Subcontractor Required Pre-Review Checklist

TEFAP, CSFP, and EFAP Monitoring & Compliance Review Checklist
Contractor will use this to confirm all aspects of the pre-review are completed and Subcontract documents are reviewed for compliance with current program requirements.

Contractor Staff Pre-Review Checklist

☐ IRS Check – Suspension & Debarment
  ☐ Alternate 501(c)(3) Church Verification Form if applicable
☐ System of Award Management (SAM) Expiration Date: ______________________
☐ Secretary of State Expiration Date: ______________________
  ☐ N/A – Faith-based Organization
☐ Insurance Expiration Date: ______________________
  ☐ N/A – TEFAP only and not required by Contractor to carry insurance
☐ 211 Registration (if providing direct client services only)
☐ Current Audit Forms on File (check one of the applicable forms below)
  ☐ Single Audit & Single Audit Requirement Form (WSDA form AGR-2217)
  ☐ Financial Review & Single Audit Requirement Form (WSDA form AGR-2217)
  ☐ Accounting System Verification Form (WSDA form AGR-2206-A) & Single Audit Requirement Form (WSDA form AGR-2217)
  ☐ Single Audit Requirement Form (WSDA form AGR-2217) only. Receives less than $20,000/year in state funds.
☐ Worksheet 2 (Inventory Compliance and Practices) has been completed by Contractor’s Staff (can be done onsite if preferred)
☐ Request any Fiscal Backup you wish to verify for expenses reimbursed under applicable Food Assistance Programs
  ☐ N/A - Does not receive any reimbursement
  ☐ N/A - Sends in full detailed backup with each reimbursement request
☐ Responses to Pre-Review Questionnaire have been reviewed
  Comments: ______________________________________________________________________

Subcontractor Pre-Review Checklist

☐ Complete Pre-Review Questionnaire (WSDA form AGR-2389)
Submit to Contractor conducting review the following:
  ☐ Subcontractor Information Sheet (WSDA form AGR-2227-A)
  ☐ Client Eligibility Policy
  ☐ N/A – they do not provide direct client services or are a meal program only
Client Privacy Standards
☐ N/A – they do not provide direct client services or are a meal program only

Updated Subcontractor Site Lists for EFAP (WSDA form AGR-2391), and TEFAP/CSFP (WSDA form AGR-2392) as applicable
☐ N/A – they only operate out of one location and sponsor no additional sites

A copy of a recently completed Civil Rights Training form – please send a completed Frontline (WSDA form 2198) and Non-Frontline training (WSDA form 2199) copy if utilizing both
☐ N/A – Is not a TEFAP or CSFP Subcontractor

Cost Allocation Plan if receiving funds from more than one program or operating as more than a food pantry or meal program.
☐ N/A – Subcontractor does not receive reimbursements under multiple programs

Travel Policy if receiving reimbursement for travel expenses (includes mileage)

Inventory Records for Month/Year: ______________________
These are used to complete the Inventory Spot Check (Worksheet 2). Inventory records may include bills of lading/receiving documents or shipping receipts, distribution records, and commodity loss forms.
☐ N/A – Is not a TEFAP or CSFP Subcontractor

Contractor may request additional documents here:
___________________________________________________________________________

Subcontractor Items Reviewed by Contractor On-Site

☐ Client Intake Form(s) being used at the point of food access
  ☐ Completed Worksheet 1 – Client Intake System Compliance Check

☐ Examples of flyers, brochures, or other communications you use to notify the public of your service
  ☐ Publications include Non-Discrimination Statement if TEFAP/CSFP Subcontractor

☐ CSFP Participant Files & Waitlist (if receiving a CSFP Review)
  ☐ Completed Worksheet 3 – Participant File Review
  ☐ N/A – not receiving CSFP Review or does not manage participant files

After Review

☐ Review Participants page is signed (if not done on-site)

☐ Summary of Findings and Recommendations is completed
  ☐ Any issues identified in the pre-review files, questionnaire, and on-site review process is documented in the Summary of Findings and Recommendations.
Food Assistance Subcontractor Pre-Review

To be filled out by subcontractor & returned to contractor prior to the onsite review.

Food Assistance (FA) has the responsibility to monitor the subcontractor’s performance, compliance, and assurance that services funded by FA are being delivered properly to help alleviate hunger in local communities.

FA does this by assisting the subcontractor in complying with the terms and conditions of the contract(s), applicable laws, regulations, and policies. Our objectives for this review are:

- To verify program and financial management.
- To verify agency and administration compliance.
- To test if program costs and services are allowable and eligible.
- To ensure qualifying eligible client requirements and services are being met.
- To verify other subcontract compliance.

Subcontractor Information

1. Subcontractor Name:
   (For example: Seattle Food Pantry, St Vincent de Paul – Walla Walla, etc.)

2. Subcontractor Contact Info (Name & Email), for questions regarding this survey:
   (For example: Joe Smith, Joe.Smith@FoodPantry.org)

3. Have there been any major staff changes at your agency in the last 12 months?
   (Example: Executive Director, fiscal staff, etc.)
   □ Yes □ No

4. Does your agency retain all program-related records (physical or electronic) for a period of 6 years following the date of final payment under the subcontract?
   (Includes subcontracts, Civil Rights Training verifications, TEFAP intake forms, etc.)
   □ Yes □ No

5. Does your agency conduct a physical equipment inventory and inventory report form reconciliation at least every two years for FA purchased equipment?
   Note: This inventory pertains to all equipment with a purchase price of $5,000 or more per unit using Food Assistance (FA) funds, regardless of the percentage FA paid.
   □ Yes □ No

6. Does your agency obtain approval from Food Assistance prior to each of the following: purchasing equipment with a cost of $5,000 or more per item (AGR-2204), beginning capital improvement projects costing $5,000 or more (AGR-2308), disposing of equipment with an original purchase price of $5,000 or more (AGR-2203)?
   Note: Contractors typically submit the forms on behalf of their subcontractors.
   □ Yes □ No

7. Does your agency procure food in a cost-effective manner that focuses on nutritious foods?
   □ Yes □ No

8. Does your agency receive any reimbursement from the contractor?
   Select all that apply:
   □ EFAP
   □ TEFAP
   □ CSFP
   □ N/A – No Reimbursements

9. If your agency receives EFAP reimbursement, is it timely and accurate?
   □ Yes □ No □ N/A

AGR-2389 (N/6/22) Information collected by WSDA becomes a public record and may be disclosed unless exempted by federal or state law.
10. Does your agency store WSDA or USDA food at another location?  □ Yes □ No

11. Does your agency have other distribution locations?  
   Note: If yes, contractor will choose one additional location to visit (official review not required)  □ Yes □ No

12. How often can clients receive food at your agency?  
   Select all that apply:  
   □ As often as needed  
   □ Once a week  
   □ Once a month  
   □ Other: ______________________________  
   □ N/A – No direct client service

13. Over the last 6 months, on average, how much of your agency's total cold & frozen food storage space was needed to store available food?  
   □ Less than 50% utilized to store food  
   □ 51-75% utilized to store food  
   □ 76-100% utilized to store food  
   □ We could not store all the available food  
   □ N/A – No direct client service

14. How does your agency determine pounds of food distributed?  
   (Example: scale, estimate, other method)

15. Do food storage and/or processing areas have light fixtures with exposed glass bulbs?  □ Yes □ No

16. Has another agency that provides funding, food, or that regulates your agency's activities done a review in the last year?  (Such as the city, county, Health Department, Northwest Harvest, Second Harvest, Food Lifeline, or others.)  □ Yes □ No

17. If yes, who reviewed you and what recommendations were made or deficiencies were noted?

18. Are civil rights complaints being handled by subcontractor in accordance with the procedures outlined in the WSDA Civil Rights Training and the procedures manuals?  □ Yes □ No  
   □ No civil rights complaints  
   □ N/A (EFAP only)
   - Civil Rights Training  
   - TEFAP Procedures Manual  
   - CSFP Procedures Manual

19. Is Civil Rights Training conducted annually for all appropriate subcontractor employees and/or volunteers using the materials provided by WSDA?  □ Yes □ No  
   □ N/A (EFAP only)
   - WSDA forms AGR-2198 and AGR-2199

20. Who completes the Civil Rights Training each year?  
   Instructions: cms.agr.wa.gov/WSDAKentico/Documents/Pubs/443-AnnualCivilRightsInstructions.pdf  
   Select all that apply:  
   □ Staff who interact with clients  
   □ Volunteers who interact with clients  
   □ Staff who handle client information  
   □ Volunteers who handle client information  
   □ Program Manager or Program Staff only  
   □ Managers who help determine eligibility requirements  
   □ Staff or volunteers responsible for TEFAP/CSFP contract compliance  
   □ N/A – EFAP only
21. For TEFAP / CSFP subcontractors: Is the USDA Non-Discrimination Statement being included on agency website(s) that mention USDA funded programs?  
   Note: printed materials may use the abbreviated statement "This institution is an equal opportunity provider."  
   - Yes  
   - No  
   - Not Sure  
   - N/A (EFAP only)

22. Is your agency being reviewed as a faith-based organization?  
   - Yes  
   - No  

23. If a faith-based organization, is the required Written Notice of Beneficiary / Client Rights poster (AGR PUB 609-565, AGR PUB 609-632) displayed in view of all clients?  
   Select all that apply:  
   - Yes, TEFAP Written Notice of Beneficiary / Client Rights posted  
   - Yes, CSFP Written Notice of Beneficiary / Client Rights posted  
   - No  
   - N/A – EFAP only

24. If a faith-based organization, are the required TEFAP / CSFP Beneficiary / Client Referral Request Forms (AGR-2239) being retained?  
   - Yes  
   - No  
   - N/A (EFAP only)

---

The Commodity Supplemental Food Program (CSFP) Section  
This section to be completed by CSFP contractors only. If you are not a CSFP contractor, skip #25-28.

25. Does your agency perform any of the following CSFP program functions?  
   Select all that apply:  
   - Accepts eligibility applications  
   - Determines eligibility, certification  
   - Packs boxes  
   - Stores CSFP food on a regular basis  
   - We do not delegate CSFP program functions  
   - Other:

26. Does your agency check the identification of each participant or proxy at point of pick up?  
   - Yes  
   - No

27. Does the contractor provide your agency with participant nutrition information?  
   (Example: pamphlets, brochures, nutrition newsletter, etc.)  
   - Yes  
   - No

28. If using nutrition education materials from other sources, please identify the sources used:

---

Survey Wrap-Up

29. Is there anything you'd like to clarify about the information you've provided in this survey?  
   If yes, please explain:
## Food Assistance Subcontractor Review

### Section A – Subcontractor Information

<table>
<thead>
<tr>
<th>Subcontractor Information</th>
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<tbody>
<tr>
<td><strong>Agency Name:</strong></td>
<td></td>
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<tr>
<td><strong>Agency Physical Address:</strong></td>
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<tr>
<td><strong>Agency Mailing Address:</strong></td>
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<tr>
<td><strong>Warehouse Address (if different than agency):</strong></td>
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<tr>
<td><strong>Offsite/Other Address:</strong></td>
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<tr>
<th>Board Chair or Equivalent</th>
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<tr>
<td><strong>Name:</strong></td>
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<tr>
<td><strong>Address:</strong></td>
<td><strong>City:</strong></td>
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<td><strong>Email:</strong></td>
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<thead>
<tr>
<th>Warehouse Manager/Coordinator</th>
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<tr>
<td><strong>Name:</strong></td>
<td>Phone:</td>
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<tr>
<td><strong>Email:</strong></td>
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<thead>
<tr>
<th>Program Staff – Main Contact</th>
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<tr>
<td><strong>Name:</strong></td>
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<td><strong>Email:</strong></td>
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<tr>
<th>24-Hour Emergency Contact Warehouse/Food Recalls/Disaster</th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
<td>Work Phone:</td>
</tr>
<tr>
<td><strong>Cell Phone</strong> (must be reachable during evenings, weekends):</td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td>EFAP</td>
</tr>
</tbody>
</table>
**Food Assistance Subcontractor Review**

**Section B – On-Site Review**

<table>
<thead>
<tr>
<th>Subcontractor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontractor Name:</td>
</tr>
<tr>
<td>Reviewer:</td>
</tr>
<tr>
<td>Review Date:</td>
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</table>

**Purpose**

Food Assistance (FA) has the responsibility to monitor the subcontractor’s performance, compliance, and assurance that services funded by FA are being delivered properly to help alleviate hunger in local communities.

FA does this by assisting the subcontractor in complying with the terms and conditions of the contract(s), applicable laws, regulations, and policies. Our objectives for this on-site review are:

- To review the pre-review questionnaire and identify any issues or talking points.
- To ensure intake requirements are being met.
- To view the warehouse, intake area, distribution area, and facilities as applicable.

**Section 1 – General Questions**

1. Is the "And Justice For All" original poster posted at the site of client intake?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A (EFAP only)

2. What are the most challenging areas of your county to serve and why?  
   Have you had conversations with organizations in your county in the interest of partnerships including partnerships with underserved and BIPOC communities?

<table>
<thead>
<tr>
<th>Comments</th>
<th>Follow-Up</th>
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</table>
Section 2: Warehouse and Storage

1. Frozen: Do you have frozen (zero degrees) storage?  
   • Current Temperature: ________
   • Thermometer Accurate(±1°) ☐ Yes ☐ No
   • Approximate square footage: ________
   • Pallets can be stacked ________ high

2. Cold: Do you have refrigerated (33-40°) storage?  
   • Current Temperature: ________
   • Thermometer Accurate(±1°) ☐ Yes ☐ No
   • Approximate square footage: ________
   • Pallets can be stacked ________ high

3. Is a temperature log maintained for frozen and cold storage?  
   (Logs required in order to adhere to good food safety practices so that foods are stored in a manner to protect them from spoilage, infestation, damage or other condition that may jeopardize the wholesomeness or safety of the foods.)

4. Dry: Do you have dry storage?  
   • Current Temperature: ________
   • Thermometer Accurate(±1°) ☐ Yes ☐ No
   • Approximate square footage: ________
   • Pallets can be stacked ________ high

5. Does the food stored in the warehouse meet storage requirements?  

6. Is TEFAP being repackaged? (Contract, page 12, 3.16)  
   a. If yes, do you have both Contractor and FA approval? ☐ Yes ☐ No ☐ N/A
   b. If yes, are you aware of the current food code including labeling requirements? ☐ Yes ☐ No ☐ N/A

7. Are fertilizers, toxic chemicals, and other potential adulterants adequately separated from human food storage areas?  

8. Is storage area free of evidence of current insect, rodent, bird, etc., activity?  

9. Is there a pest control in place?  
   a. Self-applied ☐
   b. Professional ☐

10. Have there been any issues with pests?  
    a. If yes, have those problems been corrected? ☐ Yes ☐ No

11. If professional services are used, did the last three inspections indicate any problems with pests?  
    ☐ Yes ☐ No ☐ N/A

12. Are there traps set if self-applied pest control, or were 2 months' records available for professional?  

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<tbody>
<tr>
<td>13. Is the building of suitable construction and generally in good physical repair?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Are food products and processing areas protected against contamination from breakage of light bulbs and other glass fixtures?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Are floors, walls and ceiling constructed of easily cleanable materials?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Is interior lighting sufficient to allow adequate inspection and cleaning of premises?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Are facilities clean?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Are windows screened?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. Are doors and loading doors kept closed when not in use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. Are outside premises free from spillage, trash, brush, etc., that may attract or harbor rodents or other pests?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. Is refuse /garbage properly stored and protected from insects, rodents, and other pests and disposed of in an adequate manner?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. Is cleaning of facilities done in such a manner as to avoid contamination of food products?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. Are restrooms in good repair, clean, properly ventilated, and adequately separated from the storage area?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. Are hand-washing facilities clean and supplied with soap, hot water, and sanitary towels?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. Do you have a Continuity of Operations Plan (COOP)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. If you do not have a COOP plan, are there plans or actions in place to ensure the continued distribution of food in the case of a natural disaster, power outage, freezer breakdown, etc.? Describe in comments below.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Comments**

**Follow-Up**
### Section 3 – CSFP Questions

- **N/A – Not a CSFP Subcontractor**

1. Did any participant get terminated for participating in CSFP under false circumstances?  
   - Yes  
   - No

2. Are program benefits based upon certifications established in accordance with the following timeframes:  
   - a. Informal certifications being conducted every 12 months to ensure that none of the information in the initial formal certification has changed and that the participant wishes to continue to participate in CSFP?  
     - Yes  
     - No  
   - b. Formal certifications being conducted once every 36 months?  
     - Yes  
     - No

3. Do you check the identification of each participant or proxy at the point of pick-up?  
   - Yes  
   - No

4. When a participant is relocating to another CSFP area, do you reach out to the contractor to facilitate the transfer of participant's benefits so that their services will not be interrupted?  
   - Yes  
   - No

### Comments

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<th>Comment</th>
<th>Follow-Up</th>
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### Section 4 – EFAP Questions

- **N/A – Not an EFAP Subcontractor**

1. Is there a specific month that you reset new vs. returning client counts?

2. How do you determine the in-kind value for labor & food?

3. Does your county conduct a fair and equitable application process and funding formula?  
   - a. What changes, if any, would you like to see with this process in the future?  
     - Yes  
     - No

4. When applicable, if your food pantry receives a cash reimbursement, is it timely and accurate?  
   - Yes  
   - No

5. How do you determine and record required match?

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<th>Comment</th>
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<tr>
<td>Section 5 – TEFAP Questions</td>
<td>N/A – Not a TEFAP Subcontractor</td>
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<tr>
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</tr>
<tr>
<td>1. Are you conducting, at a minimum, monthly physical inventory counts of all federal commodities?</td>
<td>Yes  No</td>
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<tr>
<th>Comments</th>
<th>Follow-Up</th>
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</table>
Food Assistance Subcontractor Review
Worksheet 1 – Client Intake Compliance Check

Requirements for TEFAP-only or TEFAP & EFAP Sites

Intake System Set-up:

☐ The site has the "And Justice for All" original poster displayed at the point of distribution and /or client intake

☐ The site has the TEFAP Client Notifications displayed at client intake

☐ Clients are tracked as new once per year for EFAP in the month of ____________________
   ☐ N/A – Not an EFAP site

☐ Client intake is done for all clients at least once per year

☐ If a faith-based organization, they have the TEFAP Client Rights poster (AGR 609-565) displayed and the Client Referral Form (AGR 609-2239) available for use. CSFP versions are available if applicable.
   ☐ N/A – Not faith-based

Check all the type(s) of intake system(s) used:

☐ Paper
   ☐ WSDA Form
   ☐ Other (specify) _____________________________________________________________
      ☐ Form meets WSDA program standards and has approval for use

☐ Electronic
   What program is used? _______________________________________________________
      ☐ Program meets WSDA program standards and has approval for use

☐ Other (specify) ___________________________________________________________
      ☐ System meets WSDA program standards and has approval for use

Regardless of intake template used, does all language replicate the phrasing on current WSDA forms? (Paraphrasing or skipping details is not encouraged) ☐ Yes ☐ No

Clients self-declare:

☐ Name
☐ Address (must live in Washington)
☐ Household Size
☐ Income is within 400% of federal poverty level
☐ Agree that TEFAP food is for home consumption only
Clients are informed that they will:

- [ ] not be denied TEFAP food if they refuse to disclose any information that is not a requirement of TEFAP
- [ ] never need to provide their SSN or identification
- [ ] never need to provide proof of: income, household size, or citizenship

**Is documentation at the point of intake clearly identified to the client as not required before it is requested?**

[ ] Yes  [ ] No

Comments:

**Is any additional information collected such as names of household members, exact birthdate, or other demographic data clearly identified to the client as not required before it is requested?**

[ ] Yes  [ ] No

Comments:

---

**EFAP-only Sites**

[ ] Clients are tracked as new once per year for EFAP in the month of ____________________

Clients self-declare:

- [ ] Name
- [ ] Address (must live in Washington)
- [ ] Household Size
- [ ] Age Range

**Is documentation at the point of intake clearly identified to the client as not required before it is requested?**

[ ] Yes  [ ] No

Comments:

**Is any additional information collected such as names of household members, exact birthdate, or other demographic data clearly identified to the client as not required before it is requested?**

[ ] Yes  [ ] No

Comments:

---

**Overall Determination:**  

[ ] In compliance  [ ] Not in compliance

Comments  

Follow-Up

---
**Food Assistance Subcontractor Review**  
**Worksheet 2 – Inventory Compliance and Practices**

This worksheet may be completed on-site, or during the pre-review process.

1. Is the subcontractor using an approved inventory report? ■ Yes ■ No
2. Are the inventory reports filled out correctly? ■ Yes ■ No
3. Are all received items listed correctly for the month chosen? ■ Yes ■ No
4. Do the sub-contractor BOL's match the issued item for the month chosen? ■ Yes ■ No
5. Are loss and adjustment reports being filled out? ■ Yes ■ No

To complete this chart, use inventory records, shipping receipts, and distribution records and commodity loss forms. No need for physical inventory. Review two commodities in inventory for each program under review.

<table>
<thead>
<tr>
<th>Program:</th>
<th>CSFP</th>
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</tr>
<tr>
<td>Beginning Inventory:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Amount Received: View bills of lading/receiving doc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Issued:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss/Adjustment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Book Inventory:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree with Inventory Reports? ■ Yes ■ No</td>
<td></td>
<td>■ Yes ■ No</td>
<td></td>
<td>■ Yes ■ No</td>
</tr>
</tbody>
</table>

**Determination of Inventory Compliance and Practices**

<table>
<thead>
<tr>
<th>Comments</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
## Food Assistance Subcontractor Review

### Worksheet 3 – CSFP Participant File Review & Client Intake

<table>
<thead>
<tr>
<th></th>
<th>Participant 1</th>
<th>Participant 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case file number or participant's name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Application date:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Application signed?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participant agreement signed?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility based on participation in another program?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of other program:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address verified?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail, Driver’s License, Utility Bill, Private Insurance Card, Rent/Lease Agreement, Rent Receipt, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Racial data collected?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic data collected?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino, Not Hispanic or Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ID verified?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Certificate, Driver’s License, ID Card, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of birth:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-declared household size:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Did client self-declare income?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Certification decision indicated on application?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Certification date:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Correct certification period assigned?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of days from application to certification decision?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Were they placed on a waiting list?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Were the required notifications sent on time?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSFP Waitlist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a CSFP Client Waitlist or Waitlist Template?</td>
<td>Yes  No</td>
<td></td>
</tr>
</tbody>
</table>

Waitlist includes the following information:

- Date Certified (everyone on waitlist should be certified) | Yes  No |
- Date placed on the list | Yes  No |
- Date applicant was notified of being placed on the list | Yes  No |
- Address and phone number of applicant | Yes  No |

<table>
<thead>
<tr>
<th>WSDA Form Checks</th>
</tr>
</thead>
</table>

- Eligibility Application ([AGR-2244](#)) is being used
- Participant Agreement ([AGR-2247](#)) is being used
- Current CSFP Income Guidelines ([AGR PUB 609-444](#)) are posted for clients to view at the point of client intake
- Notification of Eligibility Determination ([AGR-2246](#)) is being used
- Applicants are notified of their eligibility determination within 10 days
- Applicants are notified of their placement on a waiting list within 10 days
- Notification of Eligibility Status Change ([AGR-2245](#)) is being used
- Welcome to the Commodity Supplemental Food Program ([AGR PUB 609-739](#)) resource handout is used

| Comments | Follow-Up |
Food Assistance Subcontractor Review
Section C – Summary of Findings and Recommendations

<table>
<thead>
<tr>
<th>Summary: General FA Questions – Sections 1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Applicable Box:</td>
</tr>
<tr>
<td>☐ <strong>Satisfactory.</strong> May include recommendations.</td>
</tr>
<tr>
<td>☐ <strong>Satisfactory With Follow-up Required.</strong></td>
</tr>
<tr>
<td>All Required Follow-up Listed Below: ☐ Yes ☐ No (If No, then a follow-up letter or email will be sent)</td>
</tr>
<tr>
<td>☐ <strong>Corrective Action.</strong> A corrective action letter or email will be sent</td>
</tr>
</tbody>
</table>

Follow-Up Required

Recommendations or Notes
Check Applicable Box:

- N/A. Does Not Participate in CSFP.
- Satisfactory. May include recommendations.
- Satisfactory With Follow-up Required.
  All Required Follow-up Listed Below: Yes  No (If No, then a follow-up letter or email will be sent)
- Corrective Action. A corrective action letter or email will be sent

Follow-Up Required

Recommendations or Notes
Summary: Emergency Food Assistance Program (EFAP) – Section 4

Check Applicable Box:
- N/A. Does Not Participate in EFAP.
- Satisfactory. May include recommendations.
- Satisfactory With Follow-up Required.
  All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent)
- Corrective Action. A corrective action letter or email will be sent

Follow-Up Required

Recommendations or Notes
Summary: The Emergency Food Assistance Program (TEFAP) – Section 5

Check Applicable Box:

- N/A. Does Not Participate in TEFAP.
- Satisfactory. May include recommendations.
- Satisfactory With Follow-up Required.
  
  All Required Follow-up Listed Below:  Yes  No  (If No, then a follow-up letter or email will be sent)

- Corrective Action. A corrective action letter or email will be sent

Follow-Up Required

Recommendations or Notes
### Signatures of Review Participants

<table>
<thead>
<tr>
<th>Subcontractor Representative Name &amp; Title</th>
<th>Date</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Subcontractor Signature</th>
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</table>

<table>
<thead>
<tr>
<th>Reviewer Name &amp; Title</th>
<th>Date of Review</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reviewer Signature</th>
<th>Reviewer's Phone Number</th>
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