

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

Generating Summary TEFAP Sheet Report

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 & Non-Gov Commodity Acceptance Sheets • TEFAP Summary Reports • Federal Intake Forms

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

- Easily generate and download all 4 required CFBNJ monthly reports and Federal Intake forms.
- Locate and use the CFBNJ Gov Qualified Monthly Reports shortcut to generate 3 out of 4 reports.

Perks

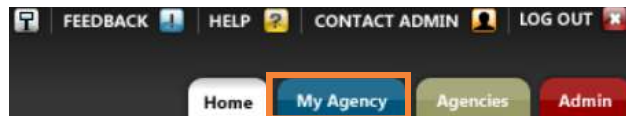
-  Efficiently find and download all of your required reports digitally in 30 minutes or less.
-  Streamline the process of reporting, reducing the number of manual tasks to complete.
-  Increase the likelihood of submitting required reports on time, maintaining your agency's good standing.

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 both the TEFAP & Non-Gov Commodity Acceptance Sheets.

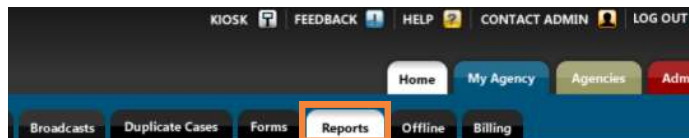
STEP 1

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



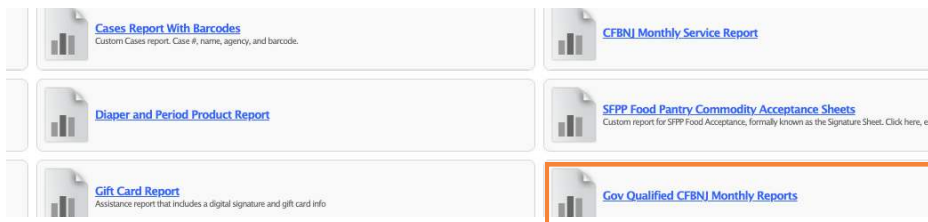
STEP 2

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



STEP 3

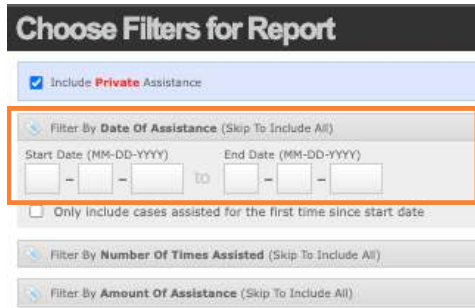
A list of various reports will appear. Scroll down until you see and then click.



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.



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



Click next at the bottom of the window.



"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 Request Report

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 three 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: CFBNJ2 Development and Test Agency A9999 Email: sshuler@cfbnj.org

Contact Name: Shyenne 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	54	51	51
Number of Children (under 18) served during the month	29	27	27
Total Number of persons served during the month	83	78	78
Total Number of Households served during the month	18	17	17

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

TEFAP - The Emergency Food Assistance Program
 USDA Commodity Acceptance Report
 This form is used to document, along with the TEFAP Network Report, the food items to be provided to the network. Submit to network for review and signature prior and final allocation.

Agency Name: CFBNJ2 Development and Test Agency A9999
 Month/Year: May 2024 EFO: The Community Food Bank of NJ

ID#	Printed Name	Adults	Under 18	Q Units	Full address
1	Penny Shuler	2	1	6	31 Evans Terminus, Hillside
2	Stephen Shuler	3	2	17	122 Apple St., Oradell
3	Bar Man	2	1	2	NA, Oradell
4	Mary Test Smith	2	1	6	1214 Test Ave., Passaic
5	Joe Smith 2	2	2	6	31 Evans Terminus, Hillside
6	Stephen Shuler	3	2	17	122 Apple St., Oradell
7	Cathy Timon	5	2	6	10 Elizabeth Ave., Brick
8	Cathy Timon	5	2	6	10 Elizabeth Ave., Brick
9	Super Man	2	1	6	31 Evans Terminus, Hillside
10	Super Man	2	1	6	31 Evans Terminus, Hillside
11	Stephen Shuler	3	2	17	122 Apple St., Oradell
12	Bart Simpson	3	1	7	31 Evans Terminus, Hillside
13	Stephen Shuler	3	2	17	122 Apple St., Oradell
14	Stephen Shuler	3	2	17	122 Apple St., Oradell
15	Stephen Shuler	3	2	17	122 Apple St., Oradell
16	Shyenne Brown	5	2	2	31 Evans Terminus, HILLSIDE
17	Penny Shuler	2	1	6	31 Evans Terminus, Hillside
18					
19					
20					
21					
22					
23					
24					
25					
Total Adults & Children		41	27		

CFBNJ Non-Gov Commodity Acceptance Form

Agency: CFBNJ2 Development and Test Agency A9999 No: A9999-99

Month: May Yr: 2024

DATE	PRINTED NAME	# Adults	# Under 18	Agency	Full Address	Zip Code
05/01/24	Penny Shuler	2	1	Union	31 Evans Terminus, Hillside	07316
05/01/24	Stephen Shuler	3	2	Bergen	122 Apple St., Oradell	07649
05/01/24	Bar Man	2	1	Union	NA, Oradell	07649
05/01/24	Mary Test Smith	2	1	Passaic	1214 Test Ave., Passaic	08069
05/01/24	Joe Smith 2	2	2	Union	31 Evans Terminus, Hillside	07316
05/01/24	Stephen Shuler	3	2	Bergen	122 Apple St., Oradell	07649
05/01/24	Cathy Timon	5	2	Orange	10 Elizabeth Ave., Brick	08724
05/01/24	Cathy Timon	5	2	Orange	10 Elizabeth Ave., Brick	08724
05/01/24	Super Man	2	1	Union	31 Evans Terminus, Hillside	07316
05/01/24	Super Man	2	1	Union	31 Evans Terminus, Hillside	07316
05/01/24	Stephen Shuler	3	2	Bergen	122 Apple St., Oradell	07649
05/01/24	Bar Simpson	3	1	Union	31 Evans Terminus, Hillside	07316
05/01/24	Stephen Shuler	3	2	Bergen	122 Apple St., Oradell	07649
05/01/24	Stephen Shuler	3	2	Bergen	122 Apple St., Oradell	07649
TOTAL EFO		41	27			

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

1 / 4 | 100% |

CFBNJ
 COMMUNITY
 FOODBANK
 OF NEW JERSEY

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: CFBNJ2 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	e	e	e

PART 3: TEFAP SUMMARY REPORT

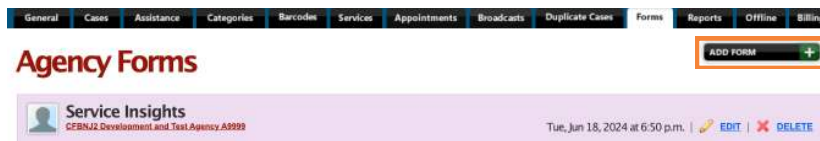
Partners are required to report the federal (TEFAP/USDA) they receive per month. In this section, we'll review how to manually create the TEFAP Summary Reports. Please note, TEFAP = USDA food on your invoices.

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.



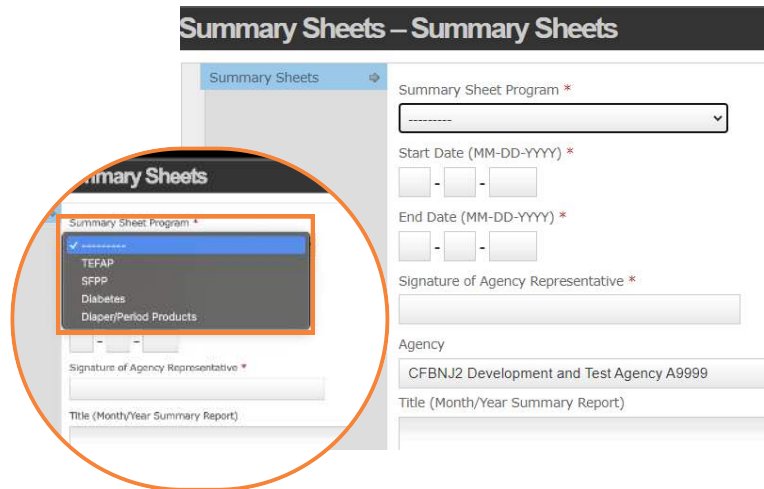
STEP 2

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

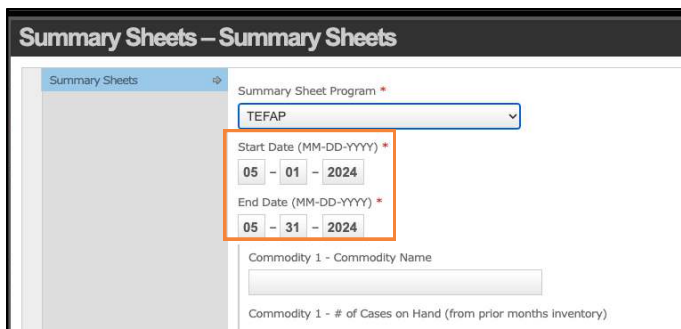
Summary Sheet Program

Click the drop-down menu and select "TEFAP".

When selecting TEFAP, a new section for Commodities will pop-up with 45 lines to input inventory. We will 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 TEAP, 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 TEAP Summary Report will be listed first.

Click PRINT TEAP/SFPP/DIABETES (PDF)

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

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEAP)
USDA COMMODITY SUMMARY REPORT FOR EMERGENCY FOOD PANTRIES

AGENCY: **CFBNJ Development and Test Agency A9999** MONTH/YEAR: **05/2024**

AGENCY ID: **498589**

Line Number	Commodity	Unit	Quantity	Inventory	Received	Remaining	...	...	...	...	...	...	...	...	...	...	...	...
1	End of Month Inventory-Count Unopened Cases (Enter these numbers on Line 1 of Next Month's Report)	6	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	# of Cases Received from Food Bank	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Total Cases Available for Distribution (Line 1 + Line 2)	16	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	End of Month Inventory-Count Unopened Cases (Enter these numbers on Line 1 of Next Month's Report)	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	TEAP Cases Available for Distribution (Line 3 - Line 4)	13	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of Agencies: 1
Total: 10
Number of Food Bank: 10

Signature of Agency Representative: **Shirley Brown**

TEAP Form ID: **0520240001**

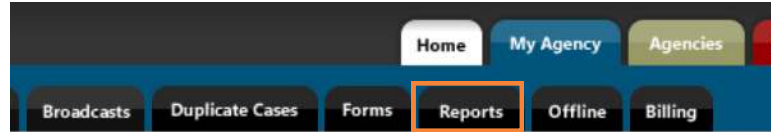
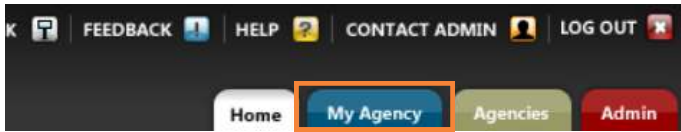
PART 4: FEDERAL INTAKE FORMS

In addition to the 4 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.

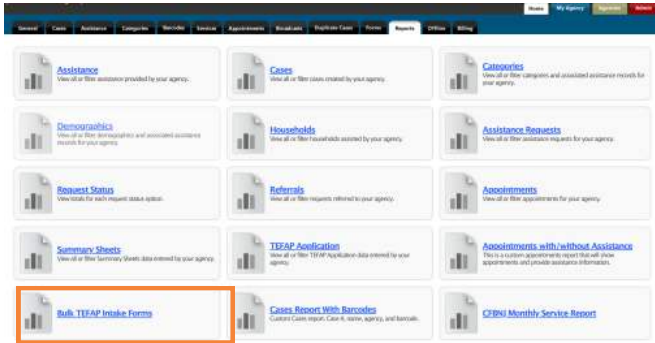
STEP 1

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.



Bulk TEFAP Intake Forms and then click.



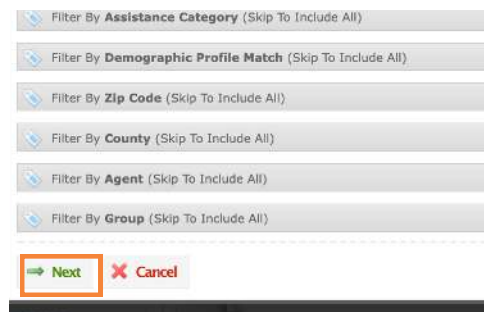
A window will pop up displaying filter options.

STEP 3

Click **“Filter by Case Entry Date”** and then enter dates in MM-DD-YYYY format.



Click **“Next”** at the bottom of the window.



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

STEP 4

To begin generating your report, locate



and click it.

Choose Fields for Report

Order By
Entry Date - First to Last

Custom Template
Bulk TEFAP Intake Forms

Back Request Report Cancel

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



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.



EMERGENCY FOOD REGISTRATION FORM
Intake Information

Clients must be residents of the State of New Jersey
Revision date 1-21-2025

Date: 05/21/24 LDA CFBNJ Development and Test Agency, A9999 EFO The Community Food Bank of NJ

Name (Print): Super Man Birthdate: _____

Town & zip code (required): Hillside 07205

Phone #: _____ E-mail: _____

Number of adults in household: 2 Number of children under 18 in household: 1

QUALIFYING REASON (PLEASE CIRCLE)
A participant in one or more local state or federal programs at or below the income threshold established by the state agency for TEFAP eligibility will automatically qualify for TEFAP USDA Foods.

1. SELF DECLARATION - LOW INCOME (185% of poverty)
2. Existing Local, State or Federal Program participant (example – WIC)
3. 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 USDA foods."

CLIENT SIGNATURE X DATE: 05/21/24

Interviewer Name: Stephen Stules

Providing your address is optional, however any information you provide us with will help us to better serve you.
Street Address: _____

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) 720-2600 (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-OASCR%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:

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

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9/8/2022