

Report for the month/year \_\_\_\_\_

**PARTNER AGENCY MONTHLY DATA REPORT- DUE BY THE 5<sup>TH</sup> 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:**

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)				
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**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 Kyle Barthold (agencies@ceopeoplehelpingpeople.org) NO later than the 5th of each month.

Any questions please call: 570-908-2222 EXT. 509