Introduction

This application is for public or private nonprofit organizations in the state of Washington that are voted to be, by participating subcontractors, their county's Emergency Food Assistance Program (EFAP) contractor for the upcoming two-year contract period. Successful applicants will enter into a contract with the Washington State Department of Agriculture (WSDA) for the upcoming biennium. The contractor will administer subcontracts with one or more local organizations that are either a food bank that distributes food to food pantries and/or a food pantry that distributes foods directly to lower-income people.

Authorization

RCW 43.23.290 authorizes WSDA to administer the Food Assistance programs. Chapter 16-740 WAC outlines the rules for administering EFAP.

Fund allocation (Subject to availability of funds)

As of the release of this application, the Washington State legislature has passed a budget for the upcoming biennium. The next step will be for the Governor to review and finalize the budget. Estimated allocations are found in the EFAP 2021-2023 State & Federal County Allocations table on the FA website at: agr.wa.gov/services/food-access/hunger-relief-agency-hub/fa-forms-and-pubs. Once the budget has been signed, FA will provide contractors with a final allocation table. EFAP will be funded through both state and federal sources due to the federal COVID-19 relief package. Include the combined total for EFAP-State and EFAP-Federal for each fiscal year. These funds may be used by non-tribal contractors, food banks and food pantries for the purchase of food, including special dietary needs (SDN) foods, nutrition training, operational costs, equipment purchases, repairs, and limited administrative costs. Funds for the county-based food pantry program are allocated for each county according to the following formula:

- Each county shall receive a base amount of $10,000 each fiscal year.
- The remaining funds shall be distributed by each county’s percentage of the state’s population with incomes at or below 100% of the federal poverty guidelines based on the current 5-year average Census Bureau’s American Community Survey data.
- Any other program funds will be allocated at the time and for the purpose authorized by the Washington State Legislature.

Note: If the applicant wishes to apply for EFAP funding to provide food pantry services or food bank services, the applicant must enter into separate subcontracts for each activity.
Once the application is accepted (Contract is drawn up for signature)

Once the contract has been executed, the following items will be required:

- **10 days after contract execution:**
  - The applicant’s most recent audit report or Accounting System Verification Form (AGR-2206). There are some exceptions to this requirement.

- **30 days after contract execution:**
  - Registration of food pantries with 211.
  - Subcontractor dispute process policy in writing.
  - Insurance certificates and additional insured endorsements.

- **45 days after contract execution: (New contractors only)**
  - The applicant’s most recent audit report or Accounting System Verification Form (AGR-2206). This requirement applies to contractors who did not contract with WSDA in the previous biennium.

Assurances

The applicant hereby assures and certifies that it will comply with the regulations, policies, guidelines and requirements as they relate to acceptance and use of state of Washington funds for the Emergency Food Assistance Program (EFAP). Also, the applicant gives assurance and certifies with respect to the contract that the applicant:

1. If not a public agency, has been in operation as a 501(c)3 exempt nonprofit for at least one year prior to the beginning of the contract period and is registered as a nonprofit agency with Washington Secretary of State’s office. Churches and religious organization associated with a church are exempt from having to prove Secretary of State registration and 501(c)3 status.
2. Will maintain active registration in System of Award Management (SAM).
3. Will spend all funds in accordance with the contract and any amendments.
4. Has conducted the application process including the allocation of EFAP funds, in collaboration with food pantries at the local/county level and, therefore, ensures that EFAP funds shall be directed to areas of greatest need based upon data available in your service area’s county(ies). Minutes of the meeting with EFAP participants must be submitted with the application.
5. Can provide documented concurrence of the participating food pantries to serve as contractor for the service area’s counties.
6. At a minimum, can comply with the eligibility criteria for contractors as referenced in the EFAP Procedures Manual for Food Pantry Contractors and Subcontractors (AGR PUB 609-483).
7. Verify that its participating subcontractors meet the eligibility requirements.
8. Shall enter into biennial subcontracts with its food bank and food pantry subcontractors. Unless using the WSDA subcontract template without modification, the applicant must first obtain approval from WSDA. WSDA’s review for approval will be limited to assuring that the subcontract contains the minimal substantive terms that WSDA considers necessary for the EFAP.

Biennial meeting requirements

The current contractor must conduct a meeting regarding the distribution of EFAP funds for the next biennium prior to submitting the EFAP application. This meeting is mandatory for all food pantries and food bank distribution center subcontractors to receive EFAP funding as well as any agency considering being the lead contractor.

All participants, interested food pantries, and food banks must receive a meeting notification of the meeting and a copy of the required EFAP Subcontractor Biennial Meeting Handout (AGR PUB 609-460).
The following items must be submitted with the EFAP application:

Minutes from the Required County Meeting: Provide clear and detailed minutes of the meeting where participants selected any new food pantries, the contractor, food bank (if one), and allocations of funding in each EFAP budget category allowed for the coming biennium. Refer to the EFAP Subcontractor Biennial Meeting Handout (AGR PUB 609-460).

Minutes must include:

1. A copy of the meeting notification letter given to the food pantries and food banks.
2. Date(s) of meeting(s).
3. Purpose of meeting(s).
4. List of participants and organizations represented.
5. List of organizations not represented (Non-participating food pantries) Please indicate the date(s) they were notified of the meeting and the reason they are not participating. Only the following reasons will be accepted:
   a. Does not want to participate.
   b. Does not meet program eligibility requirements.
   c. Does not have adequate funding sources to meet the match.
   d. Cannot comply with program assurances.
   e. Did not respond to inquiries (note dates contacted).
   f. Duplication of services of current participating food pantries.
6. Summary of the following:
   a. Voting structure.
   b. Selection process including discussion points and final vote information:
      ▪ Were there any new food pantries added; include discussion points on possible duplication of service and whether current food pantries considered adding the new food pantry(ies);
      ▪ Lead contractor chosen;
      ▪ Food bank(s) chosen
   c. Agreed upon criteria for making funding allocations to the different EFAP budget categories; include important discussion points and outcomes of the votes for:
      ▪ Funding for the food pantries - include formula for allocating funding to each food pantry;
      ▪ Funding for the food bank(s);
      ▪ Funding for equipment purchases and capital improvements;
      ▪ Funding for special dietary needs food;
      ▪ A process for determining the use of future funding increases mid-biennium.
   d. If a multi-county contractor area, summary of discussion and vote on combining funding for region for the purpose of deciding how to allocate the EFAP funds.
   e. Other vote(s): This is your opportunity to discuss any other decisions that need to be made for your county. Addressing any concerns at the meeting can eliminate the need to vote throughout the year and allow for easier management of the EFAP contract for both the contractor and subcontractors.
      ▪ Some examples of optional decisions include but are not limited to:
         i. Alternatives to in-person meetings that require a vote during the course of the biennium (electronic voting, conference call, web meetings etc.)
         ii. An agreed-upon spend out procedure. Example: 90 percent of funds must be spent by May billing.
iii. A plan for a subcontractor that cannot spend-down their funds prior to the end of the state fiscal year. Example: Those funds could be redistributed to the nearest pantries, put into bulk buy, etc.

iv. A plan for reallocation if a subcontractor closes or leaves the program.
v. An additional vote to confirm final allocation levels if EFAP actual funding varies considerably from estimated figures.

EFAP biennial application – Excel document instructions

The application (AGR-2205) is a separate Excel document that contains the following tabs:

1. Application Checklist – A list of all required documents to complete your application.
2. Applicant Info – Contact Information for your agency.
3. Face Sheet – Full Application & Budget Overview
4. Attachment B – Allocation Process Summary
5. Attachment C – Certification of Participating Food Pantries
6. Attachment D – Food Bank Service Area Certification

Enter only into the grey highlighted cells for each tab. All other cells are protected and have formulas that are linked within the workbook.

If you have any questions regarding the application, please contact your Food Assistance regional representative.

Applicant information

Enter the following on the Applicant Info tab:

1. Agency Name
2. Physical Address
3. Mailing Address (if different)
4. Contact Person – name, phone, email

<table>
<thead>
<tr>
<th>Applicant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name:</td>
</tr>
<tr>
<td>Physical Address:</td>
</tr>
<tr>
<td>Mailing Address: (if different)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact person for questions regarding responses to this form:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

Face sheet

Enter the following on the Face Sheet tab:

1. Applicant’s Name and Address:
   o Enter name of organization, mailing address, including city and zip code.
2. Staff Representative Information:
   - Enter name of the applicant’s program staff contact, their title, phone number including area code, and email address.

3. Estimated Contract Amount:
   - The total automatically populates with information from other tabs in the spreadsheets.

4. Contract Period: Completed by WSDA.

5. Applicant’s Fiscal Year:
   - Enter applicant’s beginning and ending fiscal year dates. (Example: January 1 through December 31)

6. Funding Authority: Completed by WSDA.

7. Applicant Tax I.D. Number:
   - Enter the applicant’s Internal Revenue Service (IRS) number.

8. Applicant UBI Number:
   - Enter the applicant’s Unified Business Identifier (UBI) number.

9. Applicant DUNS Number:
   - Enter the applicant’s Data Universal Numbering System (DUNS).

10. Purpose: Completed by WSDA.

11. Estimated Budget: Automatically populates each budget category based on information from other tabs in the spreadsheet.

12. Projections:
   - Estimated total number of new + returning people (= visits) to be served each year.
   - Estimated pounds of food the food bank distribution center will deliver to food pantries each year, if applicable.
   - Estimated number of backpacks (kids) distributed. (Optional)

13. County(ies) Served by Applicant:
   - Enter the county(ies) for which you will serve as contractor.

14. Note: Completed by WSDA.

15. Certification:
   - Name and title of the person that completed the application.

*Note: Unexpended first year funds may not be carried over to the second fiscal year. Second year funds cannot be spent in the first year.*

2021-2023 EFAP Biennial Application Face Sheet

<table>
<thead>
<tr>
<th>1. Applicant’s Name and Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA Lead Contractor</td>
</tr>
<tr>
<td>555 My Pantry Street</td>
</tr>
<tr>
<td>My Town, WA 98501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Staff Representative Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Awesome Person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Est. Contract Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 90,723.90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Contract Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2021 - June 30, 2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Applicant’s Fiscal Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 - September 30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Funding Authority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Washington RCW 43.23.290</td>
</tr>
<tr>
<td>Chapter 16-740 WAC</td>
</tr>
<tr>
<td>Department of Agriculture</td>
</tr>
</tbody>
</table>
Title: Coordinator of all Things
Phone: 555-555-5555
Email: awesome@email.org

7. Applicant Tax I.D. Number: 91-999-9999
8. Applicant UBI Number: 601-999-9999
9. Applicant DUNS Number: 99-999-9999

10. Purpose: To provide funds to contractors and providers for the Emergency Food Assistance Program in the state of Washington.

11. Estimated Budget: Total combined EFAP-State and EFAP-Federal budgets.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>FY 2022</th>
<th>FY 2023</th>
<th>TOTALS FY 22 &amp; 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration &amp; Indirect</td>
<td>$ 8,736.49</td>
<td>$ 8,725.41</td>
<td>$ 17,461.90</td>
</tr>
<tr>
<td>Food Pantry Operations</td>
<td>$ 16,000.00</td>
<td>$ 16,000.00</td>
<td>$ 32,000.00</td>
</tr>
<tr>
<td>Food Bank Operations</td>
<td>$ 16,000.00</td>
<td>$ 16,000.00</td>
<td>$ 32,000.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$ 2,631.00</td>
<td>$ 2,631.00</td>
<td>$ 5,262.00</td>
</tr>
<tr>
<td>Special Dietary Needs</td>
<td>$ 2,000.00</td>
<td>$ 2,000.00</td>
<td>$ 4,000.00</td>
</tr>
<tr>
<td>TOTALS</td>
<td>$ 45,367.49</td>
<td>$ 45,356.41</td>
<td>$ 90,723.90</td>
</tr>
</tbody>
</table>

12. Projections:

<table>
<thead>
<tr>
<th>Estimate No. of People Served (New + Returning)</th>
<th>Est. Lbs of Food From Food Bank Distribution Center</th>
<th>Estimate No. of Backpacks (Kids) distributed (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2022</td>
<td>FY 2023</td>
<td>FY 2022</td>
</tr>
<tr>
<td>5,240</td>
<td>5,530</td>
<td>45,000</td>
</tr>
</tbody>
</table>

13. County(ies) served by Applicant:

Your County

14. Note: The Department's acceptance of this application for funding is subject to subsequent program reviews to ensure compliance, which may require corrective action by the contractor.

15. Certification: To the best of my knowledge and belief, all data and information on this application is true and correct. The applicant will comply with the terms and conditions of the contract if funds are awarded.

Awesome Person, Coordinator of all Things
Name and Title

Attachment B: Allocation process summary

Enter the following on the Attachment B tab:

1. County name - or names if the applicant supports more than one county.
2. Column A - enter the amount of the county estimated allocation provided by WSDA.
3. Column B - enter the amount the applicant is taking for administration and indirect for each fiscal year. Maximum the applicant may take is 10% of the total allocation for the county.
4. Column C - enter the amount each county is paying in dues that will be charged to EFAP for each fiscal year. Maximum amount is 1% of the total allocation for the county. The amounts will be automatically added to the admin amounts on the face sheet.
5. Last column automatically sums.
Attachment B: Allocation Process Summary

**Fund Distribution Determination** - Calculation of administrative amount for contractor activities and amounts for allocation to food pantries:

<table>
<thead>
<tr>
<th>County(ies)</th>
<th>County Estimated Allocation (Total combined EFAP-State and EFAP-Federal)</th>
<th>Applicant Admin &amp; Indirect (Maximum 10% of Total County Allocation)</th>
<th>WA Food Coalition or Other Dues. Maximum of 1% of contract. (Is included in Admin. amount.)</th>
<th>Balance Allocated to Sub Contracting Food Pantries and Food Bank(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Name</td>
<td>FY 22</td>
<td>FY 23</td>
<td>FY 22</td>
<td>FY 23</td>
</tr>
<tr>
<td>Your County</td>
<td>$ 45,367.99</td>
<td>$ 45,254.06</td>
<td>$ 4,536.49</td>
<td>$ 4,525.41</td>
</tr>
</tbody>
</table>

**Contractor Administrative & Dues Total** (All Counties)

<table>
<thead>
<tr>
<th>FY 22</th>
<th>FY 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 4,536.49</td>
<td>$ 4,525.41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FY 22</th>
<th>FY 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 200.00</td>
<td>$ 200.00</td>
</tr>
</tbody>
</table>

Attachment C: Certification of participating food pantries

Enter the following on the Attachment C tab:
1. Name and title of person filling out the application.
2. Date.
3. Agency Name.

**Attachment C: Certification of Participating Food Pantries**

*(Complete Even if All Funds are Allocated to Food Banks for Distribution)*

I certify that each food pantry listed below has agreed to sign a written EFAP Food Pantry Subcontract, which the contractor and subcontractor will execute upon execution of my food assistance Contract. I further certify that each EFAP food pantry subcontract details the amount allocated to the food pantry by budget category from WA State EFAP funds, provided that funding was allocated to the food pantries to control at their individual level.

**Type Name:** Awesome Person

**Agency Name:** FA Lead Contractor

**Date:** 4/20/2021

**Note:** EFAP food pantry estimated budget rollup will automatically populate based on the entries on this tab.
Please list the following for all participating food pantries:

a. Food Pantry Name
b. Food Pantry Physical Location
c. Mailing Address
d. City / Zip
e. County
f. Contact person
g. Food Pantry Telephone #
h. Email Address
i. Food Supplies only? Y/N
j. If funds are allocated to food pantries, indicate how the estimated EFAP funds will be spent by each food pantry. Enter the following budget information for each separate fiscal year:
   i. Admin & Indirect
   ii. Operations
   iii. Equipment
   iv. Special Dietary Needs (SDN) Food
   v. Food Pantry Match
   vi. Cash reimbursement? Y/N

**Note:** EFAP uses this information in disaster response and for communications with the food pantries. Please keep Food Assistance staff updated on food pantry changes as they occur throughout the contract period. Please list all food pantries even if they only receive food and services, but not cash.

### Food Pantry Name: Fresh Food Pantry

<table>
<thead>
<tr>
<th>FP Physical Location</th>
<th>Mailing Address</th>
<th>City/Zip</th>
<th>County</th>
<th>Contact Person</th>
<th>FP Telephone #</th>
<th>Email Address</th>
<th>Food Supplies only? Y/N</th>
<th>Food Pantry Match</th>
<th>Cash reimbursement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Street</td>
<td>Same</td>
<td>My City / 99999</td>
<td>My County</td>
<td>Joe Cool</td>
<td>222-222-2222</td>
<td><a href="mailto:cool@email.org">cool@email.org</a></td>
<td>No</td>
<td>10,000.00</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Total EFAP**

<table>
<thead>
<tr>
<th>FY22</th>
<th>FY23</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,000.00</td>
<td>20,000.00</td>
</tr>
</tbody>
</table>

### Attachment D: Food bank service area certification

Enter the following on the Attachment D tab:

i. Name and title of person filling out the application.
ii. Date.
iii. Agency Name.

**Attachment D: Food Bank Service Area Certification**

(Complete Only if Funds Allocated to Food Bank Distribution Services)

<table>
<thead>
<tr>
<th>Name and Title:</th>
<th>Agency Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awesome Person</td>
<td>FA Lead Contractor</td>
</tr>
</tbody>
</table>

Date: 4/20/2021
Note: EFAP food bank estimated budget rollup will automatically populate based on the entries on this tab.

<table>
<thead>
<tr>
<th></th>
<th>FY 22</th>
<th>FY 23</th>
<th>Total FY 22 &amp; FY 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration &amp; Indirect</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$1,631.00</td>
<td>$1,631.00</td>
<td>$3,262.00</td>
</tr>
<tr>
<td>Operations</td>
<td>$16,000.00</td>
<td>$16,000.00</td>
<td>$32,000.00</td>
</tr>
<tr>
<td>SDN Foods</td>
<td>$1,000.00</td>
<td>$1,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Total Contract Amount</td>
<td>$20,631.00</td>
<td>$20,631.00</td>
<td>$41,262.00</td>
</tr>
<tr>
<td>Matching Funds</td>
<td>$20,000.00</td>
<td>$20,000.00</td>
<td>$40,000.00</td>
</tr>
</tbody>
</table>

Enter the following for all participating food bank(s):

- **a.** County(ies): list the county(ies) served by the food bank
- **b.** Food Bank Name
- **c.** Address – enter the physical location
- **d.** Contact person
- **e.** Email
- **f.** Telephone #
- **g.** Estimated Pounds of Food for the biennium
- **h.** If funds are allocated to food banks, indicate how the estimated EFAP funds will be spent by each food bank. Enter the following budget information for each separate fiscal year:
  - **i.** Admin & Indirect
  - **ii.** Equipment
  - **iii.** Operations
  - **iv.** Special Dietary Needs (SDN) Food
  - **v.** Matching Funds

Note: EFAP uses this information for disaster response, and for communications with the food banks. Please keep Food Assistance staff updated on any food bank changes as they occur throughout the contract period.

<table>
<thead>
<tr>
<th>Food Bank</th>
<th>Always Open Food Bank</th>
<th>Admin &amp; Indirect</th>
<th>$2,000.00</th>
<th>$2,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1234 Street</td>
<td>Equipment</td>
<td>$1,631.00</td>
<td>$1,631.00</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Jane Cool</td>
<td>Operations</td>
<td>$16,000.00</td>
<td>$16,000.00</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:cool@email.org">cool@email.org</a></td>
<td>SDN Foods</td>
<td>$1,000.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Telephone #</td>
<td>333-333-3333</td>
<td>Total Contract</td>
<td>$20,631.00</td>
<td>$20,631.00</td>
</tr>
<tr>
<td>Est. Pounds of Food for the biennium</td>
<td>1,000,000 lbs</td>
<td>Matching Funds</td>
<td>$20,000.00</td>
<td>$20,000.00</td>
</tr>
</tbody>
</table>

Additional required documents for contractor applicants

Due to WSDA a minimum of two weeks prior to the county EFAP meeting (contact FA for more information)

The following are additional requirements for contractor applicants who did not contract with WSDA in the previous biennium:

**A: Experience and Capability**

Describe, in narrative on one page, the qualifications and experience of the applicant organization. Discuss the following: the ability to plan, organize, administer and maintain contracts and subcontracts within the allowable
administrative limits, staffing level, the expertise to properly manage the fiscal systems, data collection and reporting requirements, the ability to effectively initiate and manage subcontracts, and prior experience in the above areas.

B: Relationship with Participating Agencies
Describe, in narrative on one page, the ability and experience of the applicant organization to work with food pantries. Discuss the following: the ability to determine eligibility, secure a subcontract, collect required reports on time, and provide technical assistance; experience working in a group setting with food pantries; ability to maintain an efficient and professional delivery of services benefiting the client population.

Questions?
If you have any questions regarding these instructions, or the application documents, please contact your Food Assistance regional representative.

Applications are due to your regional representative by May 27, 2021.