



TEFAP/USDA Training

What is TEFAP?

- The Emergency Food
 Assistance Program
 (TEFAP) helps
 supplement the diet of
 low-income persons, by
 providing groceries or
 meals at no cost to the
 recipient.
- It's one of four food streams Golden Harvest Food Bank provides to partner agencies.







Food and Nutrition Services (USDA)















































Which Agencies Are Eligible for TEFAP?

Tier 1 (First Priority)

- Food Pantries
- Soup Kitchens
- Emergency Centers

Available Foods: Produce, Dairy, Meat, and Shelf-Stable Items

Tier 2 (Second Priority)

- Rehabilitation Centers
- After-School Programs
- Residential
- Any agency catering to a specific target group.

Available Foods: Produce & Dairy



Who Can You Serve?

Income Eligible Clients

- Clients that meet the income guidelines listed on the TEFAP Application.
- New income guidelines will be available

October

Household	Monthly	Weekly
size	income	income
1	\$1,383	\$319
2	\$1,868	\$431
3	\$2,353	\$551
4	\$2,839	\$655
5	\$3,324	\$767
6	\$3,809	\$879
7	\$4,295	\$991
8	\$4,780	\$1,103
Each add'l mem	ber add \$485	add \$ 120

GA Residents

 Clients must reside in our 19 GA Counties:



Available Foods through TEFAP:

- USDA/TEFAP
 food's order
 number will
 always begin
 with the #6 on
 the ordering
 website.
- The product name will always start with GA.
- SMF \$0.00 \$0.16 cents per pound.

<u>6231024</u>	GA ALMONDS, DRY ROASTED 12/2 LB. 100393	CASE	2.40
6237800	GA BEANS, BLACK 24/300 110020	CASE	2.70
6230841	GA BEANS, LIGHT RED KIDNEY DRY 12/2 LB 100385 / A920	CASE	0.00
6235874	GA BEANS, PINTO CANNED 24/300 CANS 110021 / A049	CASE	2.70
6234129	GA BEANS, PINTO DRY 12/2 LB. BAG 100382 / A914	CASE	0.00
<u>6234261</u>	GA BEANS, VEGETARIAN CANNED 24/300 100363 / A090	CASE	2.82
6068763	GA BEEF CHILI, WITH NO BEANS 24/24 OZ. 100138	CASE	3.70
6069251	GA BEEF STEW, 24/24 OZ. 100526 / A590	CASE	4.30
6159310	GA BEEF, CANNED 24/24 OZ 100127	CASE	3.60
6275200	GA BLACKEYED PEAS, CANNED 24/15 OZ 100367 / A062	CASE	2.80
6109433	GA BLUEBERRIES, DRIED 8/2 LB	CASE	1.70
6051038	GA CEREAL, CRISPY HEXAGONS 14/12 OZ.	CASE	1.10

6279015	GA PEAS, GREEN SPLIT DRY 12/2 LB. 111055	CASE	0.00
6278592	GA PEAS, YELLOW SPLIT DRY 12/2 LB. 111057	CASE	0.00
6276977	GA POTATOES, INSTANT MASHED 12/16 OZ. 100337 / A196	CASE	0.00
6158258	GA SALMON, CANNED 24/14.75 OZ. 100198 / A802	CASE	2.70
6263059	GA SAUCE, TOMATO 24/15 OZ. 100333	CASE	0.00
6061011	GA SOUP, VEGETABLE 24/10.25 OZ. 100321	CASE	0.00
6061506	GA SOUP, VEGETARIAN VEGETABLE 24/10.5 OZ. 100321	CASE	0.00
6151038	GA TURKEY HAM, SLICED SMOKED 8/5 LB. 110911	CASE	4.00

TEFAP Check List

 This federal program requires partner agencies to adhere to and keep the following items on file:

- Updated TEFAP Form 832 (Food Pantry Only)
- Commodity
 Distribution Record
 (Food Pantry Only)
- Menu: USDA/TEFAP (On-Sites Only)
- Report totals by the 1st of the month

- Labels for dry and frozen storage areas
- And Justice for All poster
- Notice of Beneficiary Rights (Faith Based Organizations Only)
- Public Notification (Annually in October)



TEFAP Application

- Your agency may choose to use one application per visit or opt to have the client to fill one application annually and sign the back of the form each visit.
- Electronic versions are also permitted, providing they have the proper wording and signing options.



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

Distribution	on Date			Distribution Site:		
Name:					Number of peop	le in
Address:	Number	Street Name	(No P.O. Box)		household:	
	City	State	Zip		Over 60 Under 18	(PUT 0 IF NONE; DO NOT LEAVE BLA
Phone Nu	<mark>mb</mark> er	() (F	PUT NA IF NO PHONE)	<u>. </u>	County:	

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	\$1,383	\$319
2	\$1,868	\$431
3	\$2,353	\$551
4	\$2,839	\$655
5	\$3,324	\$767
6	\$3,809	\$879
7	\$4,295	\$991
8	\$4,780	\$1,103
Each add'l mem	ber add \$485	add \$ 120

I certify that my gross household income is <u>af or below the income</u> 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	
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 retailation for prior civil rights action 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, audiolape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8338. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and 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 (865) 632-9992. Submit your completed form or letter to USDA by; (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Clights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Form	832	Rev	9/	2	0

For use from October 1, 2020 - September 30, 2021

Thank you for visiting a Golden Harvest Food Bank Partner Agency. Together, with your local food pant we are proud to supplement your nutritional needs at no charge, donation, or obligation of volunteer services.

Applicants must sign each time food is received.

Date Served	Applicant Signature	Date Served	Applicant Signature
		1	
		-	

Commodity Distribution Record

- This record serves as a menu of items provided to households.
- Only one record is required per distribution.
- Be sure to include the commodity number, name, and units provided per household.



TEFAP Commodity Distribution Record

Distribution Site	Distribution Date	
Distribution Site Address:	Distribution Time:	

Commodity Type / Gode	Commodity Name	Units per Household III	Commodity Type J Code	Commodity Name	Units per Household
6061506	VEGETARIAN VEGETABLE SOUP	2 1	Si .		-
6069251	BEEF STEW	2 10	6		
6107827	APPLESAUCE	2 10			
6145006	ORANGE JUICE	1	9		_
6159092	CHICKEN BREAST CHUNK	2	e e e e e e e e e e e e e e e e e e e		
6217730	SPAGHETTI PASTA	1 65	4		
6230841	DRY DARK RED KIDNEY BEANS	1 2			_
6234129	DRY PINTO BEANS	1 1			_
6263059	TOMATO SAUCE	2			
6275200	CANNED BLACKEYED PEAS	2			
6276977	INSTANT MASHED POTATOES	1 2			1
6278592	DRY YELLOW SPLIT PEAS	198			
		1			
		1			-
		- 20			

Menu (On-Sites Only)

- Any item
 included in the
 meal that
 contains
 USDA/TEFAP will
 be counted as a
 meal.
- If USDA/TEFAP is not used in the meal, do not include that meal in the TEFAP section of your meal report.

May	12th	
USDA/TEFAP	Yes	No
Chicken	X	
Macaroni & Cheese	X	
Green Beans		
Peach Cobbler		
Sweet Tea		

Reporting:

- The total number & total people should match the USDA total families and total USDA people.
- Exceptions include:
 - If the client was not eligible.
 - You ran out of USDA/TEFAP.
 - You did not serve USDA/TEFAP at every distribution

y		
7		

Food Pantry	
1. Total number of Families served this month at your pantry	50
2. Total number of People in the households you served	100
3. Total number of Families that received USDA product	50
4. Total number of People in the Families that received USDA product	100
5. Total number of Seniors (60+) served at your pantry	25
6. Total number of Children (under 18) served at your pantry	10

Storage Requirements and frozen TEFAP storage areas.

Maintain & record temperature logs

Dry Storage Range: 50-70 degrees.

Refrigerator storage range: 36-41 degrees.

Frozen storage rand: 0 degrees





Temperature Log

Record temperatures at least once per week.

This form is to be posted on each refrigerator and freezer containing food from Golden Harvest Food Bank.

Temperature control logs should be retained for three years.

Refrigerators and freezers should be cleaned/defrosted, at a minimum, on a quarterly basis and as needed.

<u>Freezer temperature</u> should be below zero (0°) Fahrenheit Refrigerator temperature should be between 32° – 40° Fahrenheit

Agency Name	Agency Number
Refrigerator Freezer #	_Location/Unit Description

Date	Refrigerator Temperature	Freezer Temperature	Time	Initials
	remperature	remperature		
				
		<u> </u>		
				
Date	Refrigerator Cleaned	Freezer Defrosted	Time	Initials

Commodity Loss

- damaged, or spoiled product must be reported to the food bank within 3 days.
- When disposing product:
 - Fill out a commodity Loss
 Form and contact your
 coordinator.
 - Take pictures of video of the product before and after disposal.
 - Pour bleach over the product once it is in the trash.



feeding lives together

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 occu	ırrence:
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:

		Туре	of Los	s
	A.	Adjustment to Inventory	F.	Theft or Fire (No Police Report)
	B.	Contamination	G.	Missing from sealed carton
ſ	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 Check all that apply	Refrigerator/Freezer Failur	<u>e</u>
Palletized	Complete the section if loss was related to refrig	erator/freezer failure
	Temperature of storage area at the time of loss:	
Shelves	Date of last temperature check:	
Dry	Frequency of temperature check(s):	
	Has the appliance been serviced by a certified technician?	Yes No
Freezer	If yes, please provide documentation including cause of app	liance failure.
	Will a new appliance be purchased in the future?	Yes No
Refrigerator	If yes, when purchased please provide documentation so v	ve can update our reco

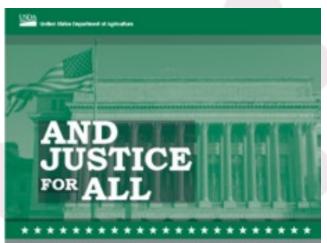


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	Infestati	ion Contaminatio	on – Spoilage	
Complete the	section if loss v	was related to an infe	estation, contamination, or spoilage	
Insects:				
Rodents:				
Other:(Explain)				
Name of Exterminator:				
Frequency of Extermination	1:			
Date of last treatment:				
	(Attac	ch a copy of extermin	nator report)	
		Theft / Fire		
	Complete the	section if loss was re	lated to a theft or fire	
Forced Entry Ye	es No	_	Locks/Alarms Yes	No
Insured for Theft Ye	es No	_	Police Informed Yes	No
How did you ensure final d	estruction of	commodity?		
Was the trash receptacle u	used located	at your agency?	Yes No No	
If no, what is the address of	of where the	dumpster was loo	cated:	
Agency Representative Sig	gnature	Date	Witness Signature	Date



What Should Be Posted?



If accordance with Problem for any U.S. Department of Aprillative Autobio and regime requirement and problem. This resistance is provided their condiminating on the cases amount code, redistrationing in sea, e.g., diseasely, see regimes or redistrative for prior out-rights activity. See all professionasses apply to all programms.

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This institution is an equal opportunity provided

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GEORGIA DEPARTMENT OF BUMAN SERVICES.

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

Name of Organization:

Contact Information for Program Staff: Name:

Phone Number:

Other Contact:

Because TEFAP is supported in whole or in part by financial assistance from the Federal

Become LEFAP is supported in waste 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 orfer you to an alternate provides 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.fis.uofs.gov/fide/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.fas.uofa.gov/fas-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.

State Agency Contact Information

Georgia Department of Human Services TEFAP Coordinator
Phone Number: (404) 463-8042
Email Address: Georgia TEFAP@dhs.ga.gov

This Institution is an Equal Opportunity Provider

Only applicable for Faith- Based Organizations

TEFAP





Label needed on all dry and frozen TEFAP storage areas.

Public Notification:

- must provide public notification that includes the nondiscrimination statement found on the And Justice for All poster.
- These can include:
 - Social media posts
 - Fliers





Partner Agency Information

Agency Name Agency Name Agency Name
Agency Name Agency Name

Address, City, State Zip Code

Hours of Operation

Day, Tin	ne	Day, Time
Day, Tin	ne	Day, Time
Day, Tin	ne	Day, Time
Day, Tin	ne	Day, Time
Day, Tin	ne	Day, Time
Day, Tin	ne	Day, Time

USDA Nondiscrimination Statement

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and 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) 632-9992. 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. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



FAQ Recap?

- Can families with children receive both TEFAP/USDA & GNAP?
 - Yes.
- Are we still allowed to use COVID-19 in the signature block of the TEFAP/USDA For 832?
 - Yes, we continue to be granted this exception throughout the duration of the COVID-19 Pandemic.
- Do we ask for income verification?
 - Yes. Each client will need to verbally be asked if they are at or below the income bracket for their household. Note: This does not apply to agencies that cook meals.

- Are we allowed to serve residents outside of our county?
 - Yes, if the client resides in Golden Harvest's service area in GA.
- Can we serve TEFAP more than once a month?
 - Yes. Contractal requirements are that an approved agency must serve USDA/TEFAP a minimum of 1 time each month. An agency may serve a client TEFAP as often as their budget permits.
- We lost product, what should we do?
 - Utilize the Commodity Loss Form and report the loss within 3 business days.





TEFAP/USDA Questions?