



## Food Assistance: Request for Alternate Language Approval

Date: \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Subcontractor, if applicable: \_\_\_\_\_

### Program: (select all that apply)

- Commodity Supplemental Food Program (CSFP)
- Emergency Food Assistance Program (EFAP)
- The Emergency Food Assistance Program (TEFAP)
- Other \_\_\_\_\_

### Type of document: (include number and/or name of form)

- Program Form \_\_\_\_\_
- Program Publication \_\_\_\_\_
- Subcontract \_\_\_\_\_
- Other \_\_\_\_\_

WSDA Use Only	
Staff Name: _____	Date Received: _____
Recommendation:	
WSDA Program Manager Decision:	
<input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved with modifications <input type="checkbox"/> USDA approved, if applicable	<input type="checkbox"/> Denied, does not include all required language
Notes:	