



Month of: _____ 20 _____

Monthly Statistics Report

Reports are due by the 5th of each month.

Fax 717-561-4636 or enter online at www.centralpafoodbank.org PWW System

Section 1

NAME OF AGENCY: _____ AGENCY # _____

ADDRESS: _____

CITY: _____ ZIP: _____

COUNTY: _____ PHONE: _____ FAX: _____

CONTACT: _____ EMAIL: _____

Note: If any agency contact information is to be updated, please contact the Agency Services Department.

Section 2

Food Pantries

If there is no distribution in a month, enter zeros & submit form or enter online. Only enter #'s in designated boxes. Add clients down the page, Add households down the page.

Please Note: In JULY, ALL CLIENTS are NEW!

	0-17 yrs	18-59 yrs	60+ yrs	Total Clients	Total Households
Registered Households	→				
Registered Clients					
New Households	→				
New Clients					
Total Clients					
	Total Combined Clients:				
	Total Combined Households:				

Section 3

Soup Kitchens and/or Emergency Shelters

Total Number of Meals Served: _____

Section 4

Supplemental Programs

Total number of DIFFERENT PEOPLE served once this month (not meals).

A. Number of children served (0-17 years): _____

B. Number of adults served (18-59 years): _____

C. Number of senior citizens served (60+ years): _____

Total number of people served (A+B+C)=

Statistics Reports are required for each month of service by the 5th of the month following food distribution. This report is a MANDATORY requirement in accordance with your Membership Agreement. Reports must be up to date in order to access inventory from the Food Bank. This report can be completed online and returned via mail or fax to the appropriate CPFB location. Any questions and email statistic submissions should be directed to arinfo@centralpafoodbank.org.

Harrisburg- Mailing address: 3908 Corey Rd. Harrisburg, PA 17109 Fax: 717-561-4636

Williamsport- Mailing address: 3301 Wahoo Dr. Williamsport, PA 17701 Fax: 570-321-8024

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