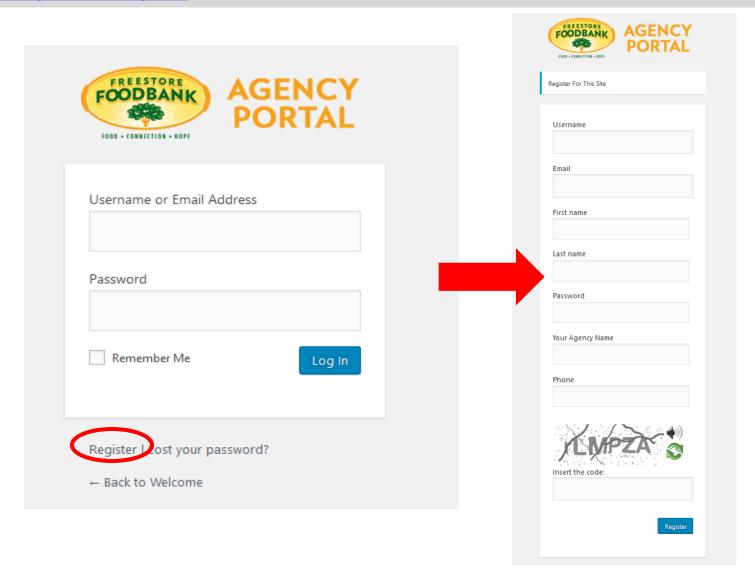
## **Reporting Monthly Statistics on the Agency Portal**

1. Agencies logging on for the first time must create an account. Click "Register" and fill in the information on the next screen.

https://tinyurl.com/fsfbportal



## 2. Once logged into the Agency Portal click the button for the report needed. Reports are identified by state, be careful to choose the correct one.

Please make sure you click on the correct month when choosing to fill out the stat forms below...



\*Meal Connect is for agencies that are reporting stats for Direct Retail Pickups.

## 3. The first page is the agencies information. Monthly stats are due by the 5<sup>th</sup> day of the month for the month prior.

|                                       | •   |                                 |                                    |                                |
|---------------------------------------|---|---------------------------------|------------------------------------|--------------------------------|
| *Choose appropriate month             | What month are you reporting for? * What year are you August v 2019         | reporting for? *                |                                    |                                |
| · · · · · · · · · · · · · · · · · · · |   |                                 |                                    |                                |
| and year to report.                   | AGENCY INFORMATION  |                                 |                                    |                                |
|                                       | Name of Agency *  |                                 |                                    |                                |
|                                       | Name of Person Completing Form  | Account Number *                |                                    |                                |
|                                       |   |                                 |                                    |                                |
|                                       |   | Please enter your agency number |                                    |                                |
|                                       | Phone   | Email                           |                                    |                                |
|                                       |   |                                 |                                    |                                |
|                                       | Address   |                                 |                                    |                                |
|                                       | Street Address  |                                 |                                    |                                |
|                                       |   |                                 |                                    |                                |
|                                       | Address Line 2  |                                 |                                    |                                |
|                                       | City  | State / Province / Region       |                                    |                                |
|                                       | ZIP / Postal Code   |                                 |                                    |                                |
|                                       | County *  |                                 | *Select appropriat                 | e county. If your organization |
|                                       | Adams   | · (                             |                                    | from multiple counties a       |
| *Answer "0" if the agency does        | Number of SNAP Applications Submitted *                                     |                                 | separate report must be submitted. |                                |
| not work with SNAP benefits.          | Please enter a value between 0 and 500.                                     |                                 |                                    |                                |
|                                       | Enter the number of SNAP (Food Stamp) applications submitted by your agency |                                 |                                    |                                |
|                                       | NEXT  |                                 |                                    |                                |

4. There are four sections available for partners to choose from. One or more may apply to each agency, please enter all applicable information and hit next until the submit button appears.

| tuations of emergency and distress. It is housed in a standing facility that distributes | commodities, among other food and grocery products, on a regular basis. |
|--|---|
| A. Number of Households With Minor Children  | 1B. Number of Households Without Minor Children                         |
| otals of 1A and 1B Households  |   |
| 0  |   |
| 2A. Number of Seniors Served (age 60+) With Minor Children                               | 2B. Number of Seniors Served (age 60+) Without Minor Children           |
| Fotals of 2A and 2B Seniors Served   |   |
| 0  |   |
| IA. Number of Adults Served (age 18-59) With Minor Children                              | 3B. Number of Adults Served (age 18-59) Without Minor Children          |
| Fotals of 3A and 3B Adults Served  |   |
| 0  |   |
| 4A. Number of Children Served (birth-17) With Minor Children                             | 48. Number of Children Served (birth-17) Without Minor Children         |
| Totals of 4A and 4B Children Served  |   |
| 0  |   |
| 5A. TOTAL Number of People (2+3+4) With Minor Children                                   | 58. TOTAL Number of People (2+3+4) Without Minor Children               |
| 0  | 0   |
| Totals of 5A and 5B People Served  |   |
| 0  |   |
|  |   |

| Meal Site: Provides meals to people in a | need i.e. Soup Kitchen.<br>omeless people, run away children or victims of abus |
|--|---|
|  |   |
| A. Number of People (head co             | ount) Served  |
|  |   |
|  |   |

| Congreg | ate or Residential N | leals: Primary sen | vice is not food di | EALS STATISTIC<br>stribution; but meals an<br>outh Program, Summer ( | included as part of the ser |
|---------|----------------------|--------------------|---------------------|--|-----------------------------|
| A. Nun  | nber of People       | (head count)       | Served              |  |                             |
| B. Nun  | nber of Meals (      | plate count) S     | erved:              |  |                             |
| *Feder  | al and state fund    | ed food may no     | ot be used by th    | ese agencies.  |                             |

| POP UPS Please fill out this section if you participated in one of our Produce Popup events. |  |  |  |
|--|--|--|--|
| Families Served  |  |  |  |
|  |  |  |  |
| Individuals Served   |  |  |  |
|  |  |  |  |