the current month. **Mail or E-mail** the completed form to the Food Bank **by the 5th day** of the following month.

Agency Name: _____ Date: _____

ID. Number: _____ Report Month: _____

Agency Phone Number: _____

.....

FOOD PANTRY

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

of Household Served: _____ # of Evacuees Served: _____ # of Homeless Served: _____

of 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 / DAYCARE

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: _____

*(Pounds Distributed = number of meals X 1.2)
(Pounds Distributed = number of snack X .6)*

Signature of person completing form: _____

- Please complete age categories for the number of persons in household.
- Pantry target distribution rate is **75** pounds of food per person.
- Please direct questions to:
Marleah Walker at 318-675-2400 x108



Food Bank
of Northwest Louisiana