

**Louisiana Food Bank Association
Louisiana Nutrition Assistance Program (LANIAP)
Monthly Report
for
Member Agencies**

This report is for the *month of* _____

In order to receive LANIAP foods, member agencies must determine eligibility of households, seniors and children. Your assistance in getting the information requested below to your Food Bank will help insure continued funding for this program and your organization's continued access to these nutritious foods.

Completed forms are due to your food bank no later than the 10th. For example, January's report is due on February 10th. LANIAP is an important partnership between the food banks of the Louisiana Food Bank Association, Louisiana's Department of Agriculture, faith and community-based anti-hunger organizations and people in Louisiana who need food. Thanks so much for taking the time to provide this important information, and for helping Louisiana's public servants understand why supporting this program is important.

Name of Food Bank: THE FOOD BANK OF CENTRAL LOUISIANA

Name of Agency: _____ Parish: _____

Contact Name and Phone Number: _____

Food Pantries: Number of families Receiving LANIAP food as groceries by parish

Parish					
1.Number of households by parish					
2.Number of individuals by parish					
3.Number of children under 18 by parish					
4.Number of seniors over 65 by parish					

On site Programs: Number of meals served using *LANIAP foods as ingredients*: _____

This form can be emailed, mailed, faxed or delivered in person. Address/fax for your food bank is:

3223 Baldwin Avenue
Alexandria, LA 71301
Phone: 318-445-2773
Fax: 318-484-2898

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