



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 #: <i>(other than office number)</i>	
Secondary Contact:		Secondary Contact Phone #	

Without duplicating, indicate number of household boxes distributed:

Number of household boxes you had anticipated on distributing.

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

(Circle One) Yes No

Please let us know how this service helped your organization reach the goal(s). Select your top 2 answers:

- Increased Resources Increased Community Engagement Improved Outreach Improved Education
- Improved Health Improved Public Safety Improved Programing Improved Results

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

Please provide feedback on the food items. _____

Do you have any questions or comments/suggestions about the Food Pantry service or any other PWNA Services?

Referrals? _____

If you would like to renew our Food Pantry Service please indicate:

Number of food boxes you expect to distribute	<input type="text"/>
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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

