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## Submission Studio

<b>Form Name:</b>	FNS-292A (4-08)		
<b>Form Description:</b>	Disaster Relief (Commodities Distribution)		
<b>Program:</b>	Report of Commodity Distribution for Disaster Relief		
<b>State:</b>	MS		
<b>Agency Code:</b>	2891501	<b>Agency Name:</b>	MS STATE DEPT OF EDUCATION
<b>Program Time:</b>	November 2010		
<b>Submission Type:</b>	Final	<b>Revision:</b>	0
<b>Submission Status:</b>	New Submission		

[Disaster Relief](#) | [Disaster Relief 2](#) | [Disaster Relief 3](#) | [Disaster Relief 4](#)

4. Disaster Dates	Disaster Name			
<input type="text"/>	<input type="text"/>			

### 5. Total # of persons receiving commodity, by county

	County/Parish/Judicial Area	Total # Persons
<a href="#">[Delete]</a>	<input type="text"/>	<input type="text"/>

Total # Persons

6. Type of Feeding

7. TYPE OF DISASTER

Presidential Declaration

Primary Type of Disaster

Secondary Types of Disaster

Flood

Hurricane

Other (Specify)

Tornado

Earthquake

8. Name of agency(s) issuing commodity to recipients

American Red Cross

Salvation Army

Other (Specify Below)

## 9. Period of issuance to disaster relief recipients (MM/DD/YYYY)

From: Through: 

## 10. Commodities Distributed

	Commodity Code	Commodity Description	D.O. Number (Optional)	# of Cases	Case Weight	Case Value	Total Pounds	Total Value
<a href="#">[Delete]</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insert Line [Alt-2]								
	Total						<input type="text"/>	<input type="text"/>

## 11. Remarks

Disaster Relief

**Disaster Relief 2**

Disaster Relief 3

Disaster Relief 4

Enter data for this tab?

No



Disaster Relief

Disaster Relief 2

**Disaster Relief 3**

Disaster Relief 4

Enter data for this tab?

No



Disaster Relief	Disaster Relief 2	Disaster Relief 3	<b>Disaster Relief 4</b>						
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Enter data for this tab?									
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No