



Merrimack Valley Food Bank, Inc.

735 Broadway Street • Lowell, MA 01854 • tel 978-454-7272 • fax 978-454-1717

Help US... Help OTHERS

MONTHLY PROGRAM REPORT (Mandatory for ALL AGENCIES)

Month: _____

Agency Name: _____

Contact Person: _____

Contact Phone: _____

Contact E-mail: _____

PROGRAM (specify pantry or meals): _____

Total number of **individuals** served: _____

Total number of **households** served: _____

Total number of **adults** (18-64) served: _____

Total number of **children** (under 18) served: _____

Total number of **seniors** (65 and over) served: _____

Total number of **meals, bags or boxes** distributed: _____

(Please circle appropriate option and list each program separately)

Please indicate **how many** clients you were not able to help this month because of insufficient resources (actual or estimate): _____

Please include a **success story or compelling case narrative**. If you are unable to furnish a case narrative, please submit your observations about emerging issues, needs, or trends.

Please submit this report by the 15th of each month for the previous month to:
Janet Gagnon, Administrative Assistant at janet_gagnon@mvfb.org

Please note: Shopping privileges may be suspended if a member agency is more than 30 days delinquent in reporting. We appreciate your help in learning more about the families you serve.

Form Revised 3/09

Visit our website at www.mvfb.org

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