

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