



Monthly Pantry Report for:

_____/_____
 Month / Year

Agency Name: _____ ID # _____

Contact Person(s): _____

Phone #: _____ Email: _____

Number of Adults served _____ Number of Children Served _____ **Total** _____

Total number of families served (include single person households as 1 family): _____

How many days were you open during the month? _____

Did your agency receive any significant food donations during the month? **YES** **NO**

Please provide an **estimate** of how many pounds of donated food you received: _____
(Generally you can estimate 1 lb. per can or pkg. or you can weigh a sample bag & multiply by # of bags.)
 (Do not include pounds reported to Fulfill through the Retail Store Donation Program)

Did you **purchase** food from retail stores during the month? **YES** **NO**

Please **estimate** the number of pounds of food you purchased: _____

Please list the items that were purchased (including non-food items):

Comments (Any significant changes in clientele or issues that came up during the month):

Please return to the NET no later than the 7th of the following month.
This information is used to apply for grants and funding opportunities which benefit our member charities. Thank you for taking the time to provide this information.