

OASIS INSIGHT STEP BY STEP GUIDE

HOW TO GENERATE CFBNJ MONTHLY REPORTS

For Government Qualified Partners

PART 1

Introduction: What to expect from this guide

PART 2

Creating CFBNJ Monthly Service Reports

PART 3

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PART 4

Federal Intake Monthly Reporting


PART 1: INTRODUCTION

In order to maintain partnership with CFBNJ, all government qualified agencies are required to submit a total of six monthly reports via email to partnerreporting@cfbnj.org by the 7th of every month. Agencies that are consistently in violation of this policy may be put on hold until they are in compliance.

Focus CFBNJ Monthly Service Report • TEFAP, SFPP & Non-Gov Commodity Acceptance Sheets
TEFAP and SFPP Summary Reports • Federal Intake Forms

Goals By the end of this guide, Partners Will Be Able To:

- Easily generate and download all 6 required CFBNJ monthly reports and Federal Intake forms.
- Locate and use the CFBNJ Gov Qualified Monthly Reports shortcut to generate 4 out of 6 reports.

Perks  Efficiently find and download all of your required reports digitally in 30 minutes or less.

 Streamline the process of reporting, reducing the number of manual tasks to complete.

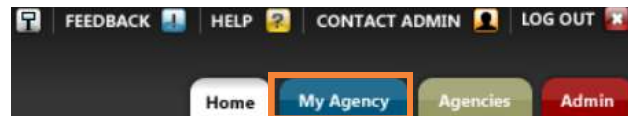
 Increase the likelihood of submitting required reports on time, maintaining your agency's good standing.

PART 2: GOVERNMENT QUALIFIED MONTHLY REPORTS

In this section, we will go over the step by step process for using this handy [Gov-Qualified CFBNJ Monthly Reports shortcut](#) that generates the following reports at once: CFBNJ Monthly Service Report, and TEFAP, SFPP & Non-Gov Commodity Sheets.

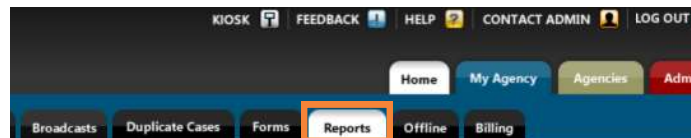
STEP 1

Click the blue **My Agency** tab that is located in the top right corner of the page.



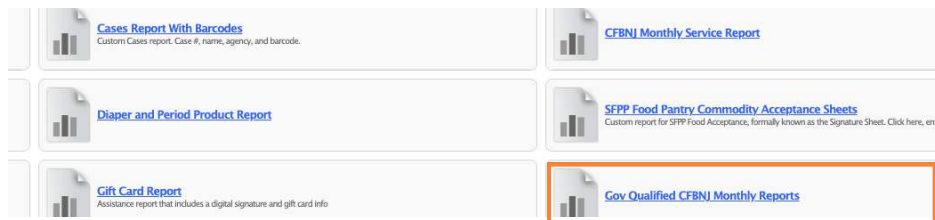
STEP 2

At the top of the page, you will see a menu of black tabs. Click the **Reports** tab.



STEP 3

A list of various reports will appear. Scroll down until you see  **Gov Qualified CFBNJ Monthly Reports** and then click.



STEP 4

A window will pop up displaying filter options. Click  **Filter By Date Of Assistance (Skip To Include All)**

A field for dates will be revealed.

Choose Filters for Report

☒ Include **Private** Assistance

 **Filter By Date Of Assistance (Skip To Include All)**

Start Date (MM-DD-YYYY) - - to End Date (MM-DD-YYYY) - -

☐ Only include cases assisted for the first time since start date


 **Filter By Number Of Times Assisted (Skip To Include All)**

 **Filter By Amount Of Assistance (Skip To Include All)**

Enter dates in **MM-DD-YYYY** format.

Choose Filters for Report

☒ Include **Private** Assistance

 **Filter By Date Of Assistance (Skip To Include All)**

Start Date (MM-DD-YYYY) 5 - 1 - 2024 to End Date (MM-DD-YYYY) 5 - 31 - 2024

☐ Only include cases assisted for the first time since start date

 **Filter By Number Of Times Assisted (Skip To Include All)**

Click next at the bottom of the window.

 **Filter By Zip Code (Skip To Include All)**

 **Filter By County (Skip To Include All)**

 **Filter By Agent (Skip To Include All)**

 **Filter By Group (Skip To Include All)**

 **Next**  **Cancel**



"Filter By Date Of Assistance (Skip To Include All)" is the only filter that you will need to use for the purposes of monthly reporting.

STEP 5

To begin generating your report,
locate and click






On the next screen, Click on the
blue hyperlink to open your report.

Choose Fields for Report

Order Assistance By
 Oldest to Newest ▼

Custom Template
 Gov Qualified CFBNJ Monthly Reports ▼

 Back
  Request Report
  Cancel



Your Custom Report is Ready to Download

[Right-click here and choose "Save Link As..."](#)



Depending on the size of your report, it may take a few minutes for it to load.

STEP 6

The pdf will open. Scroll through to confirm all four reports are reflected.

Monthly Service Report

The Monthly Service Report is intended to capture TOTAL monthly households/individuals or meals inclusive of all product types received from CFBNJ, (i.e. TEFAP, SFPP, and warehouse). Your cooperation in submitting reports on time is a requirement of your membership with the FoodBank.

Please submit the following information below by the 7th day of the following month for EACH program registered with the FoodBank. (i.e., January's report would be due on February 7th). The reports can be emailed to Network Relations at PartnerReporting@cfbnj.org

Month / Year May/2024

Agency ID Number (i.e. A0001-01) A9999-99

Agency Name CFBNJ Development and Test Agency A9999 Email shbrown@cfbnj.org

Contact Name Shayenne Brown Phone _____

A. Pantry Programs & Other Non-Meal Distributions

CFBNJ Signature Sheet	SFPP Signature Sheet	TEFAP Signature Sheet
Number of Adults (over 18) served during the month	51	51
Number of Children (under 18) served during the month	29	27
Total Number of persons served during the month	80	78
Total Number of households served during the month	18	17

B. On-Premise/Congregate Feeding Programs Agency ID: A9999-99
 (Soup Kitchens, Group Homes, Shelters, After school programs)
 1. Total Number of individuals served _____ (include snacks)
 o Number of breakfasts _____
 o Number of lunches _____
 o Number of dinners _____
 o Number of snacks _____
 o Number of home delivered meals _____
 2. Total Number of meals provided _____

TEFAP – The Emergency Food Assistance Program
 USDA Commodity Acceptance Report

This form must be submitted along with the SFPP Signature Report on the first 3 back by the 7th of the month. Failure to submit these items will jeopardize your next food allocations.

Agency Name: CFBNJ Development and Test Agency A9999
 Month/Year: May/2024 EFO: The Community Food Bank of NJ

Date	Printed Name	A	B	C	D	Full Address
1	Penny Shuler	2	1	4		31 Evans Terminal, Hill
2	Stephen Shuler	3	2	27		123 Apple St., Oradell
3	Bar Man	2	1	27		NA, Oradell
4	MarTee Smith	2	1	4		1234 Ten Ave, Passaic
5	Joe Smith 2	3	1	4		31 Evans Terminal, Hill
6	Stephen Shuler	3	2	27		123 Apple St., Oradell
7	Caito Times	5	2	4		10 Elizabeth Ave, Brick
8	Caito Times	5	2	4		10 Elizabeth Ave, Brick
9	Sage Man	2	1	4		31 Evans Terminal, Hill
10	Sage Man	2	1	4		31 Evans Terminal, Hill
11	Stephen Shuler	3	2	27		123 Apple St., Oradell
12	Bar Simpson	3	1	1		31 Evans Terminal, Hill
13	Stephen Shuler	3	2	27		123 Apple St., Oradell
14	Stephen Shuler	3	2	27		123 Apple St., Oradell
15	Stephen Shuler	3	2	27		123 Apple St., Oradell
16	Shayenne Brown	5	2	1		31 Evans Terminal, Hill
17	Penny Shuler	2	1	4		31 Evans Terminal, Hill
18						
19						
20						
21						
22						
23						
24						
25						
Total Adults & Children		51	27			

• SFPP foods shall not be sold, exchanged, or otherwise disposed of without the approval of the NIDA.
 • Do not request proof of income.


CFBNJ Non-Gov Commodity Acceptance Form

Agency: CFBNJ Development and Test Agency A9999 No: A9999-99

Month: May Yr: 2024

DATE	PRINTED NAME	A	B	C	D	Full Address	Zip Code
1	Penny Shuler	2	1	Union		31 Evans Terminal, Hillside	07085
2	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
3	Bar Man	2	1	Union		NA, Oradell	07647
4	MarTee Smith	2	1	Panola		1234 Ten Ave, Passaic	08060
5	Joe Smith 2	3	2	Union		31 Evans Terminal, Hillside	07085
6	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
7	Caito Times	5	2	Occo		10 Elizabeth Ave, Brick	08734
8	Sage Man	2	1	Union		31 Evans Terminal, Hillside	07085
9	Sage Man	2	1	Union		31 Evans Terminal, Hillside	07085
10	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
11	Bar Simpson	3	1	Union		31 Evans Terminal, Hillside	07085
12	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
13	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
14	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
15	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
16	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
17	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
18	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
19	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
20	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
21	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
22	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
23	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
24	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
25	Stephen Shuler	3	2	Bergen		123 Apple St., Oradell	07647
TOTAL		41	25				

To download, click on the down arrow at the top right of the screen.

1 / 4 | 100% + | 

Monthly Service Report

The Monthly Service Report is intended to capture TOTAL monthly households/individuals or meals served, inclusive of all product types received from CFBNJ, (i.e. TEFAP, SFPP), and warehouse. Your cooperation in submitting reports on time is a requirement of your membership with the FoodBank.

Please submit the following information below by the 7th day of the following month for EACH program registered with the FoodBank. (i.e., January's report would be due on February 7th). The reports can be emailed to Network Relations at PartnerReporting@cfbnj.org

Month / Year May/2024

Agency ID Number (i.e. A0001-01) A9999-99

Agency Name CFBNJ Development and Test Agency A9999 Email sshuler@cfbnj.org

Contact Name Stephen Shuler Phone _____

A. Pantry Programs & Other Non-Meal Distributions

	CFBNJ Signature Sheet	SFPP Signature Sheet	TEFAP Signature Sheet
Number of Adults (over 18) served during the month	9	9	9
Number of Children (under 18) served during the month	9	9	9


PART 3: TEFAP & SFPP SUMMARY REPORTS

Partners are required to report the federal (TEFAP/USDA) and state food (SFPP) they receive per month. In this section, we'll review how to manually create the TEFAP and SFPP Summary Reports.

 You are not required to report on your Co-op / Non-gov food donations.

STEP 1

Return to the blue **My Agency** tab, and click the **Forms** tab located at the top of the page

After the Forms page opens, click **ADD FORM**  located in the top right of your screen.



STEP 2

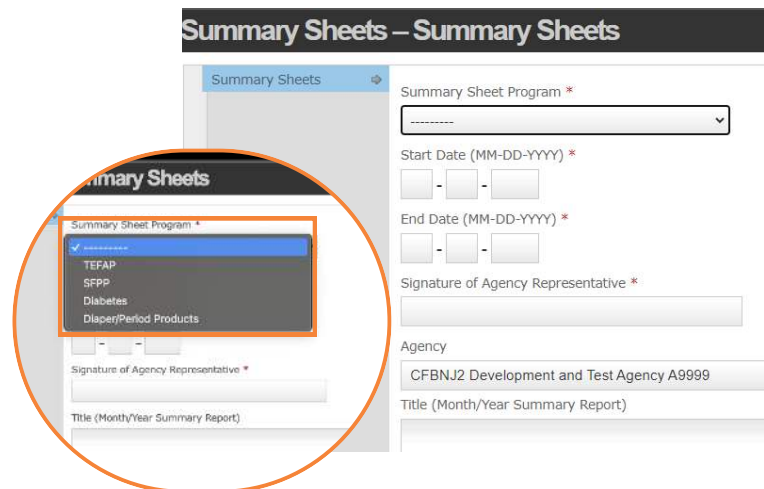
A new **Summary Sheets** window will open. Let's break down each of the required fields and what to expect.

Summary Sheet Program

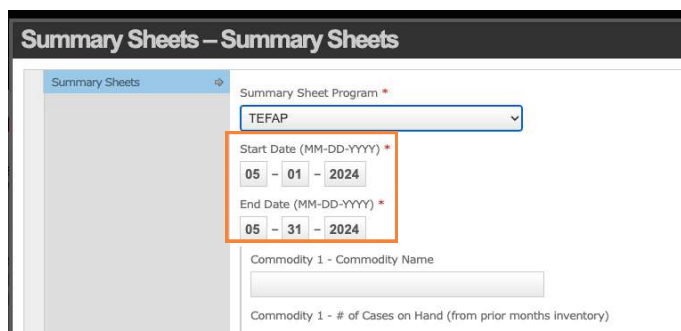
Click the drop-down menu to select a program We'll start with TEFAP, and then repeat the same process to create the SFPP summary report.



When selecting TEFAP or SFPP, a new section for Commodities will pop-up with 45 lines to input inventory. We'll look at this in more depth shortly.



STEP 3



Start and End Dates

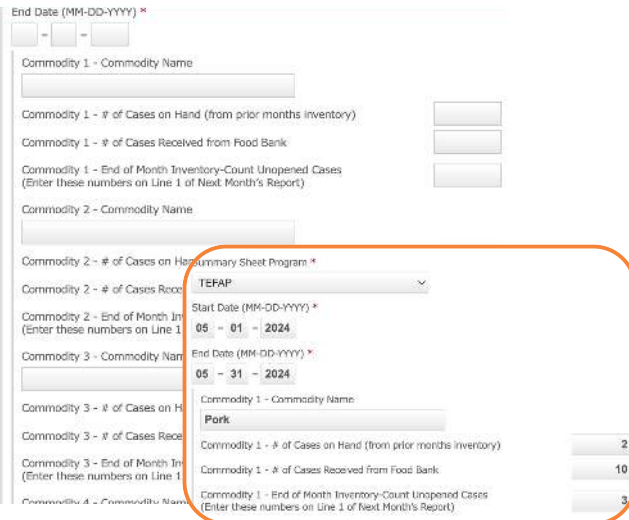
Add the dates of the month that you're reporting on using **MM-DD-YYYY** format.

After you add your dates, a title will automatically be created and added to the Title section further down on the page.

STEP 4

Commodities

After selecting a program, the page will expand in length, adding a Commodities section that allows you to track inventory for up to 45 commodities on one summary sheet.



Commodity Name

Add the type of commodity that your agency received through the program you've selected.

Commodity Inventory

For each good/item you list, you will need to manually add the number of cases (or quantities):



Carried over from the **previous month's** inventory



Received from the Food Bank for the **current month**



Remaining at the **end of the current month**



If your agency receives more than 45 types of goods through TEFAF, repeat this same process to create another summary sheet.

STEP 5

Signature of Agency Representative

Type your name in the field to add a digital signature.

Title of Summary Report

A title will automatically be generated based on the dates you enter.

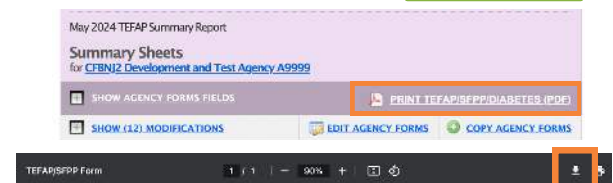
Once you're finished adding each commodity, click



STEP 6

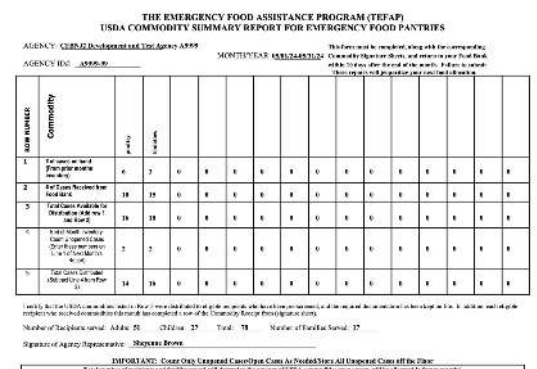
After clicking save & close, you will be redirected to the reports tab, where the TEFAF Summary Report will be listed first.

Click  **PRINT TEFAF/SFPP/DIABETES (PDF)**



The pdf will open. Click the down arrow to download the report.

After you download the TEFAF Summary Report, repeat this process to create and download the SFPP summary report.



PART 4: FEDERAL INTAKE FORMS

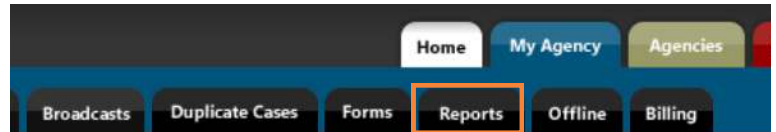
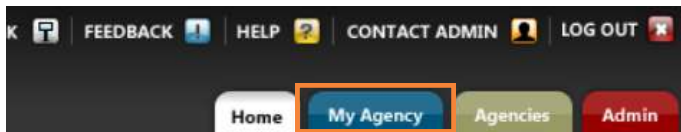
In addition to the 6 monthly reports required by CFBNJ, the NJDA also requires partners to maintain up-to-date documented records of every federal intake form completed by a neighbor at your organization each month. This record must readily available for reference by the state in the event of an inspection for 3 years, but does not have to be printed. In Oasis, the ROI is the digital version of the standard federal intake form, and in this last section, we will walk-through how to consolidated your federal intake forms for the month into a digital file.



Partners are not required to submit the Federal Intake Report to CFBNJ unless otherwise requested.

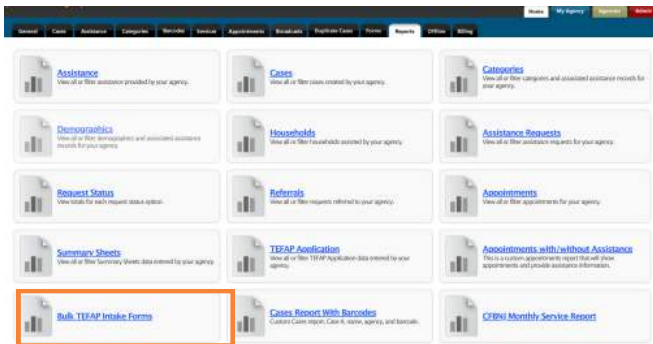
STEP 1

Return to the blue **My Agency** tab, and then click the black **Reports** tab.



STEP 2

A list of various reports will appear. Scroll down until you see **Bulk TEFAP Intake Forms** and then click.



A window will pop up displaying filter options.

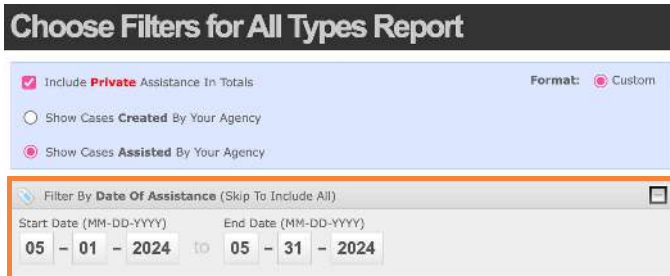


STEP 3

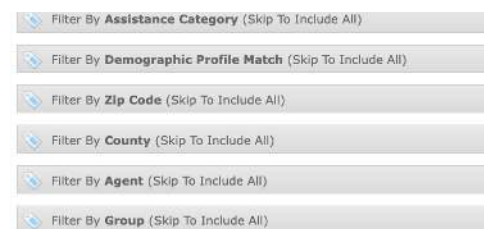
In the blue section, select **Show Cases Assisted By Your Agency**

Click "Filter by Date of Assistance."

Then enter dates in MM-DD-YYYY format.



Click "Next" at the bottom of the window.




Next Cancel



The checked box next to Include Private Assistance should not be unchecked.

STEP 4

To begin generating your report,
locate  and click it.

On the next screen, Click on the
blue hyperlink to open your report.

Choose Fields for Report

Order By
Entry Date - First to Last

Custom Template
Bulk TEFAP Intake Forms



Your Custom Report is Ready to Download

[Right-click here and choose "Save Link As..."](#)



Depending on the size of your report, it may take a few minutes for it to load.

STEP 5

To download the PDF, click on the down arrow at the top right of the screen.

cfbnj2.oasisl... / TEFAP Ap...n 20562

EMERGENCY FOOD REGISTRATION FORM
Intake Information

Clients must be residents of the State of New Jersey

Date: 06/27/24 LDA CFBNJ Development and Test Agency A9999 EFO The Community Food Bank of NJ

Name (Print): Lisa Simpson Birthdate: 01/01/70

Street Address: 31 Evans Terminal Town & zip code: Hillside 07205

Phone #: _____ E-mail: _____

Number of adults in household: 2 Number of children under 18 in household: 2


QUALIFYING REASON (PLEASE CIRCLE)

- TANF (Temporary Assistance for Needy Families – Social Services Program)
- SNAP/Food stamps - Ran out/insufficient Lost Stolen Not received
- SSI (Supplemental Security Income) – NOT SOCIAL SECURITY
- WIC (Women, Infants, and Children)
- ☒ MEDICAID
- LOW INCOME (185% of poverty)- SELF DECLARATION
- DISASTER (Other – can be divorce, domestic violence, unusual expense, loss of employment, etc.)

Please explain: _____

I am accepting a charitable donation of food from the Emergency Food Pantry. I hereby relinquish the Food Pantry of all liability of any nature whatsoever and accept the food products "as is" and at my own risk.

"I certify that my total yearly gross household income is at or below 185% of the poverty level, OR that my household participates in the program(s) that I have checked on the Emergency Food Registration Form. I will also notify the Pantry, if there are changes to my income or qualifiers which may cause me to become ineligible for the TEFAP foods."

CLIENT SIGNATURE  DATE: 06/27/24

Interviewer Name: Stephen Shude

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 726-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-ASCRC%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:
(833) 256-1665 or (202) 690-7442; or
- email:
program.intake@usda.gov

This institution is an equal opportunity provider.

5/8/2022

Congratulations! You have successfully created your monthly TEFAP Intake Report.