Arizona Department of Economic Security
Child and Community Services Division - 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)	Notes
In stock at the beginning of the month _____	
Received this month _____	
Distributed this month _____	
Losses *(if any)* _____	
Remaining end of month count _____	
List reason(s) for ***any*** 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
(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

(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: _____

See page 3 for USDA/EOE/ADA disclosures

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**

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1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
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3. **Email:** program.intake@usda.gov.

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