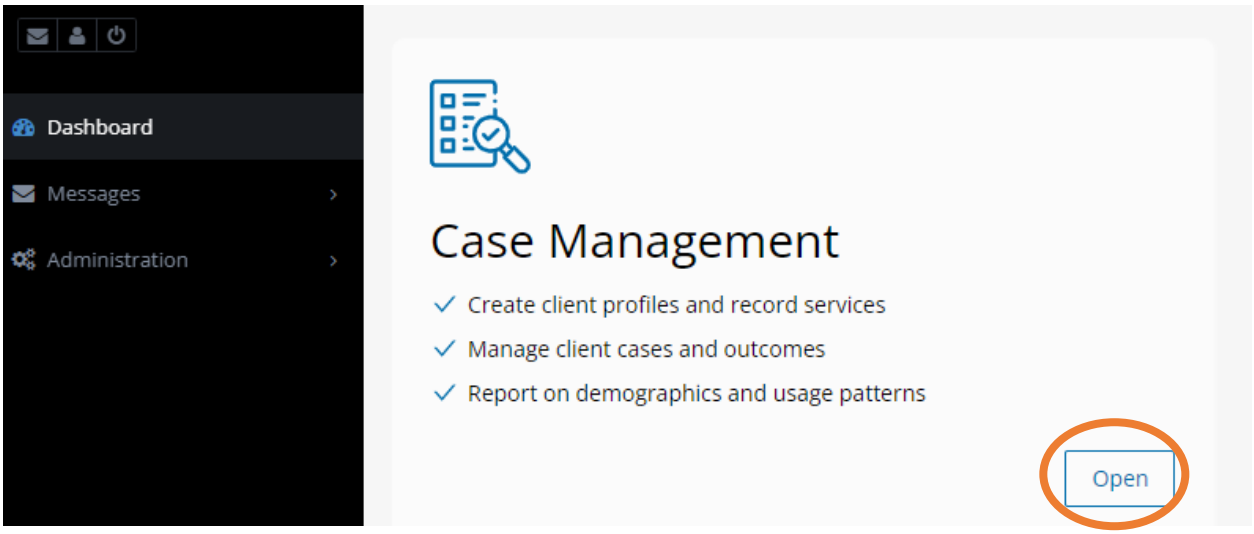
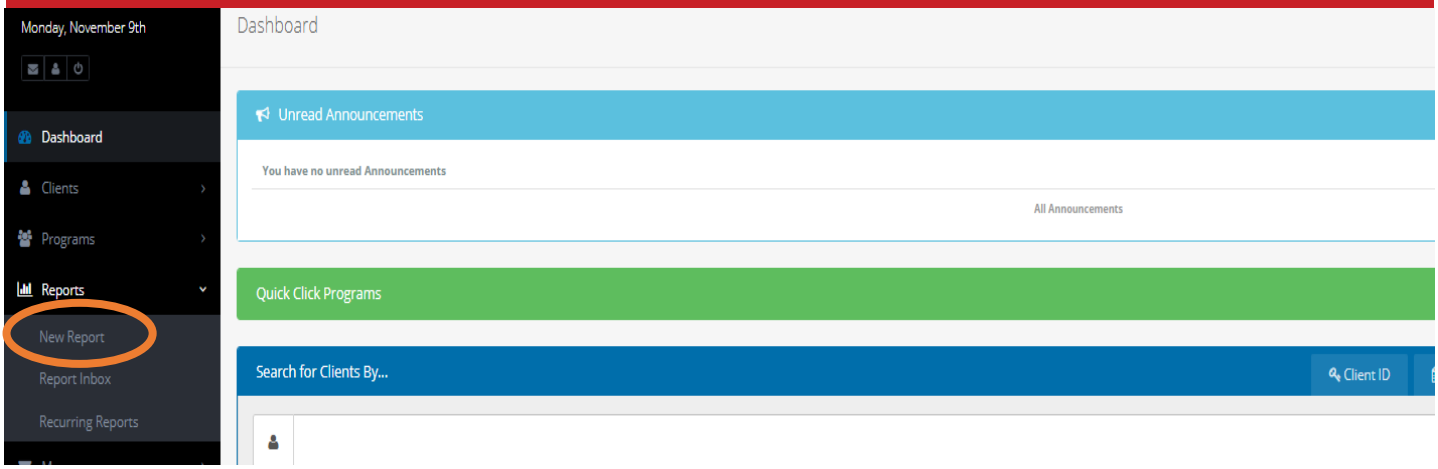
HOW TO – TEFAP
COMPLETE MIPR AFTER INDIVIDUAL CLIENT ENTRY

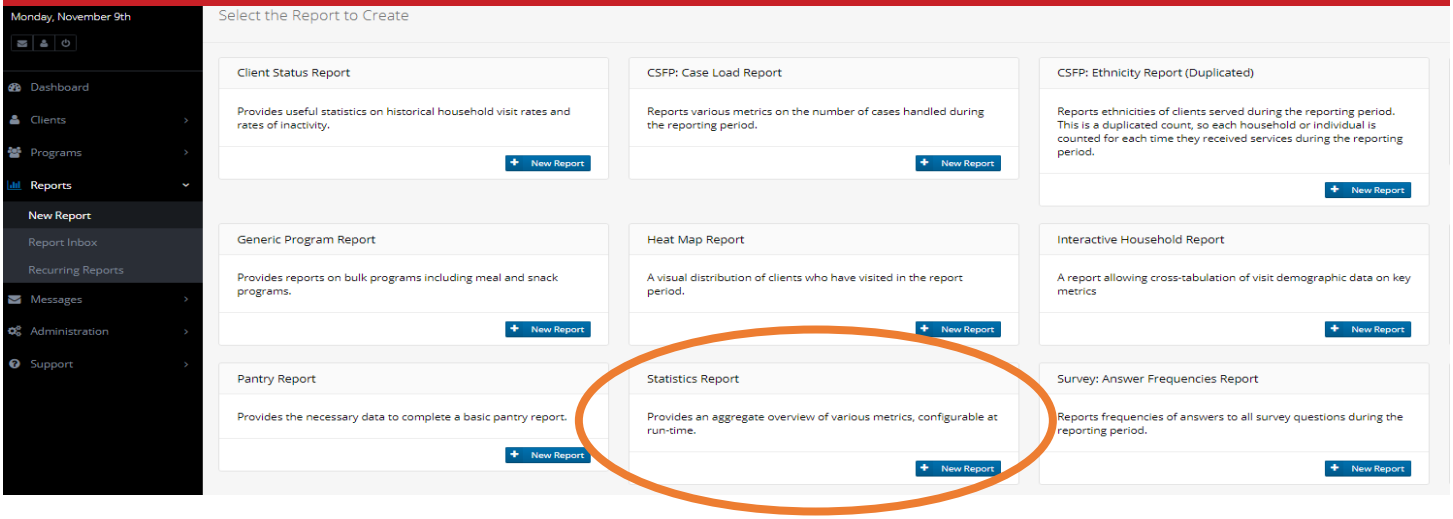
STEP 1: Log into your account in Link2Feed and click “Case Management”



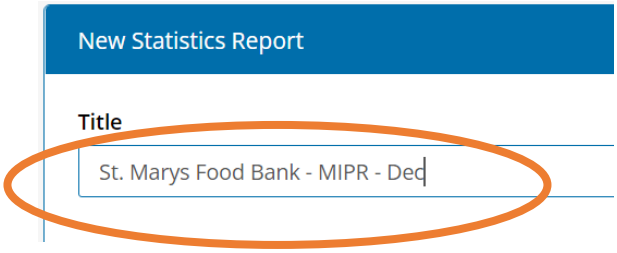
STEP 2: On left hand screen – select the triangle beside “Reports” & click on “New Report”



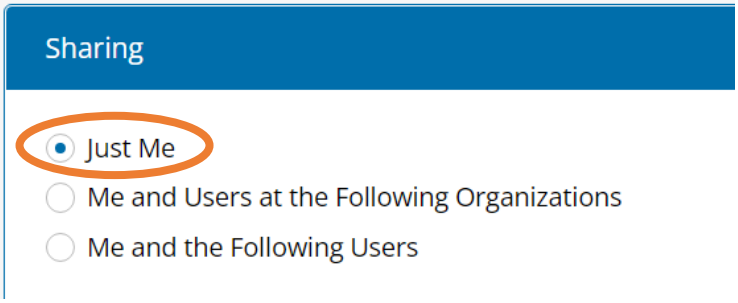
STEP 3: Find “Statistics Report” and click “New Report”



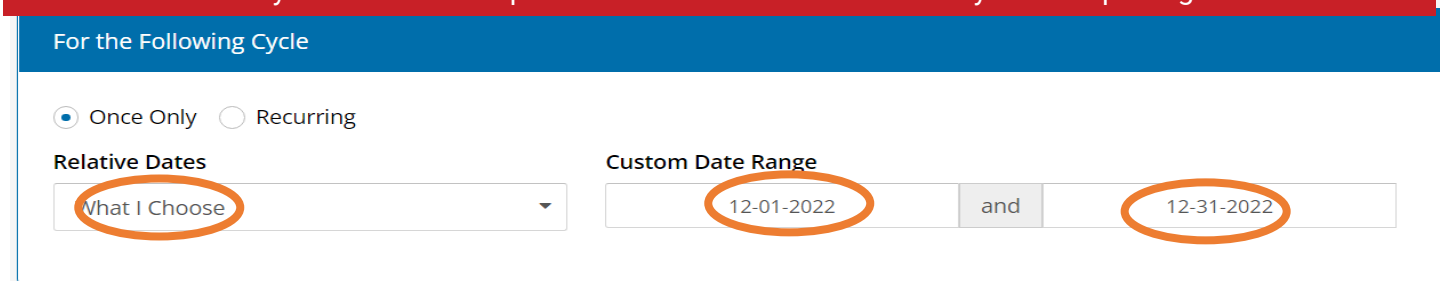
STEP 4: Give a title to your report – Example below of how it should be named



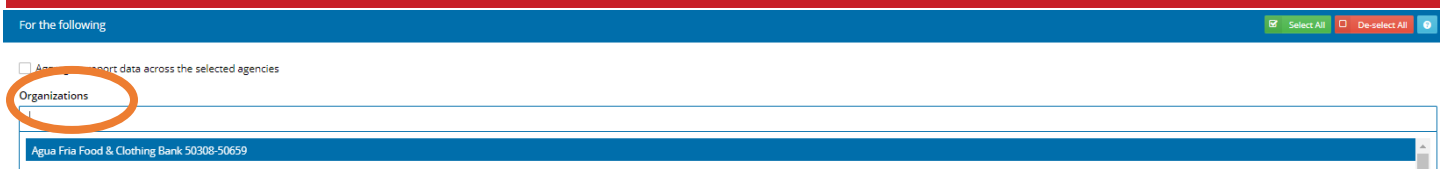
STEP 5: Select "Just Me" unless you would like the report to be shared with others in the organization



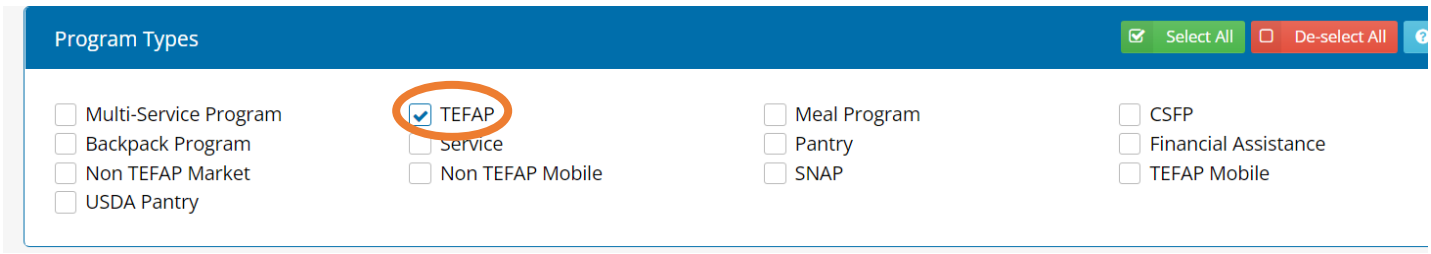
STEP 6: Select "Only Once" and run report for the current calendar month you are reporting for



STEP 7: Click your organizations name that pops up – SKIP COUNTY & CITY

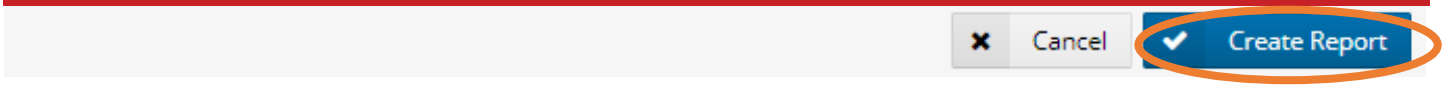


STEP 8: Select the program type you are running – Most agencies are running "TEFAP" for MIPR Forms



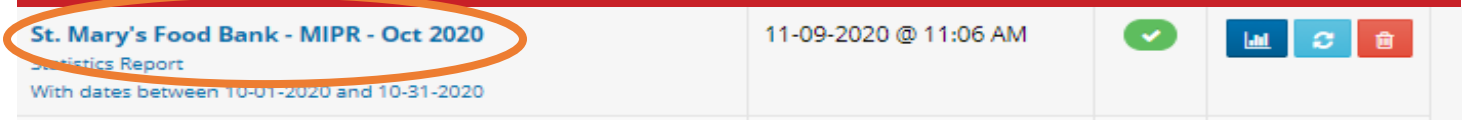
STEP 9: Select the following boxes: Served “Duplicated” & “Unique” & Visits “Food Provided”

STEP 10: Click “Create Report” on the right bottom of screen

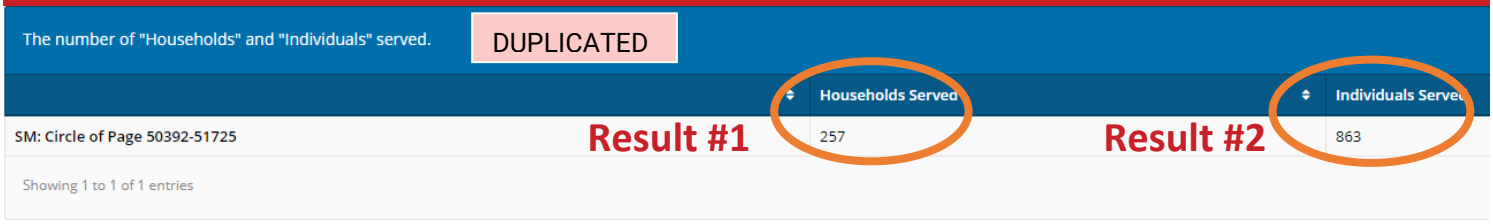


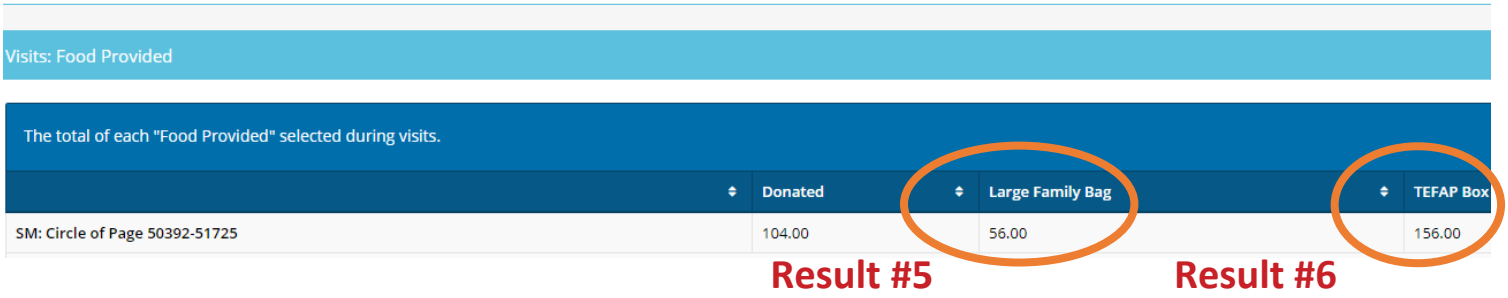
STEP 11: Refresh website page so green check mark shows next to your report. If blue clock shows, report’s not ready

STEP 12: CLICK ON THE NAME OF THE REPORT WHEN GREEN CHECK MARK IS PRESENT



STEP 13: You will need the 5 circled numbers to fill out the MIPR and Coversheet -- see numbers on forms.





PRO-TIP –
"Household": A group of people who live together, buy food to share, and prepare meals together. There may be more than one household in a single home, and if they each receive food they should be counted separately in L2F

"Duplicated": Every time an individual or household visits, they are added to the count.

"Unique": If individuals or households are only counted once per month, even if they visit multiple times.

STEP 14: Print out and complete your MIPR Cover Sheet.

Monthly Inventory Participation Report (MIPR) Coversheet

St. Mary's Food Bank

Instructions

Complete and submit the MIPR Coversheet and MIPR by the 1st of the month. If the 1st of the month falls on a weekend/holiday, please submit the business day prior to the first of the month. You may email your documents to agencyreporting@firstfoodbank.org or fax them to 480-613-4619. Please contact your specialist/coordinator if you need assistance completing this document.

Agencies in the following counties must also include your signature sheets: Navajo, Apache.

Agency Information

Agency Name: _____ Agency Number: _____

Reporting Period (MM/YYYY)_____

Fill agency name, agency # for TEFAP program, & the month you are reporting for

Monthly Household Distribution Totals (Unique):

(Not applicable for Agencies using Bulk Recording Programs only)

Households Served: _____ Result #3

Individuals Served: _____ Result #4

From Link2Feed report (image on previous page) complete *Unique Distribution* totals

Monthly Household Distribution Totals (Duplicated):

Households Served: _____ Result #1

Individuals Served: _____ Result #2

From Link2Feed report (image on previous page) complete *Duplicated Distribution* totals

Congregate Feeders:

Congregate Meals Served: _____

By signing below, I affirm that the information provided is complete and accurate.

Signature: _____

Printed Name: _____

Date: _____

Sign, Print, and Date MIPR Coversheet

STEP 15: Print out and complete your MIPR Form. ***FILL OUT ALL AREAS HIGHLIGHTED "BLUE"***

HRP-1005A FORFF (2-21) ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Adult and Aging Services (DAAS) – 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:** _____

Using your Link2Feed report (step 13), complete EFBs distributed (result #6) and LFBs distributed (result #5)

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 any losses:		List reason(s) for any losses:	

Physical count required at the end of each month, to verify quantity at the end of the month

Do you have any TEFAP BULK product remaining in inventory from last month?

If you have TEFAP BULK commodities at the start of the month, check "Yes" to Bulk items remaining
List the Item and # of cases on hand on the "Bulk Commodities" list below. (Otherwise check "No" Bulk)

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: ***NOTE: Commodity losses are items that have gone missing, spoiled, or were stolen***

Order of Items Listed in Bulk Commodities Sheet:

1st – TEFAP commodities that are on hand from last month (oldest to newest)
2nd – ALL Bulk TEFAP commodities received this month (get these numbers from your invoice)

BULK COMMODITIES

(Includes commodities on-hand from prior month. List oldest first.)

Date Received	Item Name	Cases On-Hand or Received	Cases Used	Losses (if any)	Cases Remaining

IF SAME PRODUCT IS LISTED 2X ON THE SAMEINVOICE – ADD CASE #'S TOGETHER ON 1

Subtract "Cases Received" from "Cases Remaining" to get # for "Cases Used"

By signing below, you affirm the data provided on this form is accurate to the best of your knowledge. You also acknowledge seeing the required USDA Non-Discrimination Statement on the next page even if you do not submit it with your report.

Agency Representative Signature: _____ Date: _____

-Food Bank Use-

Equitable Distribution: EFBs distributed correspond with HH sizes and numbers served (as shown in L2F): ☐ Yes ☐ No

SAMPLE INVOICE

St. Mary's Food Bank®

INVOICE

Invoice Number: AOR394549-1
Invoice Date: 10/15/2020
Page:

Invoice date is "received date"

Bill To: Our Lady of Fatima
Maryline Attson
Hwy 191 & Indian Route 7
Chinle, AZ 86503

Ship To: Our Lady of Fatima
Maryline Attson
Hwy 191 & Indian Route 7
Chinle, AZ 86503

Any "TEFAP" bulk items, record on list above

ers to agency from foodbank

Parent Agency ID 10289
Agency ID 50370
Your Reference No.
Order Date 9/11/2019
Resp. Person Lauren Tomli

Due Date 9/21/2019
Terms Due in 10 days

tem No.	Description	Unit	Gross Weight	Qty.	Unit Fee	Cubic Feet	Total Fee
DR20024	TEFAP Apples Fresh 12/3 Lb	Case	1,512	42			
DR23278	TEFAP Milk 2 % Fresh 4/1 gal	Case	1,718.4	48			
DR23278	TEFAP Milk 2 % Fresh 4/1 gal	Case	1,718.4	48			
DR21300	Veg Tomato 1/20 Lb	Case	1,800	90			
DR21678	Veg Peppers 1/25 Lb	Case	1,050	42			
DR20080	Bread Tortillas (Lb) 1 Lb	Pound	762	762			
DR21305	Veg Cucumbers 1/20 Lb	Case	1,600	80			
DR20948	Veg Potato 1/50 Lb	Case	2,000	40			
DD14227	TEFAP Pistachio Roasted in Shell 12	Case	1,680	70			
DD13256	TEFAP Walnuts 24/1 Lb	Case	744	31			
DD10112	TEFAP Rice Long Grain 30/2 Lb	Case	854	14			
DD10112	TEFAP Rice Long Grain 30/2 Lb	Case	671	11			
DD10814	Bev Water 32/16.9 Oz	Case	2,024	55			
DD10252	Bread in Bins 1 Lb	Pound	231	231			
DD10252	Bread in Bins 1 Lb	Pound	234	234			
DD10252	Bread in Bins 1 Lb	Pound	245	245			
DD13431	EFB18 Emergency Food Box W/TEF	Each	1,332	72			
DD13431	EFB18 Emergency Food Box W/TEF	Each	1,332	72			
DD13431	EFB18 Emergency Food Box W/TEF	Each	1,332	72			
DD13431	EFB18 Emergency Food Box W/TEF	Each	1,332	72			
DD13848	EFB6 Larger Family Bag w/ TEFAP 6	Each	702	108			
DD13848	EFB6 Larger Family Bag w/ TEFAP 6	Each	507	78			

Same product - add case quantity #'s together

Example: You do NOT need to list any items that do not have "TEFAP" in front of the product name on MIPR

If you have multiple invoices from multiple distributions in one month

Please fill out ONE MIPR Cover Sheet and Form

Send MIPR to your Agency Services Representative or email to agencyreporting@stmarysfoodbank.org