

LOS ANGELES REGIONAL



Fighting Hunger. Giving Hope.

33rd Annual ALL AGENCIES CONFERENCE

2025 TEFAP Overview



Welcome & Introduction

TEFAP Team Members



Julie Villarreal

TEFAP Supervisor

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323.234.3030 x 237

Joined the Los Angeles Regional Food Bank in 2024 as a TEFAP Specialist, where her dedication and passion for community support quickly stood out. Thanks to her strong performance, she was promoted to TEFAP Supervisor. Julie is a proud graduate of California State Polytechnic University, Pomona, where she earned her Bachelor of Science in Food and Nutrition. In her current role, she leads the implementation, compliance, and day-to-day management of The Emergency Food Assistance Program (TEFAP). She works closely with and supervises a team of TEFAP Coordinators, facilitates training sessions, and ensures that program policies and procedures are followed by partner agencies.



Elmer Lopez

TEFAP Coordinator

ellopez@lafoodbank.org

(424) 323-6172

Our newest TEFAP team member, joined as TEFAP Coordinator in January 2025. Prior to this role, he supported field visits for agencies transitioning from the Food Bank of Southern California. His current responsibilities include assisting agencies with TEFAP-related inquiries, reviewing reports, and ensuring compliance with CDSS sign-in sheets. He also provides support in ensuring that TEFAP program policies and procedures are followed by partner agencies. Elmer is dedicated to his role at the Food Bank, driven by his passion for ensuring food access for families in need.

Agenda

- What is TEFAP?
- TEFAP Agreement
- TEFAP Policies
- Civil Rights Training
- Signs/Posters
- Income Guidelines (EFA-14)
- Sign-in Sheets (EFA-7)
- Alternative Pick up Form (EFA-15)
- TEFAP Reports (HHP & PI)
- TEFAP Files
- Unique Entity Identification (UEI) Requirement
- Q & A Session

What is TEFAP?

TEFAP = The Emergency Food Assistance Program

Provides low-income individuals and households with surplus commodities donated by USDA to supplement daily nutritional needs.

The program was **not designed to satisfy all hunger needs or nutritional requirements** of individuals or households. However, program-eligible recipients may receive commodities through distribution sites that distribute packaged food for household consumption, or through congregate feeding sites that serve meals.

TEFAP Agreements

All participating TEFAP agencies must have a **current** TEFAP Agreement on file with the Los Angeles Regional Food Bank.

- The agreement states the TEFAP policies that must be kept in order to maintain compliance in the program.
- Any time a change occurs such as, the agency's main point of contact, distribution day, or distribution time, a new TEFAP agreement must be submitted to the food bank for approval
- Must be signed by the highest ranking official such as the Pastor, CEO, Executive Director, Ect.

TEFAP Agreement Policies

- A signed TEFAP agreement acknowledges that the Agency (SDA) understands and agrees to all of the TEFAP policies included in the agreement
- The agreement is considered permanent, with amendments to be made as necessary
- The site agrees to distribute United States Department of Agriculture (USDA) commodities, referred to as TEFAP food(s), to eligible recipients who live within the site's defined geographical service area.
- The **only** requirement for a recipient to receive TEFAP commodities is to self-certify using the income guidelines and to sign the TEFAP sign-in sheet.
- Agencies may not ask recipients for proof of income.
- Agencies that ask recipients to complete an application or intake interview in order to receive food must advise recipients it is not a required in order to receive TEFAP commodities only.
- Recipients should never be asked to donate money or time in exchange for TEFAP commodities. Donations of any type can not be requested i.e. for bags or transportation costs.
- Agencies can not conduct political or religious activities in conjunction with the food distribution.
- Agencies can not redistribute commodities to other locations or entity.
- Agencies must distribute according to published days/times listed on their TEFAP agreement.
- Agencies must be open to the general public. Must serve all clients.

Civil Rights Training (CRT)

This is a **mandatory** training designed for agencies and their staff administering USDA food

What is the purpose of this training?

- To guarantee service to all beneficiaries in a non-discriminatory manner.
- A manner that is equal and free from unfair treatment or discrimination based on established legally protected classes.

How often is this training conducted?

- Must be completed **once every calendar year** and proof of the training (completed CRT checklist) must be maintained for a total of four years (current year plus previous three years)
- Agencies that have multiple TEFAP participating sites or have huge distributions, are required to continuously be administering the Civil Rights Training to new staff and volunteers

Who needs to complete the Civil Rights Training?

- Program staff, front-line, non-front-line staff, and volunteers

How do you complete the Civil Rights Training?

- Must be completed by using CDSS approved CRT checklist, powerpoint presentation, and webinar link.
- All completed Civil Rights Training documents need to be submitted via email at: tefapcivilrights@lafoodbank.org

CRT Instructions:

Level 1 - [FDU113 Civil Rights Level 1](#)

All Staff and Volunteers:

- Review the Civil Rights Checklist.
- Initial next to each statement.
- Sign under Level 1 on the checklist.

Level 2 - [Civil Rights Training PowerPoint Presentation](#)

All Staff and Lead Volunteers:

- Review the Civil Rights PowerPoint presentation.
- Sign under Level 2 on the checklist.
- Once completed, should have both level 1 & 2 signed.

TEFAP Required Signage

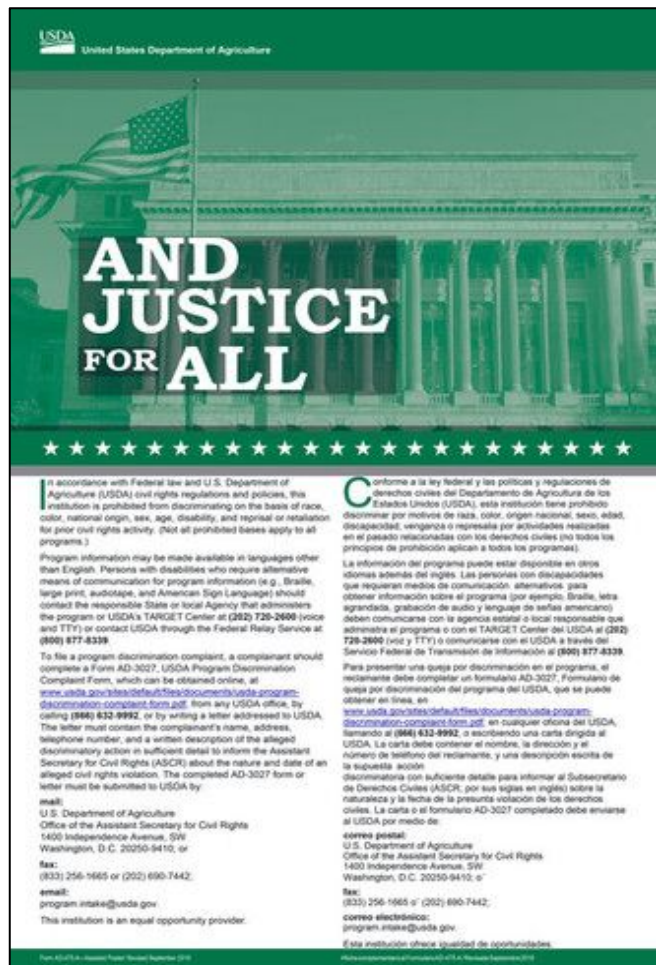
MUST be posted During Distributions:

- And Justice for All
- No Selling sign
- No Application sign
- Notice to the Public
- Written Notice of Beneficiary Rights

Required to be used During Distribution:

- Income Guidelines (EFA-14 form)
- Sign-in Sheets (EFA-7 form)
- Alternative Pick-Up (EFA-15 form)

“And Justice for All” Poster



- Each agency, distribution site or certification site administering any USDA food programs are required to display the appropriate “And Justice for All” poster where it can be easily viewed by the participants.
- Must be placed near the check-in station during the distribution
- Use the latest version AD-475A
- Poster must be displayed in a specific size: 11” width x 17” height
- Modified posters such as printed copies are not acceptable

No Selling & No Application Signs

LOS ANGELES REGIONAL



Fighting Hunger. Giving Hope.

This agency is not permitted by the Los Angeles Regional Food Bank and food donors to solicit donations and/or fees from anyone receiving food from this agency. If you are asked to give a donation or to pay a fee, please contact the Los Angeles Regional Food Bank at (323) 234-3030.

REV. 4/2012

LOS ANGELES REGIONAL



Fighting Hunger. Giving Hope.

This agency distributes TEFAP (USDA) food. Completing an application or participating in an intake process is not necessary to receive USDA food. In order to receive USDA food, clients need to self-certify that they fall at or below the income guidelines and sign the EFA-7 sign-in sheet. To receive other food/services provided by this agency, additional paperwork may be required. Please let the agency know if you are interested in receiving USDA food only.

REV. 6/6/19

[No Selling Document Link](#)

[No Application Document Link](#)

Notice to the Public

Notice to Public

From: _____

This location distributes The Emergency Assistance Food (TEFAP/USDA Commodities) on the following days and time of every month.

Day(s) of Distribution	Start Time	End Time	Start Time	End Time
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

NOTE: _____

To inquire if you qualify to receive these food items please call:

Under USDA food distribution regulations,

will not discriminate when distributing TEFAP Commodities in regards to race, color, national origin, sex, age or handicap.

Must include the following:

- Agency Name
- **Distribution Days and Times** as listed in the TEFAP Agreement
- Note can include:
 - if your agency has any closures or distributes weekly, 1st/3rd, or 2nd/4th
- Must be placed where it can be easily viewed by the participants

*Any time a new TEFAP agreement is completed due to a change in days and hours, this form must also be updated to reflect the change

[Notice to Public Document Link](#)

Written Notice of Beneficiary Rights

Attachment A-Sample Written Notice of Beneficiary Rights
WRITTEN NOTICE TO BENEFICIARY RIGHTS FOR TEFAP

Name of Organization:

Because this program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

- (1) We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- (2) We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
- (3) We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
- (4) You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the Office of the Assistant Secretary for Civil Rights, Center for Civil Rights Enforcement, Program Complaint Division by mail, fax, or e-mail at:

Mail:

United States Department of Agriculture
Director, Center for Civil Rights Enforcement
1400 Independence Avenue, SW
Washington, DC 20250-9410

Fax: (202) 690-7442

Email: program.intake@usda.gov

- (5) If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact **The USDA Hunger Hotline**:
 - By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
 - By Text: 914-342-7744 with a question that may contain a keyword such as "food," "summer," "meals," etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be provided to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be provided to you at the earliest available opportunity.

- All agencies **MUST** display this poster where it can be easily viewed by the participants
- Agencies must provide a written notice to all beneficiaries prior to the time they receive TEFAP services
- The written notice must include the assurances as noticed in the sample form:
 - The organization may not discriminate against beneficiaries or prospective beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.
 - The organization may not require beneficiaries or prospective beneficiaries to attend or participate in any explicitly religious activities that are offered by the organization, and any participation by beneficiaries or prospective beneficiaries in such activities must be purely voluntary.
 - The organization must separate in time or location any privately funded explicitly religious activities from activities supported by direct Federal financial assistance.
 - Beneficiaries or prospective beneficiaries may report violations of these protections (including denials of services or benefits) by an organization by contacting or filing a written complaint with USDA's Office of the Assistant Secretary for Civil Rights.

Income Guidelines (EFA-14 Form)

California Health & Human Services Agency California Department of Social Services

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
2025 INCOME GUIDELINES
EL PROGRAMA DE ASISTENCIA ALIMENTARIA DE EMERGENCIA (TEFAP)
GUÍA DE INGRESOS PARA EL 2025

MAXIMUM INCOME / MÁXIMO DE INGRESOS		
HOUSEHOLD SIZE TAMAÑO DEL HOGAR	MONTHLY HOUSEHOLD INCOME INGRESOS MENSUALES DEL HOGAR	ANNUAL HOUSEHOLD INCOME INGRESOS ANUALES DEL HOGAR
1	\$3,064.79	\$36,777.50
2	\$4,141.88	\$49,702.50
3	\$5,218.96	\$62,627.50
4	\$6,296.04	\$75,552.50
5	\$7,373.13	\$88,477.50
6	\$8,450.21	\$101,402.50
7	\$9,527.29	\$114,327.50
8	\$10,604.38	\$127,252.50
Over 8 Más de 8 personas	Add \$1,077.09 each Añada \$1,077.09 por cada persona	Add \$12,925.00 each Añada \$12,925.00 por cada persona

*This institution is an equal opportunity provider.
 Esta institución ofrece igualdad de oportunidades.*

EFA 14 (ENG/SP) (4/25) Page 1 of 2

- MUST be displayed next to EFA-7 sign-in sheets
- Clients must self-certify that they fall at or below the 2025 monthly or annual income guidelines
- Income guidelines were updated in April 2025 as noted on the bottom left hand corner, “EFA 14 (4/25) ”.

[Income Guidelines Document Link](#)

Sign in Sheets (EFA-7 form)

California Health & Human Services Agency California Department of Social Services

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
 CERTIFICATION OF ELIGIBILITY**

Food Distribution Agency Name: _____

Distribution Date & Time: _____ Contact Name: _____

Distribution Site Address: _____ Contact Phone: _____

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. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and 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:

Mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue
 SW Washington, D.C. 20250-9410

Fax:
 (833) 256-1665 or (202) 690-7442

Email:
program.intake@usda.gov

This institution is an equal opportunity provider.

EFA 7 (1/25)  Page 1 of 2

State of California – Health and Human Services Agency California Department of Social Services


You self-declare that:

- Your name, county of residence, and zip code listed is correct.
- Your household size as stated and resides within this state and organization's service area.
- Your income is within 235% of the Federal Poverty Guidelines as posted for this distribution.
- You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.
- You have been shown and have read the full USDA Nondiscrimination Statement.

You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP. You are *never* required to provide personal identification documents including, but not exclusive to, an identification card, social security number, or proof of income.

Print Name (Clients)	County of Residence and Zip Code	Family Size	Is this your 1st time receiving USDA food this month?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No
11.			<input type="checkbox"/> Yes <input type="checkbox"/> No
12.			<input type="checkbox"/> Yes <input type="checkbox"/> No
13.			<input type="checkbox"/> Yes <input type="checkbox"/> No
14.			<input type="checkbox"/> Yes <input type="checkbox"/> No
15.			<input type="checkbox"/> Yes <input type="checkbox"/> No
16.			<input type="checkbox"/> Yes <input type="checkbox"/> No
17.			<input type="checkbox"/> Yes <input type="checkbox"/> No
18.			<input type="checkbox"/> Yes <input type="checkbox"/> No
19.			<input type="checkbox"/> Yes <input type="checkbox"/> No
20.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total the responses from the last three columns into the last row. i.e. total family size, how many "Yes", how many "No"			

Food Bank Name: _____

EFA 7 (1/25)  Page 2 of 2

Updated in January 2025 as noted on the bottom left hand corner, "EFA7 (1/25)"

Sign in Sheet Requirements:

- Both pages (cover page + sign in sheet) must be completed for each distribution day
- A new sign-in sheet must be used for each day that TEFAP commodities are distributed
- All information fields on page 2 must be filled out
- Last 3 columns (family size, yes, no) must each have a grand total
- Agency Name must be included at the bottom of page

[Sign-in Sheet Document Link](#)

Alternative Pick Up Request (EFA-15 form)

All TEFAP Agencies agree to require an Alternate Pick-up from (EFA-15) for income-eligible recipients unable to attend the physical food distribution.

Alternative Pick up form requirements:

- The individual (proxy) picking up commodities for another recipient must possess the Alternate Pick-up Form (EFA-15) and/or any other documents the distribution site or food bank may require.
- The proxy will only need to bring an alternate pick up from (EFA-15) once, and the site should honor the form for one (1) year from the date signed.
- A proxy may bring multiple Alternate Pick-up Forms to pick up for multiple recipients. For example, one person can be the proxy for one (1) person or ten (10) people.
- The alternate pick up form (EFA-15) should be filed with the sign-in sheets from the distribution that it was received.
- The proxy person should also sign in on the EFA-7 Sign-In Sheet. Under Name it should be written "Proxy Person Name for Recipient Name", for example "Jane Smith for John Doe."

[Alternative Pick-up Request From Document Link](#)

California Health & Human Services Agency California Department of Social Services

ALTERNATIVE PICK-UP REQUEST FORM
 THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2025 INCOME GUIDELINES

Date: _____

TEFAP MAXIMUM INCOME		
HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$3,064.79	\$36,777.50
2	\$4,141.88	\$49,702.50
3	\$5,218.96	\$62,627.50
4	\$6,296.04	\$75,552.50
5	\$7,373.13	\$88,477.50
6	\$8,450.21	\$101,402.50
7	\$9,527.29	\$114,327.50
8	\$10,604.38	\$127,252.50
Over 8	Add \$1,077.09 each	Add \$12,925.00 each


Authorization:
 I hereby authorize, _____ to pick up my United States Department of Agriculture the Emergency Food Assistance Program (TEFAP) commodities as I am unable to do so.

Certification:
 I certify under penalty of perjury that my household income for the past 30 days does not exceed the TEFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away.

Signature _____

County of Residence _____ Zip Code _____ Number of people in household _____

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EFA 15 (4/25)  Page 1 of 1

TEFAP Reports

Due by the **5th business day of the following month** via email at tefapreports@lafoodbank.org

Los Angeles Regional Foodbank

FOOD DISTRIBUTION BUREAU

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) HOUSEHOLD PARTICIPATION REPORT (HHP)

Agency Name:		Acct.		Phone #			
Distribution Address:							
Month: _____ Year: _____							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Totals: # Households: 0 # Persons: 0
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	Weekly Totals: # Households: _____ # Persons: _____
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	Weekly Totals: # Households: _____ # Persons: _____
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	Weekly Totals: # Households: _____ # Persons: _____
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	Weekly Totals: # Households: _____ # Persons: _____
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	Weekly Totals: # Households: _____ # Persons: _____
# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	# Households: _____ # Persons: _____	Weekly Totals: # Households: _____ # Persons: _____
PLEASE RETURN BY THE 5TH BUSINESS DAY OF THE MONTH TO: TEFAPREPORTS@LAFOODBANK.ORG AGENCY RELATIONS TO AVOID A HOLD.							Monthly Totals: #Households #Persons Unduplicated Totals: #Households #Persons
The information provided is true and accurate to the best of my knowledge.							
Print Name:		Signature:		Date:			

HHP Report Document Link

Los Angeles Regional Foodbank

THE EMERGENCY FOOD ASSISTANCE PROGRAM PERPETUAL INVENTORY REPORT

Month & Year: _____

Agency Name: _____		Acct#: _____	
USDA Commodity: _____		USDA Commodity: _____	
Previous Month Balance: _____		Previous Month Balance: _____	
Amount Received: _____		Amount Received: _____	
Amount Distributed: _____		Amount Distributed: _____	
Ending Monthly Balance: _____		Ending Monthly Balance: _____	
USDA Commodity: _____		USDA Commodity: _____	
Previous Month Balance: _____		Previous Month Balance: _____	
Amount Received: _____		Amount Received: _____	
Amount Distributed: _____		Amount Distributed: _____	
Ending Monthly Balance: _____		Ending Monthly Balance: _____	
USDA Commodity: _____		USDA Commodity: _____	
Previous Month Balance: _____		Previous Month Balance: _____	
Amount Received: _____		Amount Received: _____	
Amount Distributed: _____		Amount Distributed: _____	
Ending Monthly Balance: _____		Ending Monthly Balance: _____	
USDA Commodity: _____		USDA Commodity: _____	
Previous Month Balance: _____		Previous Month Balance: _____	
Amount Received: _____		Amount Received: _____	
Amount Distributed: _____		Amount Distributed: _____	
Ending Monthly Balance: _____		Ending Monthly Balance: _____	

PLEASE RETURN BY THE 5TH BUSINESS DAY OF THE MONTH TO:
TEFAPREPORTS@LAFOODBANK.ORG
 AGENCY RELATIONS TO AVOID A HOLD.

The information provided is true and accurate to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____

[PI Report Document Link](#)

TEFAP Program Files

All TEFAP program files must be kept at the distribution site and accessible for 4 years total
(current year + last 3 years)

TEFAP Files include:

- TEFAP Agreements
- Completed Civil Rights forms
- Sign-in Sheets (EFA-7)
- Alternative Pick Up forms
- Monthly Reports - Household Participation & Perpetual Inventory
- Invoices & Receipts
- Temperature Logs

Unique Entity Identification (UEI)

What is a Unique Entity Identification?

- A 12-character unique number assigned to all entities (public and private companies, individuals, institutions, or organizations) who must register to do business with the federal government in [SAM.gov](https://sam.gov)

Who needs a UEI number?

- Agencies participating in the TEFAP program are required to register and obtain the Unique Entity Identification through [SAM.gov](https://sam.gov) **prior** to joining the TEFAP program
- All agencies must apply for their own Unique Entity Identification, even if your agency is part of a 501(c)3 umbrella i.e. SDA's, Catholic Conference, Salvation Army, etc.

What information is needed to complete the [Sam.gov](https://sam.gov) UEI registration?

- Legal Business name as listed on 501(c)3
- Physical address of business as listed on 501(c)3
- Date of incorporation
- State of incorporation

How to obtain date and state of incorporation?

- Can be found by searching your **agency's full business name** on the Secretary of State Business website <https://bizfileonline.sos.ca.gov/search/business>

Any Questions?



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Thank you for your Partnership!

