

ANNUAL USDA COMMODITY FOOD SERVICE APPLICATION AND AGREEMENT BETWEEN REGIONAL FOOD BANK AND DISTRIBUTION SITE – FFY _____

TEFAP CSFP

SITE INFORMATION

AGENCY NAME _____
 CONTACT PERSON _____
 MAILING ADDRESS (No., Street) _____
 CITY _____ STATE _____ ZIP CODE _____
 DISTRIBUTION ADDRESS (No., Street) _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE NO. _____ FAX NO. _____ EMAIL _____

ELIGIBILITY INFORMATION

Note: A copy of your IRS determination letter must be attached and submitted with this form.

Applicant is a (check all that apply):

- Nonprofit Organization Public Institution Faith-Based Organization
- Provides Food Assistance to needy persons for household
- Provides Food Assistance to needy persons in the form of prepared meals
- Is not a Penal Institution or Correctional Institution which conducts Rehabilitation Programs

OPERATIONAL INFORMATION

Days and hours of operation per week: _____
 Average number of households in need of food per week: _____
 Number of food boxes provided during the past calendar year: _____
 Total number of meals provided during the past calendar year: _____

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 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) 877-8339. 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 (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.

This institution is an equal opportunity provider.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

PROGRAM REQUIREMENTS OF THE APPLICANT AGENCY: The Applicant Agency (Distribution Site) agrees that for each site listed on the site sheet of the application, it shall use United States Department of Agriculture (USDA) TEFAP CSFP commodities in accordance with USDA regulations contained in 7 CFR Parts 247, 250, 251, 253, and 254 and the Arizona Departments of Economic Security (ADES) policies and procedures and shall conform to the following requirements:

1. Provide TEFAP commodities free-of-charge to eligible individuals. Eligible individuals are low-income, with incomes at or below 185% of the Federal Poverty Level. No supporting documentation is required for income eligibility determination. Individuals receiving commodities will self-certify they meet the income guidelines via their signature in Link2Feed or by signing their names on the TEFAP Household Distribution Sign-In Sheet.
2. Provide CSFP commodities free-of-charge to eligible individuals. Eligible individuals are low-income, with incomes at or below 130% of the Federal Poverty Level. No supporting documentation is required for income eligibility determination. Individuals receiving commodities will self-certify they meet the income guidelines, by signing their name on either the paper or electronic CSFP Application for Benefits in Link2Feed.
3. Current income guidelines for TEFAP CSFP **must** be posted where it is visible to individuals.
4. Ensure completion of Link2Feed or Household Distribution Sign-in Sheet for TEFAP by individuals receiving commodities and/or ensure completion of the CSFP Application for Benefits (paper or electronic) by individuals interested in receiving commodities.
5. Length of residency or intent to remain in a geographic location must not be used as a criterion of eligibility.
6. Applicant agency will ensure that TEFAP food is distributed in fair share proportions per household size. A household of eight individuals should receive proportionally twice that of a household of four.
7. Ensure that ability to make a financial donation is not a condition for receiving commodities. Donations cannot be solicited from individuals presenting to receive commodities.
8. TEFAP distribution sites must be open to the general population. Sites that limit participation or attendance to only their members may not be TEFAP distribution sites.
9. Proof of household income shall not be required for an individual to receive commodities. Income eligibility is a self-declaration by individuals after reviewing posted current income eligibility guidelines. The distribution site may require further individuals' information for use with other programs. However, the individual shall not be denied food if they refuse to reveal any information that is not a requirement of USDA Code of Federal Regulations
10. If it is determined that a distribution site is collecting individual's social security numbers and/or requiring verification of household income this will be cause for the Regional Food Bank (RFB) to terminate the TEFAP CSFP agreement immediately.
11. Comply with the requirement of all state and federal regulations regarding nondiscrimination. Specifically, the program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.); the Arizona Disability Act, which prohibits discrimination on the basis of physical or mental disabilities; all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
12. All FNS assistance programs must include a public notification system. The purpose of this system is to inform applicants, participants, and potentially eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint.
13. Basic Elements of Public Notification. The public notification system must include the following three basic elements:
14. Program Availability. Each State agency, local agency, or other sub-recipient that distributes program benefits and services must take specific action to inform applicants, participants, and potentially eligible persons of their program rights and responsibilities and the steps necessary for participation.
15. Complaint Information. Applicants and participants must be advised at the service delivery point of their right to file a complaint, how to file a complaint, and the complaint procedures.
16. Nondiscrimination Statement. All information materials and sources, including Web sites, used by FNS, State agencies, local agencies, or other sub-recipients to inform the public about FNS programs must contain a nondiscrimination statement. It is not required that the nondiscrimination statement be included on every page of the program information Website. At the minimum, the nondiscrimination statement, or a link to it, must be included on the home page of the program information.
17. Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation.

The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials.

It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-0303; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. "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 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) 877-8339. 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 (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. This institution is an equal opportunity provider.

a. If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text that "This institution is an equal opportunity provider."

- 18. Must have a posted Client Grievance Policy and maintain and report information on discrimination complaints to the Regional Food Bank if any, and their resolutions.
- 19. Food and Nutrition Services (FNS) requires civil rights training for people involved in all levels of the administration of programs that receive Federal financial assistance. Staff and all frontline volunteers, such as individuals who regularly interact with program applicants and participants or determine eligibility must receive full civil rights training on an annual basis as outlined in FNS Instruction 113-1, Section XI.
- 20. Post "Justice For All" posters on site directly next to where the commodities are distributed and, for religious organizations operating CSFP, provide an individual written notice of beneficiary protections, including the right to be referred to another organization, to all applicants at the time that they apply for CSFP benefits.
- 21. Store and maintain food to allow for proper ventilation, with commodities stored off the floor and away from walls.
- 22. Store and maintain food at proper temperatures to prevent loss.
- 23. Ensure proper pest control measures are in place.
- 24. Immediately, upon discovery, report theft, loss, infestation or other spoilage of any commodities to the sub-distributing agency.
- 25. Conduct monthly inventories and complete and submit necessary reports.
- 26. Not request or accept more commodities than can be distributed in three (3) months.
- 27. Follow first in-first out inventory practices

No right or interest in this agreement shall be assigned or delegated without the written permission of the other party and the concurrence of the Arizona Department of Economic Security (ADES).

This agreement may be canceled upon (30) days' notice in writing by either party. Notwithstanding the foregoing, the Regional Food Bank may cancel this agreement immediately upon receipt of evidence that the terms hereof have not been complied with by the Applicant Agency.

Applicant Agency signing below certifies that the information provided herein is true and correct to the best of my knowledge and that my facility is in full compliance with all Federal, State, County and Local health codes and ordinances regarding food storage.

Agency Representative's Name (*print or type*)

Agency Representative's Title

Agency Representative's Signature

Date

By signing below, the Regional Food Bank has approved the CSFP USDA Commodity Food Service Application and Agreement as completed.

Regional Food Bank Representative's Name (*print or type*)

Regional Food Bank Representative's Title

Regional Food Bank Representative's Signature

Date

ASSURANCES

Check to Indicate You Have Read and Understand the Assurance Statement.

TEFAP CSFP

Each agency receiving USDA Foods for distribution is responsible for any loss resulting from improper distribution, or improper storage, care, or handling of USDA Foods.

Each agency receiving program funds is responsible for any misuse of program funds.

The CSFP applicant agency will provide, or cause to be provided, nutrition education to participants once per month as an attachment (e.g., a flyer or newsletter) to the distribution.

The CSFP applicant agency will provide information to participants on other health, nutrition, and public assistance programs, and make referrals as appropriate.

The CSFP applicant agency will distribute USDA Foods in accordance with the approved food package guide rate.

The CSFP applicant agency will take steps to prevent and detect dual participation.

The CSFP applicant agency will not subject any person to discrimination under the program on the grounds of race, color, national origin, age, sex, or disability.

By signing below, the Agency Representative certifies that they concur with the above assurances.

Agency Representative's Name *(print or type)*

Agency Representative's Title

Agency Representative's Signature

Date