



Agency Monthly Report

Reports are due on the 1st of each month

FAX # 479-785-3218

| | |
|------------------------|------------------|
| Reporting Month: _____ | Year: _____ |
| Agency: _____ | Email: _____ |
| Address: _____ | Telephone: _____ |
| Agency Director: _____ | Fax #: _____ |

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

| AGE | MALE | FEMALE | |
|------------------|----------------------|----------------------|--|
| 0-17 years old: | <input type="text"/> | <input type="text"/> | # of Hot Meals served: <input type="text"/> |
| 18-59 years old: | <input type="text"/> | <input type="text"/> | |
| 60+ years old: | <input type="text"/> | <input type="text"/> | # of boxes or bags distributed: <input type="text"/> |
| Total: | <input type="text"/> | <input type="text"/> | Total Volunteer Hours <input type="text"/> |

Total # of individuals served: _____

Number of people who are being served for the first time since **October, 1 2024**: _____

Please indicate the number of pounds of food donated to your agency this month: _____

(Do NOT include any food obtained from the River Valley Regional Food Bank)

| | |
|--------------------------------------|---|
| Prepared Meals: <input type="text"/> | Shelf Stable Food: <input type="text"/> |
| Produce: <input type="text"/> | Bakery: <input type="text"/> |
| Meat: <input type="text"/> | Non-Food: <input type="text"/> |

Experiences: Please share any specific stories that stand out from your mission this month.

Stories could include:

- * A person's particular situation that makes the gift of food from your agency so valuable at this time.
- * Any other specific story about how you have helped someone.
- * A particular food item people especially enjoyed receiving this month.

Signature: _____ Date: _____

Print Name and Title: _____