

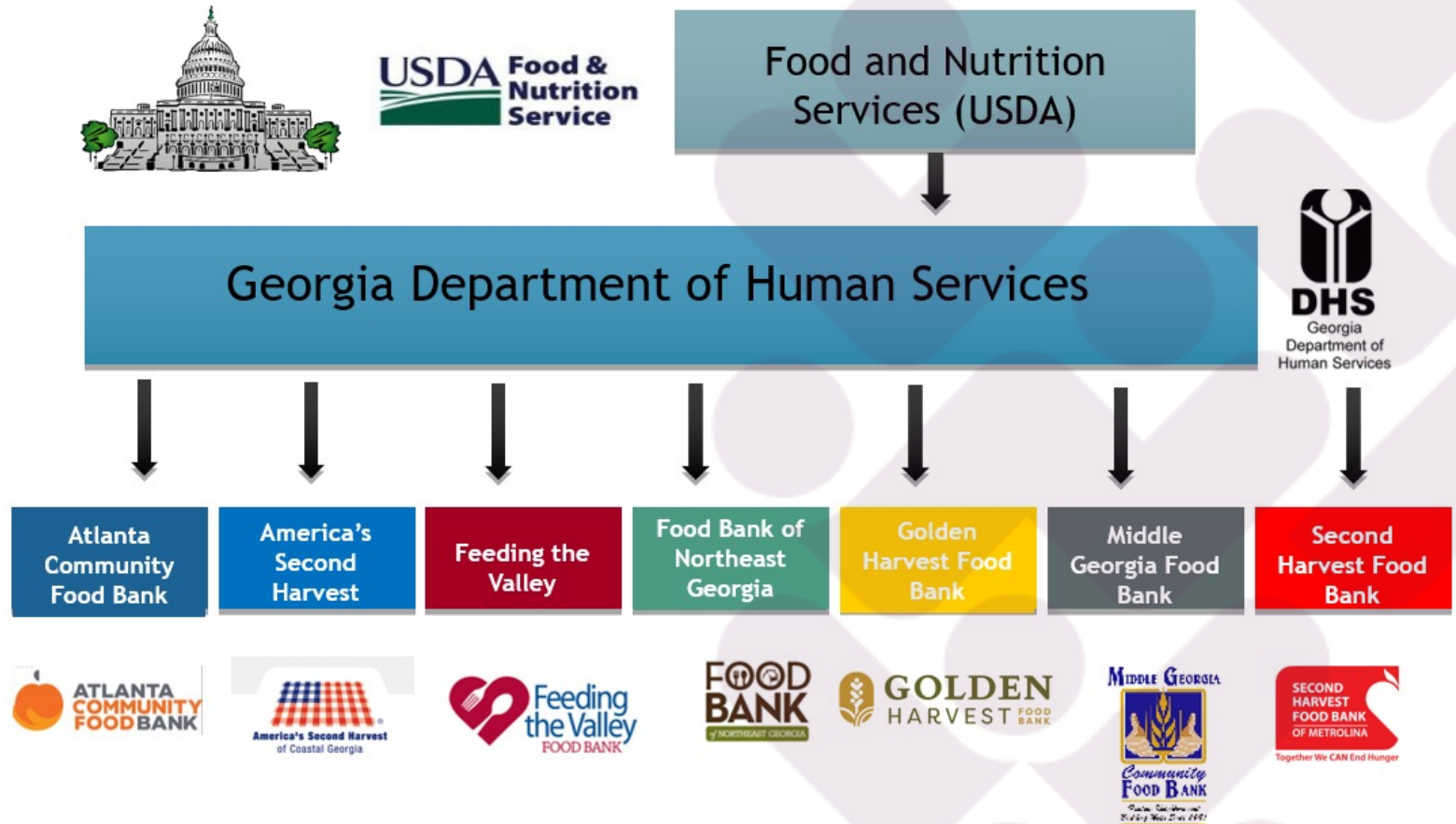


GOLDEN
HARVEST **FOOD**
BANK

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.





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 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 member 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.



6231024	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
6234261	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)



- 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.



Thank you for visiting a Golden Harvest Food Bank Partner Agency. Together, with your local food pantries, 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.

[illegible]

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 / Code	Commodity Name	Units per Household	Commodity Type / Code	Commodity Name	Units per Household
6061506	VEGETARIAN VEGETABLE SOUP	2			
6069251	BEEF STEW	2			
6107827	APPLESAUCE	2			
6145006	ORANGE JUICE	1			
6159092	CHICKEN BREAST CHUNK	2			
6217730	SPAGHETTI PASTA	1			
6230841	DRY DARK RED KIDNEY BEANS	1			
6234129	DRY PINTO BEANS	1			
6263059	TOMATO SAUCE	2			
6275200	CANNED BLACKEYED PEAS	2			
6276977	INSTANT MASHED POTATOES	1			
6278592	DRY YELLOW SPLIT PEAS	1			

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



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:

- Label all dry and frozen TEFAP storage areas.
- Maintain & record temperature logs weekly.

- Dry Storage Range: 50-70 degrees.

Frozen storage rand: 0 degrees



Record temperatures at least *once per week*.

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

Agency Name _____ Agency Number _____

Refrigerator Freezer # _____ Location/Unit Description _____

[illegible]

Commodity Loss

- **Form** occurrences of 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.



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



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 _____



What Should Be Posted?



GEORGIA DEPARTMENT OF HUMAN 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 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/fnd-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.

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:

- Each October, agencies must provide public notification that includes the non-discrimination 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, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	Day, Time
Day, Time	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 & GNAF?
 - 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.



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TEFAP/USDA Questions?