

Agency Activity Report

Report for the month of: _____ Agency # _____

The report is for the prior month's activity. January report describes the past December's activity.

Agency Name: _____

Agency Address: _____

Agency Email Address: _____

REPORT IS DUE NO LATER THAN THE 10TH OF THE FOLLOWING MONTH
TO AVOID A LATE CHARGE, AN INTERRUPTION OR SUSPENSION OF FOOD BANK PRIVILEGES

Pantry Programs

Family Unit Log on reverse side is required for all pantry programs

- 1. How many FAMILY UNITS were assisted during this reporting period:** _____
Each family is counted EVERY TIME you serve them, a single person is counted as a family.
- 2. Total number of PERSONS within those family units:** _____
Count every person within each family receiving assistance.
- 3. What percentage of your agencies food came from the Food Bank?** _____ %
Of all the food your pantry supplied to needy people, what portion came from FBWCT?

Feeding Programs

Do not fill in Family Unit Log on reverse side

- 1. What was the TOTAL NUMBER of meals served during the month:**
Tally each person fed on each day at each meal. Record TOTAL breakfasts, TOTAL lunches, and TOTAL suppers. Add these numbers together to find the TOTAL meals served during the reporting month.
Breakfast _____ Lunch _____ Supper _____ Total: _____
- 2. What was the total number of supplemental meals (snacks) served:** _____
Count the total number of people at each snack on each day.
- 3. What percentage of your agencies food came from the Food Bank?** _____ %
Of all the food your agency served to needy people, what portion came from FBWCT?

Name: _____

Position: _____ Date: _____ Telephone: _____

Email Address: _____

(Please complete if Email Address is different than Agency Email Address)

RETURN TO:

Food Bank of West Central Texas, 5505 North First Street, Abilene, Texas 79603
Report Facsimile 325.695.6827 • E-Mail: abfoodbk@camalott.com

