Arkansas Foodbank  

Agency Monthly Report  

Report for the Month of ____________________________, Year ________________  

Name of Reporting Agency: ____________________________________________________  

Address (include city): ___________________________________________________________  

Person Responsible for Report: ___________________________________________________  

Telephone # and/or e-mail address: _______________________________________________  

Describe any changes in programs, hours, facilities, staff, or policies since last report. Stories about people you have helped are also appreciated. _______________________________________________  

__________________________________________________________  

Service Information by Program: Please use real numbers, not check marks or percentages.  

<table>
<thead>
<tr>
<th>Number of NEW HOUSEHOLDS given groceries</th>
<th>Food Pantry</th>
<th>Day Care</th>
<th>Soup Kitchen/ Shelter</th>
<th>On-Site or Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of NEW INDIVIDUALS – related or not – are in those new households?</td>
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<tr>
<td>Number of RETURNING HOUSEHOLDS given groceries at your pantry or delivered to the home. (Count only once)</td>
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<tr>
<td>How many RETURNING INDIVIDUALS – related or not - are in those returning households? (Count only once)</td>
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<td></td>
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</tr>
<tr>
<td>Total # of prepared meals served in the ENTIRE MONTH at your location or delivered to the home. (How many actual meals, not how often you served a meal.) (DO NOT count snacks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next section is for pantries only.  

Of the TOTAL number of INDIVIDUALS served (add new and returning individuals), how many are:  

- 0 thru 17 years old ____________  (Please keep each age group separate; i.e., please do not combine all adults into one number.)  
- 18 thru 64 years old ____________  
- Age 65 & over ____________  

Number of Households with at least one person employed: ________________  

Signature of Report Preparer: ____________________________ Date: ____________

Rev. 7-17-2013/lg  Return report by: email - lgemmell@arkansasfoodbank.org;  
fax - 501-565-0180; or by mail to: Arkansas Foodbank, 4301 W 65th St., Little Rock, AR  72209