|  |
| --- |
| **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.

|  |
| --- |
| **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:      |

|  |
| --- |
| **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.

|  |
| --- |
| **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): |

|  |
| --- |
| **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.)*
2.
3.
4.
 |

**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.

|  |
| --- |
| **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**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

This institution is an equal opportunity provider.