

REGIONAL FOOD BANK OF NENY HPNAP Monthly Report

Please submit this report by the 10th of the month following the month for which you are reporting

Report Month/Year: _____

Food Bank ID#: _____

Name of Agency/Program: _____

County: _____

SERVICE STATISTICS

(Shelters and Soup Kitchens: please count meals provided, not including seconds.)

Children (ages Infant-17): _____

Adults (ages 18-64): _____

Elderly (age 65+): _____

Households Served (Food Pantries Only): _____

Submitted By: _____

Date: _____

Telephone: _____

Email: _____

Street Address of Agency/Program site: _____

To Submit:

- Email*: HPNAPReports@regionalfoodbank.net
- Mail: Mary Rainey, Regional Food Bank of NENY
965 Albany-Shaker Rd., Latham, NY 12110
- Fax: (518) 786-3004

*Submitting by email is preferred as you will receive an electronic confirmation of receipt.