

**THE EMERGENCY FOOD ASSISTANCE PROGRAM
PARTICIPATING ORGANIZATION MONTHLY REPORT**

Report Month _____
And Year _____

Name of Distributing Organization _____

DUE _____

Distribution Date(s) _____

Instructions: Please complete and sign this report following the end of the month. This report must be submitted to the appropriate DCF Area Office no later than ten (10) days following the last day of the report month.

I. Participation Information: Please report the total number of households that received TEFAP food(s) from your organization during this report month (from 1st calendar day through the last day of the month). This total may be completed by counting the signatures from all Declaratory Statement/Inventory Control forms (Exhibit E), which were completed during the report month for each product distributed by the organization.

Total Households Served: _____

II. Inventory Control/Losses: Please report in full case amounts (plus any remaining units) the quantity of products received, distributed, and on hand during this month.

Product	Total Cases and Units Carried Over from Last Month		Total Cases Received This Month	Total Cases and Units Distributed In This Report Month		*Total Cases or Units Lost	*Total Cases and Units On Hand at End of Report Month	
	Cases	Units		Cases	Units		Cases	Units
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____
	_____	_____		_____	_____		_____	_____

* If your organization experiences any TEFAP food losses of quantities greater than one case (due to spoilage, theft, or other reasons), it must be reported to the DCF Area Office within three working days of the date the loss is discovered. See the Kansas Commodity Distribution Manual, Section 3301.2 for details regarding reporting of losses.

III. _____
Signature of Authorized Organization Representative

Date

This organization is an equal opportunity provider.