

**REGIONAL FOOD BANK OF NENY**  
**November 2017 through October 2018**  
**HPNAP Monthly Report**

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

**Report Month/Year:** \_\_\_\_\_

**Food Bank ID#:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**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 Program site: \_\_\_\_\_

**To Submit pick one of the four options below:**

- On-line            If you have access to The Regional Food Bank's Primarius Web Windows for online ordering you may submit them through that system
- Email             [HPNAPReports@regionalfoodbank.net](mailto:HPNAPReports@regionalfoodbank.net)
- Mail:             HPNAP Reports, Regional Food Bank of NENY  
965 Albany-Shaker Rd., Latham, NY 12110
- Fax:              (518) 786-3004