

Division of Community Assistance and Development (DCAD) – Coordinated Hunger Relief Program

TEFAP MONTHLY INVENTORY AND PARTICIPATION REPORT (MIPR)

Complete this form as of the last business day of the reporting month and return it to the Food Bank _____

**See the TEFAP Monthly Inventory and Participation Report (MIPR) Instructions for definitions and details on how to fill out this form.*

Agency Name: _____ Reporting Month/Year: _____

EMERGENCY FOOD BOXES (EFB)	LARGE FAMILY BAGS
In stock at the beginning of the month _____	In stock at the beginning of the month _____
Received this month _____	Received this month _____
Distributed this month _____	Distributed this month _____
Losses (if any) _____	Losses (if any) _____
Remaining end of month count _____	Remaining end of month count _____
List reason(s) for <u>any</u> losses: _____	List reason(s) for <u>any</u> losses: _____

BULK COMMODITIES

Were there bulk items left over from last month? Yes No

If yes, were they completely distributed/used this month? Yes No

List reason(s) for any losses: _____

BULK COMMODITIES					
<i>(Includes commodities on-hand from prior month. List oldest first.)</i>					
Date Received	Item Name	Cases On-Hand or Received	Cases Used	Losses (if any)	Cases Remaining

(Additional space provided on page 2)

By signing below, I affirm the data provided on this form is accurate to the best of my knowledge.

Agency Representative Signature: _____ Date: _____

-Food Bank Use-
Equitable Distribution: EFBs distributed correspond with HH sizes and numbers served (as shown in L2F): Yes No
If NO, what follow-up was conducted and what was the resolution?
Reviewer's Initials: _____

