

Report for the month/year _____

PARTNER AGENCY MONTHLY DATA REPORT- DUE BY THE 5TH OF EVERY MONTH

To keep our files up to date, please complete the entire sheet.

Agency Name: _____

How frequently do you distribute? _____

Agency ID _____

Address: _____

City/State/Zip: _____

County: _____

Mobile Pantries & Children's Produce Markets Only: Due 3 days after distribution

Next Month's Distribution date _____ How many families to send for _____

Completed by: _____ Contact number _____ Date _____

Food Pantry, Mobile Pantry or Children's Produce Market

Any program that distributes groceries (non-prepared foods) and other basic supplies for off-site use.

Returning families served this month (Duplicated)				
	Households	Children	Adults	Elderly
TOTAL				

NEW families served this month for the first time (Unduplicated)				
	Households	Children	Adults	Elderly
TOTAL				

TOTAL (Duplicated + Unduplicated)				
--------------------------------------	--	--	--	--

MEAL PROGRAM

Any agency that serves meals in its facility, such as soup kitchens, day care or after school programs, shelters, or other residential or day programs.

Total number served this month				
	Breakfast	Lunch	Dinner	Snack
TOTAL				

Number of volunteer hours recorded for the month: _____

Please return to (agencies@ceopeoplehelpingpeople.org) NO later than the 5th of each month.

Any questions please call: 570-908-2222 EXT 302