

MERRIMACK VALLEY FOOD BANK ~ MONTHLY PROGRAM REPORT

(Mandatory for ALL AGENCIES **due the 10th** of each month for the previous month)

Revised May 2010

Month and Year:		Contact Person (for this form):
Agency Name:		Contact Person's Direct Phone Line:
# Of Programs (meals/pantry/day program) at Agency:		Contact Person's E-mail:
Program Specific Statistics - Please note: All numbers should be UNDUPLICATED		
Program #1		Program #2
<i>(Please specify program type: meals/pantry/day program)</i>		<i>(Please specify program type: meals/pantry/day program)</i>
Total number of unduplicated individuals served:		Total number of unduplicated individuals served:
Total number of households served:		Total number of households served:
Total number of adults (18-64) served:		Total number of adults (18-64) served:
Total number of children (under 18) served:		Total number of children (under 18) served:
Total number of seniors (65 and over) served:		Total number of seniors (65 and over) served:
Total number of meals, bags or boxes distributed: <i>(Please use the total you give on Project Bread form)</i>		Total number of meals, bags or boxes distributed: <i>(Please circle appropriate option)</i>
Agency Specific Statistics		
Of all the food that you received for this month (from all your food sources) ~ what is the estimated % of food (USDA,MEFAP & Donated) that was received solely from MVFB? <p style="text-align: right;">Program #1</p>		Of all the food that you received for this month (from all your food sources) ~ what is the estimated % of food (USDA,MEFAP & Donated) that was received solely from MVFB? <p style="text-align: right;">Program #2</p>
Ethnicity of recipients Must total 100%		How many clients were you not able to help this month because of insufficient resources?
African American/Black		
American Indian		Gender % (required/not optional) Must total 100%
Asian		Male
Caucasian (white)		Female
Hispanic/Latino		
Other ~ Please Specify:		E-mail to: Janet_Gagnon@mvfb.org mail or hand deliver DO NOT FAX

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