THE EMERGENCY FOOD ASSISTANCE PROGRAM TRAINING (TEFAP)

LOS ANGELES REGIONAL FOOD BANK

Presented by: VAN MARTINI

California Department of Social Services
The Journey of TEFAP Distribution

USDA AMS

USDA Regional Offices

State Agencies

Food Bank Agencies

Food Banks (other nonprofits, such as soup kitchens)
California Department of Social Services (CDSS)

- Oversees at State level
- 49 Food Banks/58 Counties
- Food Banks often partner with smaller organizations such as food pantries to distribute food
- Approximately 2,300 TEFAP food pantries sites in FY 2020/21
- Supplement Nutrition
EFAP Requirements

EFAP POLICY AND PROCEDURE MANUAL

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AGREEMENTS – LOCAL FOOD BANKS

• For the period October 1, 2020, through September 30, 2021, a total of **193.4 million pounds of food** was distributed under California’s TEFAP.

• TEFAP Providers serve approximately 2.18 million people monthly
Sign-in Sheets & Income Guidelines
Signs
State of California – Health and 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 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, age, disability, and 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/usda-program-discrimination-complaint-form.pdf](https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.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:

<table>
<thead>
<tr>
<th>Mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Department of Agriculture</td>
</tr>
<tr>
<td>Office of the Assistance Secretary for Civil Rights</td>
</tr>
<tr>
<td>1400 Independence Avenue</td>
</tr>
<tr>
<td>SW Washington, D.C. 20250-0410</td>
</tr>
</tbody>
</table>

| Fax: |
| (833) 250-1665 or (202) 690-7442 |

| Email: |
| program.intake@usda.gov |

This institution is an equal opportunity provider.
State of California – Health and Human Services Agency
California Department of Social Services

You self-declare that:
1. Your name and address listed is correct; if homeless, you can put homeless as the address.
2. Your household size as stated and resides within this state and organization’s service area.
3. Your income is within 235% of the Federal Poverty Guidelines as posted for this distribution.
4. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.
5. 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 will never need to provide your social security number or proof of income.

<table>
<thead>
<tr>
<th>Print Name (Clients)</th>
<th>Address (Include Zip Code)</th>
<th>Family Size</th>
<th>Is this your 1st time receiving USDA food this month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<td>3.</td>
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<td>□ Yes □ No</td>
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<tr>
<td>4.</td>
<td></td>
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<td>□ Yes □ No</td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td>7.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

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(7/21)  Page 2 of 2
## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
### 2022 INCOME GUIDELINES

El Programa de Asistencia Alimentaria de Emergencia (TEFAP)
Guía de Ingresos para el 2022

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Income / Máximo de Ingresos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly Household Income / Ingresos Mensuales del Hogar</td>
</tr>
<tr>
<td>1</td>
<td>$2,661.38</td>
</tr>
<tr>
<td>2</td>
<td>$3,585.71</td>
</tr>
<tr>
<td>3</td>
<td>$4,510.04</td>
</tr>
<tr>
<td>4</td>
<td>$5,434.38</td>
</tr>
<tr>
<td>5</td>
<td>$6,358.71</td>
</tr>
<tr>
<td>6</td>
<td>$7,283.04</td>
</tr>
<tr>
<td>7</td>
<td>$8,207.38</td>
</tr>
<tr>
<td>8</td>
<td>$9,131.71</td>
</tr>
<tr>
<td>Over 8, Más de 8 personas</td>
<td>Add $924.33 each</td>
</tr>
</tbody>
</table>

*This institution is an equal opportunity provider.*
*Esta institución ofrece igualdad de oportunidades.*
• Income within the guidelines **2022 INCOME GUIDELINES**
• Monthly or Annual Income
• Only required to self-certify - **May not be asked for proof of income, no SS# and etc.**
• 2022 Form update Spanish and English **
• https://www.cdss.ca.gov/inforesources/efa p/forms-and-brochures
Additional Reminders About EFA -7

• “X” marks the spot
• Homeless individuals must be offered TEFAP food
Residency

- Should reside in area
- If no proof, food may **not** be denied if they are **willing to sign EFA-7**
- If out of the service area, serve and advise of their site in their area
Picking up Commodities for Others/Alternate Person Picking up (section 6.5)
• Alternate can pick up for recipient

• Must bring “Alternate Pick-up form” or signed note from recipient

• The site must attach form to EFA-7
# ALTERNATIVE PICK-UP REQUEST FORM

## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2022 INCOME GUIDELINES

**Date:** ____________________________

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>MONTHLY HOUSEHOLD INCOME</th>
<th>ANNUAL HOUSEHOLD INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,661.38</td>
<td>$31,936.50</td>
</tr>
<tr>
<td>2</td>
<td>$3,595.71</td>
<td>$43,028.50</td>
</tr>
<tr>
<td>3</td>
<td>$4,510.04</td>
<td>$54,120.50</td>
</tr>
<tr>
<td>4</td>
<td>$5,434.38</td>
<td>$66,212.50</td>
</tr>
<tr>
<td>5</td>
<td>$6,358.71</td>
<td>$76,304.50</td>
</tr>
<tr>
<td>6</td>
<td>$7,283.04</td>
<td>$87,396.50</td>
</tr>
<tr>
<td>7</td>
<td>$8,207.38</td>
<td>$98,488.50</td>
</tr>
<tr>
<td>8</td>
<td>$9,131.71</td>
<td>$109,580.50</td>
</tr>
<tr>
<td>Over 8</td>
<td>Add $244.33 each</td>
<td>Add $11,092 each</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Address</th>
<th>Zip Code</th>
<th>Number of people in household</th>
</tr>
</thead>
</table>

*This institution is an equal opportunity provider.*
Congregate Feeding Agency

• Must serve predominantly needy persons
• Non-eligible persons can be served with eligible people if sharing common preparation
Frequency and Equity

- Equal access to same amount of food
- Distribute fair share of food by household size
- Example: one family of 7 should receive same as other family of 7
Open to the Public

- Must be open to the public
- Prior permission for closed site
Receipt and Distribution Procedure

Local food donations may be distributed with USDA commodities or in conjunction with other programs.
End of Distributions/Donations

• Must distribute during advertised dates and times
• A person must stay to inform recipients of other options if run out of food
• No type of payment
• MONETARY donations CANNOT be solicited
Unrelated Activities
religious, political, social

• NOT during a distribution
• Information not placed in EFAP containers
• NOT a condition to receive commodities
• No disruption or delay
Required forms and signage for Religious Sites

- Written Notice of Beneficiary Rights
- Beneficiary Referral Request
Storage
Storage Requirements
Health & Safety (§ 10)

• Sanitary and free from infestation
• Safeguard against theft, spoilage and loss
• Proper temperatures
• Separate and Identifiable as USDA
• Off floor and away from walls
• Locked and secure
• Repackaging of food NOT allowed
• Food Loss - contact CDSS immediately
Shipment and Receipt of USDA Foods (FNS 709-5 Rev 3)

• Delivery Appointment
  • not less than 72 hours prior
  • If late or without appointment, should try to accept if able or reschedule for later
• Destination changes
  • At least 45 days in advance of the start of the delivery period
• Inspecting the Shipment
  • Seal
  • Quantity
  • Temperature
  • Condition of USDA Foods
  • Bill of Ladings (BOLs)
Inventory

• No excessive inventory
• No more than 6 months
• FIFO method
• Check the best if used by date
TEFAP Reimbursement Process

- Expenses related to TEFAP administration
- All program costs in the claims for reimbursement even if they exceed their tentative reimbursement
- Submit 1 EFA 4 for each program a month

Claiming Timelines:

- Oct 1 through Dec 31 – 1st quarter claim due January 31
- Jan 1 through Mar 31 – 2nd quarter claim due April 30
- Apr 1 through June 30 – 3rd quarter claim due July 31
- Jul 1 through Sept 30 – 4th quarter claim due October 31
Allowable TEFAP Expenses (Section 16.5)

- Intrastate transportation, storage, handling, distribution, repackaging, and processing
- Salaries of persons directly administering program-related expenses;
- Fringe benefits and travel expenses
- Rent and utilities
- Accounting, auditing, and other administrative services;
- Computer services
- Costs related to training
- Costs associated with determination of eligibility, verification, and documentation
- Costs associated with providing information to persons receiving USDA commodities regarding proper storage and preparation
- Costs for publication of times and locations of distributions
- Meals provided to volunteers, i.e., non-salaried staff, for services rendered during the distribution of USDA commodities. Meal cost must be reasonable and adequately documented with volunteer’s name, hours worked, receipts, invoices, or other evidence of the cost of providing meals, and the volunteer’s signature for each meal received.
Acceptable Supporting Documents

• A description of the allocation methodology used to calculate the expenses
• A copy of the ERAs accounting ledger pertinent to TEFAP costs
• An appropriate summary of expenses for the submitted quarter; or
• A printout from an automated software program that summarizes TEFAP expenses
• Purchase/expense request prior approval for item over $5000.00
## Request for Reimbursement of Expenses

**CDSS Use Only**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Contract #</th>
</tr>
</thead>
<tbody>
<tr>
<td>P18E2</td>
<td></td>
</tr>
</tbody>
</table>

A summary of expenses must be submitted with this form.

### Organization
- **Address (Number, Street)**
- **City, State, ZIP Code**

### Telephone
- **Program**
- **Expenses Period**
  - OCT-DEC
  - JAN-MAR
  - APR-JUN
  - JUL-SEP

### Date/Month Paid
### Paid To
### Purpose
### Amount

**Total This Page Only**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Quarterly Expenses**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Signature of Authorized Representative**

- **Date**

**Amount to Be Paid**

- **Remaining Unliquidated Cash Advance**
- **Amount Posted to Account Record**

**Submitted By**
- **Date**

**Approved By**
- **Date**

**EFAP 4 Forms (4/2022)**
Records and Reports (Section 14)

- Accurate and complete records documenting for 3 years plus the current year
- Inventory and Household Participation reports in CSFP TEFAP Inventory Portal (CTIP)
- Separate CTIP Training can be scheduled
Questions?

- Reminder: All funds expended by 9/31/2022