



# FOOD PANTRY



## REPORT/RENEWAL

**Due 30 days after your delivery date or by date specified in delivery packet**

**Today's Date:**

The following information is required to participate in our Food Pantry service, please make sure each section is completed:

Partner Organization Name:		Office Phone #:	
Address:		Office Fax #:	
City, State, Zip:		Email Address:	
Primary Contact:		Alternate Phone #: (other than office number)	
Secondary Contact:		Secondary Contact Phone #	

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**Did the Food Pantry Service help your organization meet/make progress towards your program goal(s) listed on the request?**

(Click One) Yes ☐ No ☐

**Please let us know how this service helped your organization reach your program goal(s). Select your top 2 answers'QPN[ :**

- ☐ Increased Resources  
 ☐ Increased Community Engagement  
 ☐ Improved Outreach  
 ☐ Improved Education  
☐ Improved Health  
 ☐ Improved Public Safety  
 ☐ Improved Programo ing  
 ☐ Improved Results

**Please provide an example of how this service helped you to make progress to your goals:**

**Please list the food items that were most helpful to the community.**

**Do you have any referrals, questions, or comments about the Food Pantry service or any other PWNA services?**

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Program Partner Primary Contact Signature

Date