



PO Box 707, Texarkana TX 75504  
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# MONTHLY AGENCY REPORT

Revised: 4-2022

**MONTH:**

**YEAR:**

To receive uninterrupted service, please submit a copy of this report each month, even if no product was received from Harvest Regional Food Bank. **This report is due the 1st of each month.** Failure to report regularly may result in your agency being put on hold or suspended from service.

Please report as accurately as possible. Data from this report is necessary for Harvest Regional Food Bank to complete its required reporting to our parent organization and grantors.

**AGENCY NAME:**

**NAME OF PERSON COMPLETING REPORT:**

**PHONE:**

**COUNTY:**

**REPORT ALL SERVICE FOR THE MONTH** (Pantry, Commodities, backpacks, etc.)

Total # of **Families** Receiving food assistance from your program: \_\_\_\_\_

Total # of **Individuals** Receiving food assistance from your program: \_\_\_\_\_

Total # of **Families** Receiving Help for the **First Time This Month:** \_\_\_\_\_

Supplemental Nutrition Assistance Program - SNAP Outreach: \_\_\_\_\_

**OTHER SOURCES OF FOOD NOT FROM HARVEST**

Report total pounds received from other sources: Other Food Banks, Individual Donations, Food Purchased from Wholesales or Retailers, Food Drives Donated to your Organization, Other Retailer or Manufacturer Direct Donations, etc...

**Pounds Received:** \_\_\_\_\_

**OF THE INDIVIDUALS REPORTED:**

# Of Children (0-18) \_\_\_\_\_

# Of Adults (19 to 59) \_\_\_\_\_

# Of Seniors (60 & Over) \_\_\_\_\_

TOTAL INDIVIDUALS \*\* \_\_\_\_\_

\*\* Fields should all be equal \*\*

**OF THE INDIVIDUALS REPORTED:**

# Of African Americans \_\_\_\_\_

# Of Caucasians \_\_\_\_\_

# Of Hispanics \_\_\_\_\_

# Of Native Americans \_\_\_\_\_

# Of Asians \_\_\_\_\_

# Other Races \_\_\_\_\_

TOTAL INDIVIDUALS\*\* \_\_\_\_\_

**FOR SOUP KITCHENS/SHELTERS/AND OTHER FEEDING SITES ONLY:**

# Individuals Served (Total) \_\_\_\_\_

# Dependent Children (0-18) \_\_\_\_\_

# Adults (19 to 59) \_\_\_\_\_

# Seniors (60 & Over) \_\_\_\_\_

# Total Meals Served for the Month  
(Total Meals = Meals x People Served) \_\_\_\_\_

Average # of Individuals Served Per Day \_\_\_\_\_

Complete this form on or after the last day of the month and submit the report to Harvest Regional Food Bank:  
Mail to: P.O. Box 707, Texarkana, TX 75504 or Fax: (870) 774-1905 or **Email: [serviceinsights@hrfb.org](mailto:serviceinsights@hrfb.org)**