



**RIVER VALLEY REGIONAL
FOOD BANK**
A PROGRAM OF THE CRAWFORD - SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL



AGENCY MONTHLY REPORT

Due by the 8th day of the month

Month of Report _____ Year _____

Name of Reporting Agency: _____

Address: _____ Telephone #: _____

Person in charge of this agency: _____ Fax #: _____

Email Address: _____

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

Please indicate the breakdown of the number of people served below:

	Male	Female	Total
Number Served by Age: 0 to 18 years old	_____	_____	_____
19 to 59 years old	_____	_____	_____
60 years & over	_____	_____	_____

Total Number of People Served this Month _____

(Regardless of how many times a client is served each month, they should only be counted once.)

Number Households with at least one person employed: _____

Please share with us any specific stories that stand out from your work this month. Please keep them short and simple. These can include the following:

**Anytime you had to turn people away or change your hours due to lack of food.*

**Specific stories about how you helped someone. (These are especially helpful)*

**Specific stories related to events during the month such as disasters, economic downturn*

Print Preparer's Name: _____ Title: _____

Signature: _____ Date: _____