USDA (TEFAP) Food Program Agreement

The Agency understands that in order to receive USDA food from Gleaners, it must adhere to the following:

☐ Agency agrees that it will not discriminate against any person in need of food.

☐ Agency will ensure that, on an annual basis, each staff person and volunteer interacting with program applicants and participants completes the Civil Rights Training (online or in person) before they begin to work with clients.
  o Annually, Agency will submit to Gleaners proof of trainings.
  o For infrequent volunteers, Agency will provide an abbreviated training during orientation.

☐ Agency will require clients to sign the USDA self-declaration form to receive USDA food items.
  o Agency will maintain these forms for a minimum of three years plus the current year, and will provide past sign-in sheets to Gleaners upon request.

☐ Agency will not collect social security numbers or require clients to provide income documentation in order to receive USDA/TEFAP food.

☐ Agency will maintain a language support plan to assist clients who speak a different language.

☐ Agency will maintain an outreach plan to create awareness of their program(s).

☐ Agency will distribute USDA food items within 90 days of receiving an order from Gleaners.

☐ When storing USDA food, Agency will have it clearly marked “USDA”, and distinguishable from other food items in storage.

☐ Agency will practice “First-in, First-out” (FIFO) inventory management.

If Agency is a faith-based or religious organization, it also agrees to adhere to the following:

☐ Agency agrees to post the Written Notice of Beneficiary Rights poster, provided by Gleaners.

☐ Agency will use the Beneficiary Referral Request form, in case clients request a referral to a different pantry. Agency will make a reasonable effort to refer the client to an alternate service provider.

___________________________________________________ ______________________
Agency Name

____________________________________________________________________________
Print Name and Title of Agency Representative

___________________________________________________
Agency Signature

__________________________________________
Date

This institution is an equal opportunity provider. __________________________
December 2017