

Appendix H1: FPRS Screenshot - FNS-292A

Submission Studio

[\[Commodity List\]](#)

Form Name: FNS-292A (4-11)
Form Description: Disaster Relief (Commodities Distribution)
Program: Report of Commodity Distribution for Disaster Relief
State: CA
Agency Code: 0691501
Agency Name: CA Department of Education
Program Time: July 2014
Submission Type: Final
Submission Status: New Submission
Revision: 0

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					
<input type="text"/>		<input type="text"/>					
Total # Persons <input type="text"/>							
6. Type of Feeding							
<input type="text"/>							
7. TYPE OF DISASTER		Presidential Declaration					
<input type="text"/>		<input type="text"/>					
		Primary Type of Disaster					
<input type="text"/>		<input type="text"/>					
Secondary Types of Disaster							
<input type="checkbox"/> Flood	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Other (Specify)					
<input type="checkbox"/> Tornado	<input type="checkbox"/> Earthquakes	<input type="text"/>	<input type="text"/>				
8. Name of agency(s) issuing commodity to recipients							
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Other (Specify Below)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
9. Period of issuance to disaster relief recipients (MM/DD/YYYY)							
From: <input type="text"/>		Through: <input type="text"/>					
10. Commodities Distributed							
Commodity Code	Commodity Description	D.O. Number (Optional)	# of Cases	Case Weight	Case Value	Total Pounds	Total Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Remarks							
<input type="text"/>							