



feeding lives together

2021-2022

TEFAP/USDA Annual Training

Today's Topics Include:

Overview of
USDA/TEFAP

How is the
program
administered?

COVID-19
Precautions &
Exceptions

Who can receive
TEFAP food?

How often can
clients receive
TEFAP?

What paperwork
is required?

County
Guidelines

What should we
have posted?

What should we
do if food is
damaged, stolen,
lost or spoiled?

How can my
agency order
TEFAP?

TEFAP storage
guidelines

Public Notice

How & when to
report?

Training

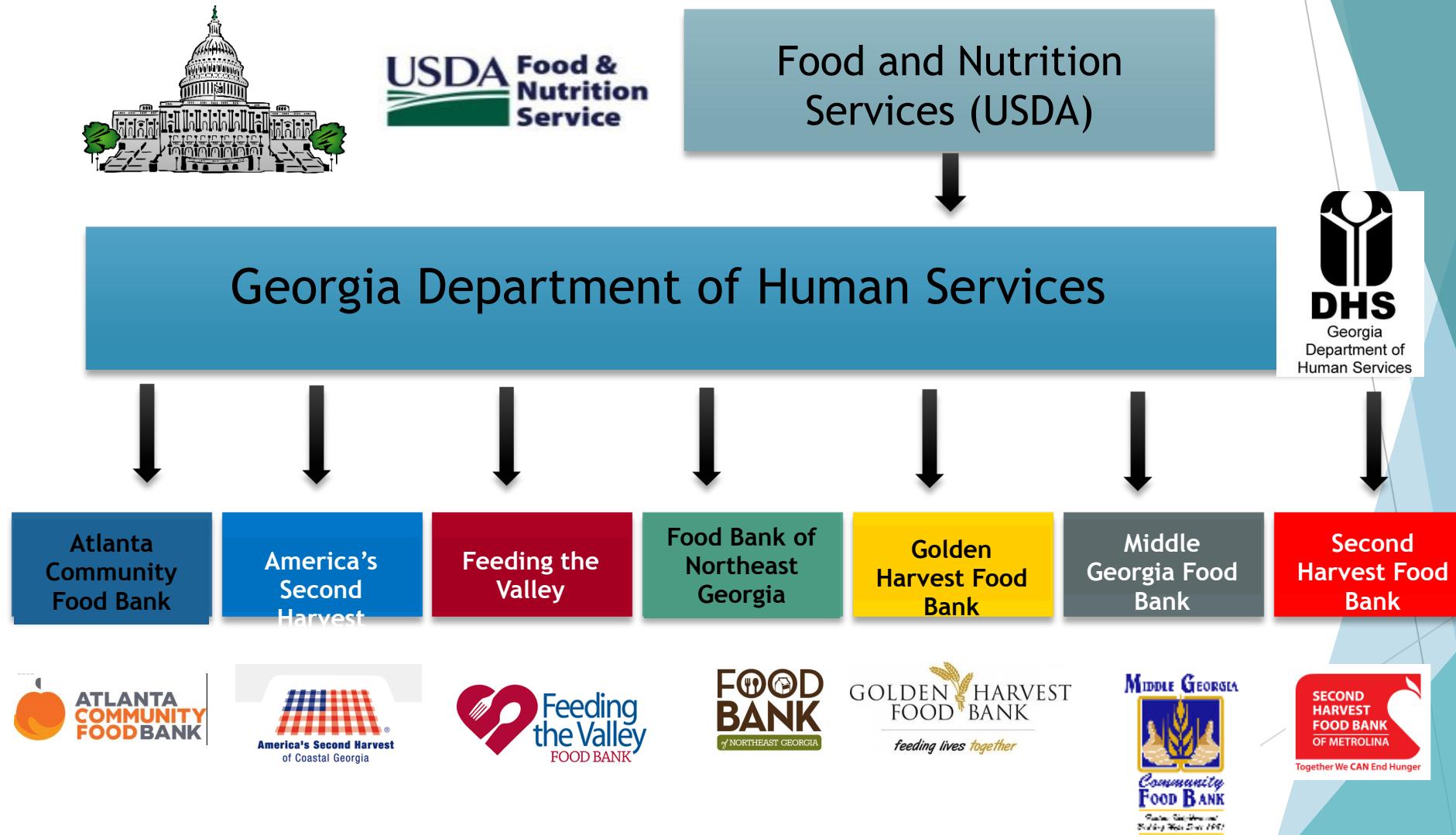
Questions &
Answers

Overview

The Temporary Emergency Food Assistance Program (TEFAP) was first authorized in 1981 to distribute surplus commodities to households. The name was changed to The Emergency Food Assistance Program under the 1990 farm bill. The program was designed to help reduce Federal food inventories and storage costs while assisting the needy

This program falls under the umbrella of the United States Department of Agriculture (USDA)

Who is involved in administering TEFAP?



COVID-19 Precautions & Exceptions

- ▶ Wearing masks and practicing safe social distancing is a requirement for distributing food
- ▶ We strongly encourage a drive thru method or limit the number of clients that are in your facility at one time
- ▶ We have information on safe distributions available on our website
<https://goldenharvest.org/our-impact/partnerships/community-partners/>
- ▶ During the pandemic we have been granted the ability to complete the application on behalf of the client by verbally asking the information and inputting COVID-19 in the signature block

Who can receive TEFAP Food?

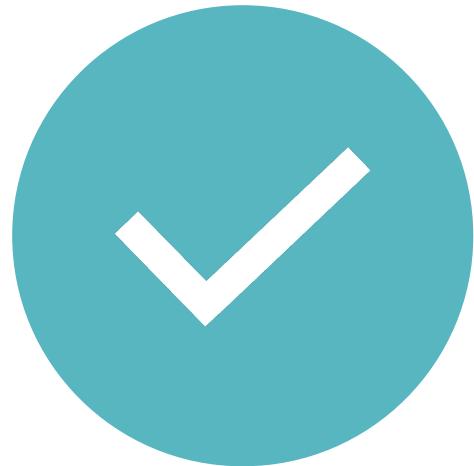
Community Partners

- ▶ TIER 1 agencies may receive any available TEFAP product to distribute to clients
- ▶ TIER 2 agencies may receive produce and milk to distribute to clients in their program(s)
- ▶ All Community Partners must go through training and complete a TEFAP agreement
- ▶ TEFAP cannot be sub-distributed to other partners and or individuals not affiliated with Golden Harvest Food Bank

Clients

- ▶ Any client that meets the income guidelines can be served TEFAP food
- ▶ Resides in GA in a county within Golden Harvest service area

How often can a client receive TEFAP food?



AT LEAST ONCE EVERY 30 DAYS
THERE IS NO LIMIT ON HOW OFTEN A
CLIENT MAY RECEIVE FOOD



CLIENTS MAY ALSO RECEIVE FOOD AT
EACH DISTRIBUTION IF THIS IS THE
POLICY OF YOUR AGENCY

What paperwork is required?

The Emergency Food Assistance Program (TEFAP) Application

The Emergency Food Assistance Program (TEFAP)
Household Eligibility Criteria Form

Distribution Date _____

Distribution Site: _____

Name: _____

Number of people in household: _____

Address _____

County: _____

Phone Number _____

This table shows monthly and weekly income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

Household size	Monthly income	Weekly income
1	\$1,598	\$322
2	\$1,688	\$435
3	\$2,370	\$549
4	\$2,871	\$602
5	\$3,983	\$776
6	\$3,855	\$689
7	\$4,347	\$1,003
8	\$4,830	\$1,116

Each add'l member add \$492 add \$ 120

I certify that my gross household income is at or below the income listed for the number of people in my household on this form. I certify that I live in the area served by The Emergency Food Assistance Program.

(Signature of Head of Household)

(Date)

Authorized Representative:

I hereby authorize _____ (Please Print)

to pick up food for my household.

 Signature of Head of Household

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the USDA office that provides the program. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ars.usda.gov/pls/complaint_form.html, and/or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 638-3670. Submit your completed form or letter 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. 20250-9412; (2) fax: (202) 690-7442; or (3) email: serw@usda.gov. This institution is an equal opportunity provider.

Commodity Distribution Record

Total Items received _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (1-800-795-3272 or 202-720-6382 (TTY)). USDA is an equal opportunity provider and employer.

The Emergency Food Assistance Program (TEFAP) Application

The Emergency Food Assistance Program (TEFAP)
Household Eligibility Criteria Form

Distribution Date _____	Distribution Site: _____
Name: _____	Number of people in household: _____
Address: _____	County: _____
Phone Number: _____	

This table shows monthly and weekly income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

Household size	Monthly income	Weekly income
1	\$1,398	\$322
2	\$1,688	\$435
3	\$2,379	\$548
4	\$2,871	\$602
5	\$3,393	\$778
6	\$3,855	\$889
7	\$4,347	\$1,003
8	\$4,839	\$1,116

Each add'l member add \$492 add \$120

I certify that my gross household income is at or below the income listed for the number of people in my household on this form. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

(Signature of Head of Household) _____ (Date) _____

Authorized Representative: _____
I hereby authorize _____ (Please Print)
to pick up food for my household.

Signature of Head of Household _____ Date _____

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- ▶ The application must be completed in its entirety
- ▶ P.O. Box numbers are prohibited
- ▶ Do not circle, check, or make notations in the income chart
- ▶ Total in household must includes the client completing the form
- ▶ Volunteers are required to ask if the client is at or below the income for their household size
- ▶ Information the client provides is self-declared
- ▶ Due to COVID-19 you may write the clients name in the signature block or the word COVID-19 where applicable. Please indicate one or the other each time a client receives food.
- ▶ Authorized Representatives remain optional to your agency preference
- ▶ Be sure to use the current application that ends **September 2022**
- ▶ Agencies that use TEFAP to cook and serve clients do not have use an application. However, they will need to utilize a menu that designates whether TEFAP was used in the meal.

Commodity Distribution Record

- ▶ This form should be completed prior to the start of your distribution.
- ▶ The purpose is to document TEFAP items that were given to clients in the event of a recall & to ensure all clients have equal access to TEFAP commodities.
- ▶ Agencies that serve clients based on household size will need to have a chart for volunteers to go by.
- ▶ Agencies that operate on a client choice model will need to ensure clients have the same options available to them.
- ▶ Agencies that use TEFAP in meal preparation will need to have a method of tracking which items were used in their meal preparation.

County Guidelines



If your agency serves multiple counties, you may serve the client TEFAP commodities even if they do not reside in your county of service.

Clients must live in **Georgia** & within Golden Harvest service area.

Community Partners may opt to serve only the county of the agency.

Note: This does not apply to sponsored Mobile Food Distributions

Golden Harvest serves the following Georgia counties:

Burke

Columbia

Elbert

Emanuel

Glascock

Greene

Hancock

Jefferson

Jenkins

Johnson

Lincoln

McDuffie

Putnam

Richmond

Screven

Taliaferro

Warren

Washington

Wilkes

What should we post at our agency?

- ▶ Justice for All poster
- ▶ Notice of Beneficiary Rights
(Religious Organizations Only)
- ▶ Hours of Operation
- ▶ TEFAP labels in storage area(s)

Justice for All



Notice of Beneficiary Rights

The Emergency Food Assistance Program (TEFAP) – Written Notice of Beneficiary Rights

Name of Organization: Happy Food Pantry

Contact Information for Program Staff: Name: Jane Doe

Phone Number: (706) 867-5309

Email Address: jdoe@happyrus.org

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

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in TEFAP or receive services from TEFAP, as required by 7 CFR part 16.

Alternate Service Location(s) or State Agency Contact Information:

Name of Organization and Contact Person: Golden Harvest Food Bank

Phone Number: 706-736-1199

Email Address: krobinson@goldenharvest.org

This Institution is an Equal Opportunity Provider

Discarding Product

All occurrences of loss, damaged, or spoiled product must be reported to the food bank within **3 days**

The Commodity Loss Form is available on our website

Commodity Loss Form



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Commodity Loss Form

Please use this form to record all TEFAP/USDA product that your agency throws away.

Include pictures and or video of the items that were discarded.

Date of occurrence: _____

Agency Name:	Agency No: (5-digit number assigned to your agency by Golden Harvest Food Bank)
Street Address:	City, State, Zip Code:
County:	Phone Number:

Type of Loss	
A. Adjustment to Inventory	F. Theft or Fire (No Police Report)
B. Contamination	G. Missing from sealed carton
C. Infestation	H. Damaged by worker
D. Freezer/Refrigerator Failure	I. Already damaged when removed
E. Theft or Fire (Police Report)	K. Spoilage, mold, etc.

List all items that were damaged/spoiled.

Commodity Name	Item No.	Type of Loss

Damaged Item(s) - Storage Conditions <i>Check all that apply</i>		Refrigerator/Freezer Failure <i>Complete the section if loss was related to refrigerator/freezer failure</i>
Palletized		Temperature of storage area at the time of loss: _____
Shelves		Date of last temperature check: _____
Dry		Frequency of temperature check(s): _____
Freezer		Has the appliance been serviced by a certified technician? Yes _____ No _____
Refrigerator		If yes, please provide documentation including cause of appliance failure.
		Will a new appliance be purchased in the future? Yes _____ No _____
		If yes, when purchased please provide documentation so we can update our records.



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Infestation |Contamination – Spoilage

Complete the section if loss was related to an infestation, contamination, or spoilage

Insects: _____

Rodents: _____

Other:(Explain) _____

Name of Exterminator: _____

Frequency of Extermination: _____

Date of last treatment: _____

(Attach a copy of exterminator report)

Theft / Fire

Complete the section if loss was related to a theft or fire

Forced Entry Yes _____ No _____ Locks/Alarms Yes _____ No _____

Insured for Theft Yes _____ No _____ Police Informed Yes _____ No _____

How did you ensure final destruction of commodity?

Was the trash receptacle used located at your agency? Yes No

If no, what is the address of where the dumpster was located:

Agency Representative Signature _____ Date _____ Witness Signature _____ Date _____

Disposing damaged products include the following:

- Take pictures and or video of the product before and after disposal
- Pour bleach over the product once it is in the trash compactor
- Document any repairs done to the refrigerator and or freezer to make the appliance operable
- Document whether the appliance was discarded or removed
- All documentation should be dated and witnessed at the time of the occurrence

Ordering TEFAP

- ▶ TEFAP commodities will always begin with the number 6 in the item number
- ▶ GA will be the acronym in front of each TEFAP item
- ▶ Remember to use the commodity number and name on the

6280724	GA APPLES, FRESH 12/3 LB
6234259	GA BEANS, BABY LIMA DRY 12/2 LB. BAGS 100378 / A912
6234261	GA BEANS, VEGETARIAN CANNED 24/300 100363 / A090
6057250	GA CEREAL, TOASTY OS 12/14 OZ. 100929
6078244	GA CHEESE, MILD CHEDDAR SHREDDED 6/2 LB 110843
6154587	GA CHICKEN, LEG QUARTERS 4/10 LBS 110094 / A492

Storage Guidelines

All storage areas containing product obtained through GHFB should be locked, safe, and secure

Label all areas containing TEFAP food to include frozen and refrigerated product

Appliances that contain TEFAP and Non-TEFAP items should display the TEFAP contents on the outside of the appliance

Staff and Volunteers should easily be able to identify TEFAP items in storage areas

Training

Train all staff and volunteers annually

Train new team members prior to their TEFAP distribution experience

Any change in leadership should be reported to GHFB to ensure a smooth transition



SAMPLE HELPING HANDS FOOD PANTRY

Do you have a friend, neighbor or family member who could use help with their groceries? The Helping Hands Food Pantry provides free food for members of the Hancock County community.

8am - 12 Noon
2nd, 3rd & 4th Tuesdays
of each month

75 L.S. Ingraham Rd.
Sparta, Georgia 31087

A valid ID will be needed to fill out the short application. Volunteers will be available to help.



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Public Notice

Public Notification



SAMPLE

We welcome everyone that is in need of food!

Come join us 9:30am – 2:00pm Wednesdays and Thursdays.

We are located at 1959 Appling-Harlem Road, Appling, GA 30802

Please bring a photo I.D. for all family members over 18. For children, please bring either DFAC referral, school progress report or WIC voucher.

If you have any questions call (706) 541-2834

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- ▶ Community Partners are required to notify the public once a year
- ▶ Public Notices must include the Non-Discrimination Statement
- ▶ Examples of notifications include:
 - ▶ Flyer
 - ▶ Newspaper article
 - ▶ Radio
 - ▶ News
 - ▶ Social Media





How should I report this
data?

All reports are due by the 1st of each month for the previous month's totals.

Example: May's report is due by June 1st

The total families & total people should match the USDA total families and total USDA people.

The exceptions are:

- If the client was not eligible
- You ran out of USDA/TEFAP
- You did not serve USDA/TEFAP at every distribution

Food Pantry

1. Total number of Families served this month at your pantry 6
2. Total number of People in the households you served 29
3. Total number of Families that received USDA product 5
4. Total number of People in the Families that received USDA product 26
5. Total number of Seniors (60+) served at your pantry 6
6. Total number of Children (under 18) served at your pantry 12

I have verified that my agency name and all information is correct YES

Submit Report

Daily Log Sheet						
Client Name	# in Family	# over 60	Under 18	USDA Family	USDA Total in Family	
						Name: Happy Pantry
						Date: May 12th
1 Jane Doe	7	2	4	1	7	
2 A'maziah Dunbar	3	0	1	1	3	
3 Anthony Moore	5	1	2	1	5	
4 Sara Jones	1	0	0	1	1	
5 Tisha Howard	10	2	5	1	10	
6 John Doe	3	1	0	0	0	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total Count		29	6	12	5	26

2021-2022

TEFAP/USDA Agreement

Contract / Agreement to Participate in USDA/TEFAP FY 21-22

Agency Name:	County
Agency Address:	City, State, Zip

To participate in USDA/TEFAP services, please continue below:

The agency as listed above and the undersigned representative agree with and understand the rules and regulations as outlined in the USDA/TEFAP training manual. We agree to provide adequate facilities for the handling, storage, and distribution of commodities and properly safeguard the commodities against theft, spoilage, or other loss. Commodity foods shall not be sold, exchanged, or otherwise disposed of without the approval of the Golden Harvest Food Bank.

We understand that violation of the rules and regulations may result in a termination of our agreement to access USDA/TEFAP Product. Our signature below indicates that we will agree to these terms:

1. We will abide by all USDA/TEFAP rules and understand that termination of the program may be made by our agency or the Food Bank upon 30 days written notice.
2. We understand that we must agree to operate the program in accordance with the requirements of CFR 250 part 7 and CFR 251 part 7 and to operate the program in accordance with any policies set in place by the *State Distributing Agency (SDA)*.
3. We agree to notify the Food Bank if our physical address changes from that listed above.
4. We declare that our agency will not charge recipients (clients) for receipt of commodities.
5. We also declare that our agency will not solicit donations from recipients for receipt of commodities.
6. We agree to only distribute commodities to recipients deemed eligible by the eligibility income guideline scale established by the state and provide TEFAP to residents in Georgia only
7. We will adhere to the record keeping requirements as established by the state which include, but are not limited to, maintaining accurate and complete records to document the receipt, disposal, and distribution of commodities, and maintaining all records related to TEFAP for a minimum of 3 years.
8. We will allow reviews or audits to be conducted by state, USDA and the Food Bank or any authorized representative.
9. We will mandate that all instances of loss of commodities must be promptly reported to the Food Bank.
10. We will ensure program benefits and participation are made available to all persons and provided to all eligible individuals without regard to their *race, color, national origin, age, sex or disability*.
11. We agree to train all staff and/or volunteers, on a yearly basis, on Civil Rights and keep a record of when the training was done. This should include a sign-in sheet of all persons that attended the training.
12. We agree to provide a one-time per year public notification including the nondiscrimination statement.

Agency Signature _____ Date _____

GHFB Staff Signature _____ Date _____



Kimberly Gowdy
Community Impact Coordinator

Area Served

Columbia, Emanuel, Glascock, Hancock, Lincoln, McDuffie, Putnam, Richmond – 30904, Richmond – 30906, Taliaferro, Warren, Washington, Wilkes.

Phone: 706.736.1199 ext. 219

Email: krobinson@goldenharvest.org



Tammy Wimmer
Community Impact Coordinator

Area Served

Burke, Elbert, Greene, Jefferson, Jenkins, Johnson, Richmond – 30815, Richmond – 30901, Richmond – 30903, Richmond – 30907, Richmond – 30909, Richmond – 30919, Screven.

Phone: 706.736.1199 ext. 208

Email: twimmer@goldenharvest.org

