

### Submission Studio

**Form Name:** FNS-152 (6-05)  
**Form Description:** Monthly Distribution of Donated Food to Family Units  
**Program:** Food Distribution Program on Indian Reservations  
**State:** AK  
**Agency Code:** 0299024      **Agency Name:** ALASKA NATIVE TRIBAL HEALTH CONSORTIUM  
**Program Time:** February 2019  
**Submission Type:** Monthly      **Revision:** 0  
**Submission Status:** New Submission

Analyze   Save   Edit Check   Post   Quit

**Participation**   Commodity   Remarks

Participation	1. Households Certified	2. Households Participating	3. Number of Participants