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| **The Emergency Food Assistance Program (TEFAP)**  **TEFAP DISTRIBUTION SITE APPLICATION** |

**INSTRUCTIONS:**

**Prior to an on-site meeting with a new TEFAP Site applicant:**

* **The following should be sent to applicant for review:**

TEFAP Compliance Checklist

TEFAP Manual (updating in fall)

Civil Rights Training materials, Civil Rights Assurances list, USDA Non-Discrimination Statement

* **Sections 1-3 should be filled out in advance** by the Food Bank representative or the applicant/site.

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| **SECTION 1. ORGANIZATION INFO** | | |
| **Program Eligibility - This site is a:** | 501(c)3  Tribal Nation  Program operating under another 501(c)3 | |
| **Distribution Site (Program) Name:** |  | |
| **Distribution Site Type:** | Brick and mortar site  Tribal program  Outreach program  Meal program  Other; describe: | |
| **Agency or Tribal Nation Name** *(legal name)*: |  | |
| **EIN #:** |  | |
| **Name associated with EIN #:**  *(if not the same as Agency name)* |  | |
| **Food Bank ID for Distribution Site:**  *(to be assigned by the food bank)* |  | |
|  | | |
| **Distribution Site Address:** |  | |
| **Distribution Site Address (City, Zip):** |  | |
| **Distribution Site County:** |  | |
| **Mailing Address (if different than above):** |  | |
|  | | |
| **Website:** |  | |
| **Phone:** |  | |
| **Primary Email:** |  | |
|  | | |
| **Is the Agency or Tribal Nation a current Food Bank Partner?** | Yes  No | If yes, for how long: |
| **Has the program received UDSA Foods in the past (TEFAP or other)?** | Yes  No | If yes, please describe: |
| **Are there other TEFAP Distribution Sites managed by this Agency?** | Yes  No | If yes, please describe: |

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| **SECTION 2: KEY CONTACTS** | |
| **Primary Contact Name:** |  |
| **Role/Title:** |  |
| **Email:** |  |
| **Phone:** |  |
|  | |
| **Leadership Contact Name:** |  |
| **Role/Title:** |  |
| **Email:** |  |
| **Phone:** |  |
|  | |
| **\*Additional Contact Name:** |  |
| **Role/Title:** |  |
| **Email:** |  |
| **Phone:** |  |
|  | |
| **\*Additional Contact Name:** |  |
| **Role/Title:** |  |
| **Email:** |  |
| **Phone:** |  |
|  | |
| **\*Additional Contact Name:** |  |
| **Role/Title:** |  |
| **Email:** |  |
| **Phone:** |  |

\***Additional contacts** are optional and may include: Board or Tribal leadership, other program staff, and/or contact for statistic or reporting, finance, etc.

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| **SECTION 3. TEFAP Distribution Site Schedule** | | | | | | |
| **This site is open (check one):**  Weekly (open one day or more every week) – use Section A. below  Less Than Weekly – use Section B. below | | | | | | |
| **SCHEDULE** | | | | | | |
| 1. **WEEKLY SCHEDULE (fill out if open weekly)** | | | | | | |
|  | **Shift One** | | | **Shift Two**  *(if a split shift schedule)* | |  |
|  | Open Time | Close Time | | Open Time | Close Time | Notes |
| **Monday** |  |  | |  |  |  |
| **Tuesday** |  |  | |  |  |  |
| **Wednesday** |  |  | |  |  |  |
| **Thursday** |  |  | |  |  |  |
| **Friday** |  |  | |  |  |  |
| **Saturday** |  |  | |  |  |  |
| **Sunday** |  |  | |  |  |  |
| **B. LESS THAN WEEKLY SCHEDULE** **(fill out if open less than weekly)** | | | | | | |
| Describe schedule: | | | | | | |
| Describe the barriers to opening more often: (\*required if not open at least once a week): | | | | | | |
| 1. **ADDITONAL INFORMATION** | | | | | | |
| General Notes Regarding Schedule: | | | | | | |
| Total hours open per month: | | |  | | | |
| How often can someone visit the distribution site? | | | No limit to visits  Weekly  Twice a month  Monthly  Other (describe): | | | |

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| **SECTION 4: Discussion and Interview Questions** |
| 1. **Provide an overview of the program/distribution site:** |
| 1. **Describe the need for food assistance in the geographic area; what other programs operate in this area:** |
| 1. **Describe how participants select their food:** |
| 1. **Describe the intake process used by this distribution site:** |
| 1. **Write in questions and answers:** *(food bank representative may add additional questions here as needed.)* |

**INSTRUCTIONS:**

**During on-site meeting with a new TEFAP Site applicant, review the following questions and note/summarize responses.**

**INSTRUCTIONS**:

Use the **TEFAP Compliance Checklist** to walk through and discuss the following TEFAP regulations and compliance expectations. Note areas that are still being worked on, areas of concern, and areas of compliance that are not met.

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| **SECTION 5: COMPLIANCE EXPECTATIONS** | |
| **Check box to indicate that TEFAP Site Applicant has *received* and *reviewed* the following:**  TEFAP Compliance Checklist\*  TEFAP Manual  Civil Rights Training materials, Civil Rights Assurances list, USDA Non-Discrimination Statement | |
| **RECORD KEEPING AND REPORTING**  EXPECTATION MET (Check when areas of concern are resolved or if no areas of concern exist.) | |
| **Areas of concern:** | **Follow-up plan:** |
| **CIVIL RIGHTS AND COMPLAINTS**  EXPECTATION MET (Check when areas of concern are resolved or if no areas of concern exist.) | |
| **Areas of concern:** | **Follow-up plan:** |
| **POSTINGS**  EXPECTATION MET (Check when areas of concern are resolved or if no areas of concern exist.) | |
| **Areas of concern:** | **Follow-up plan:** |
| **INTAKE AND ACCESS**  EXPECTATION MET (Check when areas of concern are resolved or if no areas of concern exist.) | |
| **Areas of concern:** | **Follow-up plan:** |
| **FOOD STORAGE AND HANDLING**  EXPECTATION MET (Check when areas of concern are resolved or if no areas of concern exist.) | |
| **Areas of concern:** | **Follow-up plan:** |
| * ***Once all compliance expectations are met, a copy of the Compliance Checklist should be signed by the TEFAP Distribution Site applicant and submitted to the Food Bank.*** | |

**USDA Nondiscrimination Statement 2024-2025**

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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/ad-3027.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](mailto:program.intake@usda.gov)

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