

# THE EMERGENCY FOOD ASSISTANCE PROGRAM TRAINING (TEFAP)

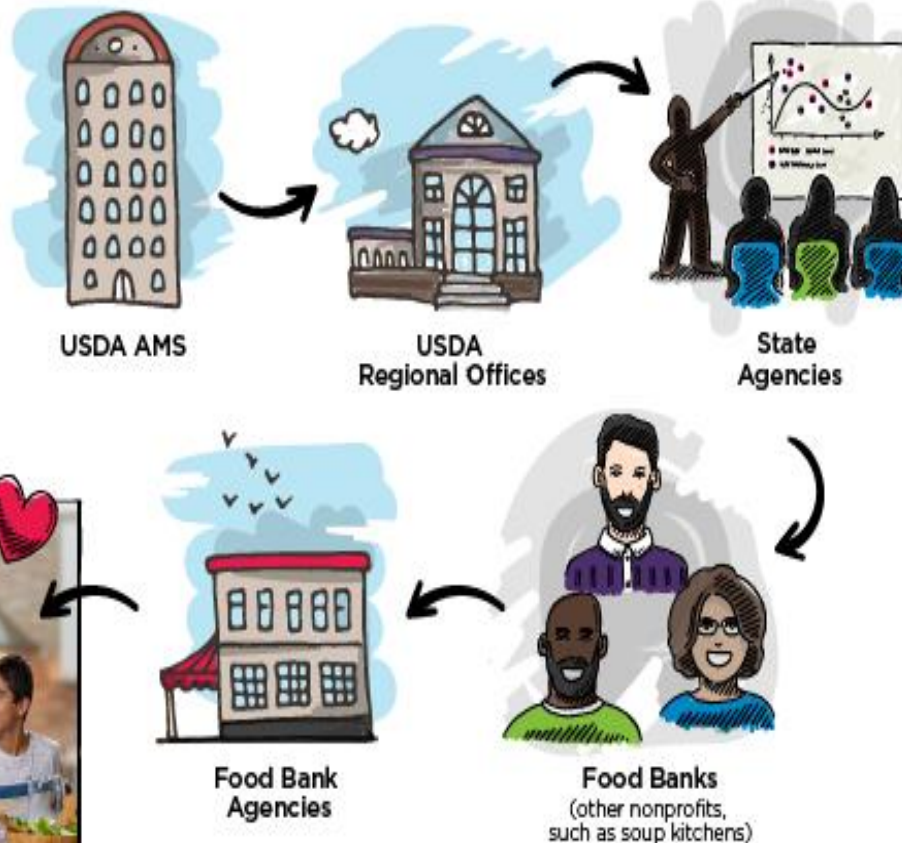
## LOS ANGELES REGIONAL FOOD BANK

Presented by: **VAN MARTINI**



California Department of Social Services

# The Journey of TEFAP Distribution



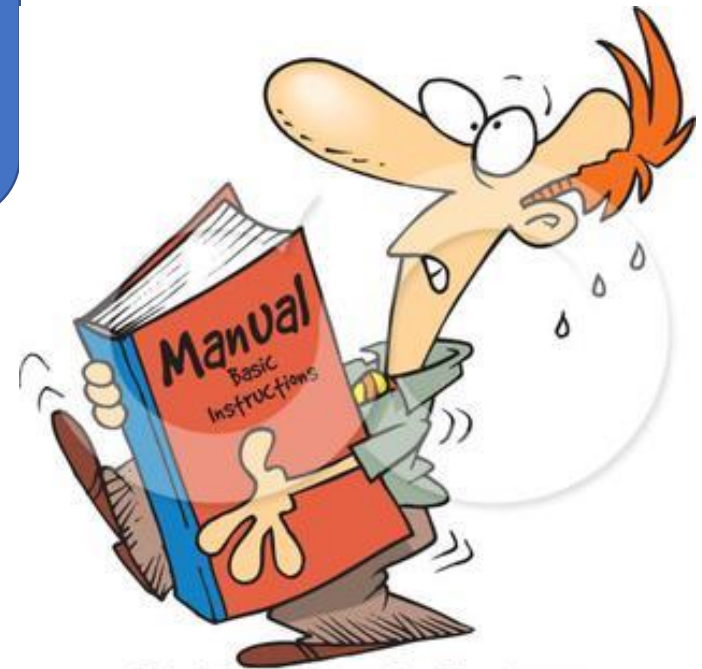
# California Department of Social Services (CDSS)



- 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



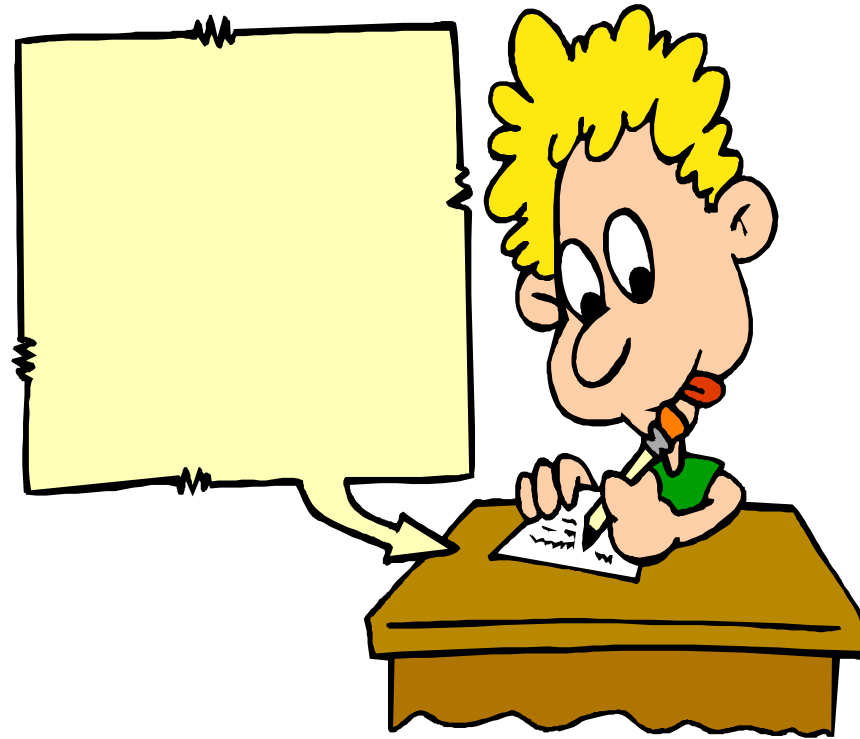
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# AGREEMENTS –LOCAL FOOD BANKS

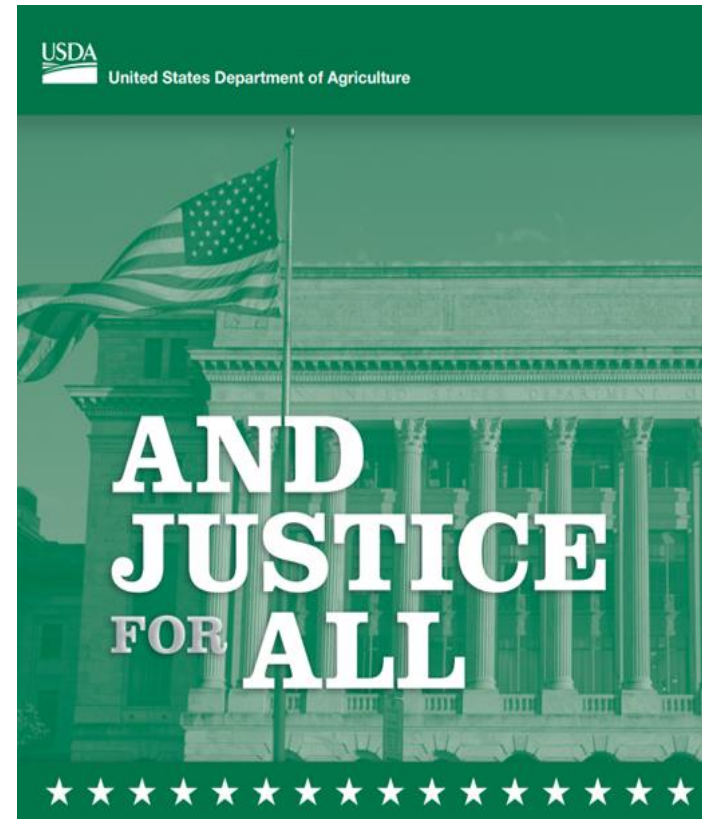
- For the period October 1, 2020, through September 30, 2021, a total of **193.4 million pounds of food** was distributed under California's TEFAP.
- TEFAP Providers serve approximately 2.18 million people monthly



# Sign-in Sheets & Income Guidelines



# Signs





# EFA-7 Form (7/21)

## 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> 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](mailto:program.intake@usda.gov)

*This institution is an equal opportunity provider.*



# EFA 7 Form (7/21)

**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.**

Print Name (Clients)	Address (Include 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: \_\_\_\_\_

# INCOME GUIDELINE (6/22)

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
2022 INCOME GUIDELINES  
EL PROGRAMA DE ASISTENCIA ALIMENTARIA DE EMERGENCIA (TEFAP)  
GUÍA DE INGRESOS PARA EL 2022**

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	\$2,661.38	\$31,936.50
2	\$3,585.71	\$43,028.50
3	\$4,510.04	\$54,120.50
4	\$5,434.38	\$65,212.50
5	\$6,358.71	\$76,304.50
6	\$7,283.04	\$87,396.50
7	\$8,207.38	\$98,488.50
8	\$9,131.71	\$109,580.50
Over 8 Más de 8 personas	Add \$924.33 each Añada \$924.33 por cada persona	Add \$11,092 each Añada \$11,092 por cada persona

*This institution is an equal opportunity provider.*

*Esta institución ofrece igualdad de oportunidades.*

# Program Eligibility/Income Guidelines

- 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/efapp/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)



1

- Alternate can pick up for recipient

2

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

3

- The site must attach form to EFA-7



# Alternate Pick up Form (6/22)

## ALTERNATIVE PICK-UP REQUEST FORM THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2022 INCOME GUIDELINES

Date: \_\_\_\_\_

TEFAP MAXIMUM INCOME		
HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$2,661.38	\$31,936.50
2	\$3,585.71	\$43,028.50
3	\$4,510.04	\$54,120.50
4	\$5,434.38	\$65,212.50
5	\$6,358.71	\$76,304.50
6	\$7,283.04	\$87,396.50
7	\$8,207.38	\$98,488.50
8	\$9,131.71	\$109,580.50
Over 8	Add \$924.33 each	Add \$11,092 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 \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Number of people in household \_\_\_\_\_

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# 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 – 2<sup>nd</sup> quarter claim due April 30
- Apr 1 through June 30 – 3<sup>rd</sup> quarter claim due July 31
- Jul 1 through Sept 30 – 4<sup>th</sup> 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

A summary of expenses must be submitted with this form.

REQUEST FOR REIMBURSEMENT OF EXPENSES		CDSS USE ONLY	
FISCAL YEAR:		CONTRACT #:	
PCA:		P.L. 98-62:	
A summary of expenses must be submitted with this form.			
1. ORGANIZATION:		2. COUNTY:	
3. ADDRESS (NUMBER, STREET):		(CITY, STATE, ZIP CODE):	
4. TELEPHONE: (     )	5. PROGRAM: MPP	9. EXPENSES PERIOD: <input type="checkbox"/> OCT-DEC <input type="checkbox"/> JAN-MAR <input type="checkbox"/> APR-JUN <input type="checkbox"/> JUL-SEP	
6. DATE/MONTH PAID	7. PAID TO	8. PURPOSE	9. AMOUNT
TOTAL THIS PAGE ONLY			\$0.00
10. TOTAL QUARTERLY EXPENSES			\$0.00
CDSS USE ONLY			
ADJUSTMENT			
ADJUSTMENT			
SUBTOTAL			
LESS CASH ADVANCE			
AMOUNT TO BE PAID			
REMAINING UNLIQUIDATED CASH ADVANCE			
CDSS USE ONLY			
REVIEWED BY:			DATE:
APPROVED BY:			DATE:
DATA POSTED TO ACCOUNT RECORD BY:			DATE:

## 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**

