





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 Pan		section is completed:
Partner	Office Phone	
Organization Name:	#:	
Address:	Office Fax #:	
City, State, Zip:	Email Address:	
	Alternate Phone #:	
Primary Contact:	(other than office number)	
Secondary Contact:	Secondary Contact Phone	
Secondary Contact.	Π	
Without duplicating, indicate number of household boxes	distributed.	
without duplicating, indicate number of nousehold boxes		
Number of household boxes you had anticipated on distrib	outing.	
Did the Food Pantry Service help your organization meet or mal	ke progress towards your goal(s)	listed on the request?
(Circle One) Yes No		
Please let us know how this service helped your organization rea	ch the goal(s). Select your top 2 a	nswers:
	t 🗔 Immerson d Outrossh	🗆 Immunu d Education
□ Increased Resources □ Increased Community Engagemen		
\Box Improved Health \Box Improved Public Safety	□ Improved Programing	\Box Improved Results
Please provide an example of how this service helped you to mak	e progress to your goals:	
· · · · ·		
Please provide feedback on the food items.		
Please provide feedback on the food items		
Do you have any questions or comments/suggestions about	the Food Pantry service or ar	
Please provide feedback on the food items Do you have any questions or comments/suggestions about Referrals?	the Food Pantry service or ar	

Number of food boxes you expect to distribute

Disclaimer: Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of Tribal business (i.e. elections, meetings, campaigns, ect). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the product in such manner, PWNA will be forced to drop the Program Partner.

Program Partner Primary Contact Signature

Date

