



**Monthly Report for:**

(All agencies **except** pantries)

\_\_\_\_\_ / \_\_\_\_\_  
 Month / Year

Agency Name: \_\_\_\_\_ ID # \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**Soup Kitchens:**      Total # meals served during the month      \_\_\_\_\_  
                                  Approximate # unduplicated clients during month      \_\_\_\_\_  
                                  How many days were you open during the month?      \_\_\_\_\_

**Shelters, group homes, day programs, after school programs and all other feeding programs:**

Total # meals served during the month\*      \_\_\_\_\_  
 Approximate # of unduplicated clients during the month      \_\_\_\_\_

\*Multiply      # of individuals X # of meals/day X #days/month

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

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**Please return to the NET no later than the 7<sup>th</sup> 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.**

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