



Washington
State Department of
Agriculture

Emergency Food Assistance Program

EFAP Biennial Application Handbook

WASHINGTON STATE DEPARTMENT OF AGRICULTURE (WSDA)

Food Safety and Consumer Services Division

Food Assistance

Emergency Food Assistance Program (EFAP)

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Section 1: EFAP Application – First Steps

Introduction

PURPOSE

This application is for public or private nonprofit organizations in the state of Washington that are interested in serving as a contractor under the Washington State Department of Agriculture’s (WSDA’s) Emergency Food Assistance Program (EFAP). Successful applicants will enter into a contract with WSDA for the upcoming biennium. The contractor will administer subcontracts with one or more local organizations that (1) are food banks that distribute foods to food pantries or (2) are food pantries that distribute foods directly to needy persons. Only those food pantries who will be entering into a subcontract with the contractor are allowed to vote, along with the contractor where applicable.

AUTHORIZATION

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

FUND ALLOCATION (Subject to Availability of Funds)

As of the release of this application the Washington State legislature has not passed a budget. The final budget for the program will be based on the amount of funding granted to this program by the legislature. WSDA is in support of the Governor’s budget, which if maintained at a similar funding level as the previous biennial EFAP budget, will be approximately \$11 million. An amendment to this grant may be required once the budget is passed and signed by the Governor. 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 and repairs and limited administrative costs. (Note tribal funding is a separate allocation that is included in the \$11 million EFAP allotment.)

Funds for the county-based food pantry program are allocated for each county according to the following formula:

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

*NOTE THAT IF APPLICANT WISHES TO ALSO APPLY FOR EFAP FUNDING TO PROVIDE FOOD PANTRY SERVICES OR FOOD BANK SERVICES, APPLICANT MUST ENTER INTO A SEPARATE SUBCONTRACT 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; see Contract General Terms and Conditions.

30 days after contract execution:

- Registration of Food Pantries with 211; see Contract General Terms and Conditions.
- Subcontractor dispute process policy in writing; see Contract General Terms and Conditions.
- Insurance certificates and additional insured endorsements; see Contract General Terms and Conditions.

45 days after contract execution: (New Contractors Only)

- The Applicant's most recent audit report or Accounting System Verification Form (AGR-2206); see Contract General Terms and Conditions. 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 or public agency 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 spend all funds in accordance with the contract and any amendments.
3. 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 to the meeting with EFAP participants must be submitted with the application. For more information on this requirement, see Biennial Meeting Requirements.
4. Can provide documented concurrence of the participating food pantries to serve as contractor for the service area's counties. For more information on this requirement, see Biennial Meeting Requirements.
5. Can comply with the General Terms and Conditions and the EFAP Special Terms and Conditions in the Contract template. Applicant's assurance does not bind WSDA to offering a contract with the exact terms and conditions of the attached template; the final contract offered by WSDA may differ in some aspects.
6. Verify that its participating subcontractors meet the eligibility requirements.
7. Shall enter into biennial subcontracts with its food bank and food pantry subcontractors in accordance with the subcontracting requirements under the contract template, of the General Terms and Conditions. Applicant may include, with prior WSDA approval any additional terms in the subcontracts that applicant deems necessary for full compliance of its subcontractors. Further, applicant may delete with prior FA approval, the templates' requirement that subcontractors indemnify contractor and name contractor as additional insured.

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 Emergency Food Assistance Program.

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.

Please make sure all interested food pantries and food banks receive a meeting notification. (A sample template is provided for your use) All participants must receive 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. **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. 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
 - b. 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;
 - Funding for special dietary needs food
 - c. 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.
 - d. Optional 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:
 1. Alternatives to in-person meetings that require a vote during the course of the biennium (electronic voting, conference call, web meetings etc.)
 2. An agreed upon spend out procedure. Example: 80 percent of funds must be spent by May billing.

3. 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.
4. A plan for reallocation if a subcontractor closes or leaves the program.
5. An additional vote to confirm final allocation levels if EFAP actual funding varies considerably from estimated figures provided in County Allocations table (AGR PUB 609-459). Example: If budget levels are 20 percent greater or less than estimated meeting budget levels a re-vote could be required.

Biennial Meeting Notification – Sample Letter Template

FROM: Agency Name

SUBJECT: **IMPORTANT! Required Meeting to Discuss Distribution of Emergency Food Assistance Program (EFAP) Funding**

Meeting Date: _____ Time: _____

Place: _____

Contact Name: _____

Contact's Phone #: _____ Contact's Email: _____

As the current contractor, we are conducting a meeting regarding the distribution of _____ County's EFAP funds, offered through the Washington State Department of Agriculture (WSDA) for the next biennium (July 1, 20____-June 30, 20____). This meeting is mandatory for all food pantries and food banks (distribution centers) to receive EFAP funding as well as any agency considering being the contractor for next biennium.

The EFAP funding is very flexible in terms of how it can be used in each county. **Food pantries have both the responsibility and privilege of determining how it will be spent.** Decisions on several issues will be decided at this meeting with a two-thirds vote of those involved. Only those food pantries who will be entering into a subcontract with the contractor are allowed to vote, along with the contractor where applicable. Just because you have used the EFAP funding the same way for years does not mean you cannot change what you do with it for the next two years!

Any agency not currently the contractor who is considering being the contractor must notify WSDA staff a minimum of 2 weeks prior, either Program Manager Kim Eads at 360-725-5651 or Kyle Merslich at 360-725-5657, so that the State can make a site visit in advance of the biennial meeting to determine if that agency has the capacity to be the contractor. In addition, please notify us, the current contractor, at least one week before the meeting if your agency or any other agency you know of is interested in becoming either the contractor or food bank distribution center.

EFAP Subcontractor Biennial Meeting Handout (Publication No. 609-460)

In order to be certain that all food pantries understand the application process for the Emergency Food Assistance Program (EFAP), the Washington State Department of Agriculture (WSDA) has required each county's current lead contractor provide all potential subcontractors the information in this document that outlines the process. WSDA wants to be certain that all participating agencies across the state receive the same information.

Full Publication available for Download – please visit our website.

Section 2: Allocations, Application, Instructions, and Examples

EFAP Estimated Budget Allocation Table

Full Allocation for upcoming biennium available for download on our website.

EFAP Biennial Application - Excel Documents

The application documents are located on a separate excel document named **2205-EFAPBiennialApplication.xlsx**.

This workbook contains the following tabs:

- Application Checklist – A list of all required documents to complete your application.
- Applicant Info – Contact Information for your agency.
- Face Sheet – Full Application & Budget Overview
- Attachment B – Biennial Estimated Budget and Matching Funds Summary
- Attachment C – Allocation Process Summary
- Attachment D – Certification of Participating Food Pantries
- Attachment E – 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.

The Face Sheet tab is linked to attachments B, C, D, and E and automatically fills in the budget line items. Once you have entered all of the data into the various tabs, please verify that the year's total (item 11 on the Face Sheet) is equal to the yearly total for your county(ies) on the Estimated Budget Allocation Table.

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

Instructions for Completing the Applicant Information Tab

****To complete this portion of the EFAP application you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Applicant Information****

Enter in **only** the **grey highlighted** cells for each attachment.

Please enter the following into the **Applicant Information** Tab:

1. Enter the following applicant information:
 - a. Agency Name
 - b. Physical Address
 - c. Mailing Address (if different)
2. Contact Person – name , address, email, phone, fax
3. Board Chair or Equivalent - name , address, email, phone, fax
4. Executive Director or Business Administrator - name , address, email, phone, fax
5. Fiscal Director - name , address, email, phone, fax
6. EFAP Primary Fiscal Staff Contact - name , address, email, phone, fax
7. EFAP Primary Program Staff Contact - name , address, email, phone, fax
8. EFAP Secondary Program Staff Contact

Applicant Information – Example



Washington
State Department of
Agriculture

Food Assistance
PO Box 42560
Olympia WA 98504-2560

2019-2021 EFAP Biennial Application

Applicant Information			
Agency Name:	FA Lead Contractor		
Physical Address:	555 My Place		
Mailing Address: (if different)	PO BOX 55		
Contact person for questions regarding responses to this form:			
Name:	Awesome Person		
Phone:	555-555-5555		
Email:	awesome@email.org		
Board Chair or Equivalent			
Name:	Brilliant Board	E-mail:	BB@email.org
Address:	555 My Place	Phone:	111-111-1111
City/State/ZIP	My City 99999		
Executive Director or Business Administrator			
Name:	Execllent Director	E-mail:	ED@email.org
Address:	555 My Place	Phone:	222-222-2222
City/State/ZIP	My City 99999		
Fiscal Director			
Name:	Finance King	E-mail:	FK@email.org
Address:	555 My Place	Phone:	333-333-3333
City/State/ZIP	My City 99999		
EFAP Primary Fiscal Staff Contact			
Name:	Fantastic Fiscal	E-mail:	FF@email.org
Address:	555 My Place	Phone:	444-444-4444
City/State/ZIP	My City 99999		
EFAP Primary Program Staff Contact			
Name:	Perfect Program	E-mail:	PP@email.org
Address:	555 My Place	Phone:	555-555-5555
City/State/ZIP	My City 99999		
EFAP Secondary Program Staff Contact			
Name:	Super Second	E-mail:	SS@email.org
Address:	555 My Place	Phone:	666-666-6666
City/State/ZIP	My City 99999		

For WSDA Use Only	
<input type="checkbox"/> Administration is within allowable limits	<input type="checkbox"/> Original signatures on all forms
<input type="checkbox"/> Contract total is correct	<input type="checkbox"/> All required documentation provided
<input type="checkbox"/> Has current 501(c)3 status	<input type="checkbox"/> Checked for suspension and debarment
Follow up needed: _____	

Instructions for Completing the Application Face Sheet

****To complete this portion of the EFAP application you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Face Sheet****

This file automatically adds up the budget totals from all of the workbook tabs and enters them into the Face Sheet.

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

Please enter the following into the **Face Sheet** tab:

1. **Applicant's Name and Address:** Enter name of applicant, street and mailing address, including city and zip code.
2. **Staff Representative Information:** Enter name of the applicant's program staff contact, their title, his/her telephone number including area code, and email address.
3. **Estimated Contract Amount:** This is a gray cell. The total automatically fills in from other spreadsheets. Verify all totals are accurate by referring to your county's allocation. Estimated Budget Allocation Table; add totals for both years of all counties you will serve as contractor.
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:** All of these are gray cells that are automatically filled for each line item in each fiscal year from the following attachments: Attachment C, Attachment D, and Attachment E. Administration & Indirect is the amount for contractor administration (Attachment C), participating food pantries (Attachment D) and Food Bank(s) (Attachment E) and any EFAP funds used to pay allowable membership dues (Attachment C).

Food pantry operations, food bank operations, special dietary needs food purchases, and equipment for each fiscal year will populate from the different attachments the same way as administration.

Please 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.

12. **Projections:** Enter the estimated total number of new + returning people (= visits) to be served each year, and the pounds of food the food bank will deliver to food pantries each year, if applicable.
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.

Please verify that when all of the numbers are entered into the different tabs, the years' totals in #11 on the Face Sheet are equal to the yearly totals for your county's (ies) on the allocation chart.

Face Sheet – Example:



Washington
State Department of
Agriculture

Food Assistance
PO Box 42560
Olympia WA 98504-2560

2019-2021 EFAP Biennial Application Face Sheet

1. Applicant's Name and Address:

FA Lead Contractor
555 My Place
PO Box 5555
Your Town, WA 55555-5555

3. Est. Contract Amount: \$ 90,724.90

4. Contract Period: July 1, 2019 - June 30, 2021

5. Applicant's Fiscal Year: Jan 1- Dec 31

6. Funding Authority:

State of Washington RCW 43.23.290

Chapter 16-740 WAC

Department of Agriculture

7. Applicant Tax I.D. Number: 91-99999999

8. Applicant UBI Number: 601-999-9999

9. Applicant DUNS Number: 99-999-9999

2. Staff Representative Information:

Name: Awesome Person
Title: Chief of Everything
Phone: 555-555-5555
Email: awesome@email.org

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

11. Estimated Budget: Requests for reimbursement are subject to the following estimated budget:

CATEGORY:	FY 2020	FY 2021	TOTALS FY 20 & 21
Administration & Indirect	\$ 8,736.49	\$ 8,725.41	\$ 17,461.90
Food Pantry	\$ 16,000.00	\$ 16,000.00	\$ 32,000.00
Food Bank Operations	\$ 16,000.00	\$ 16,000.00	\$ 32,000.00
Equipment	\$ 2,631.50	\$ 2,631.50	\$ 5,263.00
Special Dietary Needs Food	\$ 2,000.00	\$ 2,000.00	\$ 4,000.00
TOTALS	\$ 45,367.99	\$ 45,356.91	\$ 90,724.90

12. Projections:

Estimate No. of People Served (New + Returning)		Est. lbs of Food From Food Bank Distribution Center		Estimate No. of Backpacks (Kids) distributed (optional)	
FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
5,240	5,530	45,000	48,000	10,000	10,001

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 are true and correct. The applicant will comply with the terms and conditions of the contract if funds are awarded.

Name and Title

Instructions for Completing Attachment B - Applicant Biennial Estimated Budget & Matching Funds Summary

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx - open the tab labeled Attachment B****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

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

Please enter the following into **Attachment B: Estimated Budget and Matching Funds Summary**.

1. **I. Estimated EFAP Funds** -Enter the admin being taken by your agency in A.1. and all subcontractors' admin in A.2. for **both** fiscal years. Enter all other budget costs for contractor and all subcontractors (food bank and food pantries) in row B.
2. **II. Other Funds Cash** - Enter the cash match amounts you estimated and your subcontractors estimated as receiving as indicated from their Attachment B Budget Summaries in their subcontracts for each budget category.
3. **III. In-Kind** - enter the amounts of the in-kind values you estimated and your subcontractors estimated as receiving as indicated from their Attachment B Budget Summaries in their subcontracts for each category.
4. **Other Sources** - Enter the matching sources of revenue and amounts as estimated by you and your subcontractors. The total of cash revenue sources should be the same as the total in IIC and the total of In-Kind should match the amount in IIIC above.

BUDGET DEFINITIONS

ADMINISTRATION:

Contractors, Subcontractors (Food Pantries, Food Banks) and Tribal Contractors are allowed to use state funds for administrative activities. Administrative activities may be indirect or direct. It is essential that each item of cost incurred for the same purpose be treated consistently in like circumstances either as a direct or an indirect cost in order to avoid possible double-charging of State awards.

Contractors are limited to 10 percent administrative costs unless it fills more than one "role" (food bank or provides direct client food pantry services) in which case the total administrative costs may not exceed 15 percent of the total Contract award. Food pantry and food bank subcontractors are limited to 10 percent administration of their individual allocations.

Administrative costs may include:

- Personnel Costs--Salaries, wages and fringe benefits for personnel who are performing administrative duties.
- Travel expenses related to administrative activities.
- Rental or lease of space for administration.
- Other administrative costs such as: office supplies, rental of equipment, telephone, mailing, printing, insurance and audit costs.

- Up to one percent of contract for membership dues to organizations, whose concerns address anti-hunger and health issues.

OPERATIONAL EXPENSES:

Those costs that can be identified specifically with the EFAP program, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as direct costs. Operational costs may include:

- Personnel costs--salaries, wages and fringe benefits for personnel who are actually performing duties related to client service, including networking and outreach activities.
- Travel/Transportation--mileage expense related to costs associated with transporting food from store, warehouse, or food bank to food pantries.
- Space costs--rent or lease payments for facilities or refrigeration units used to warehouse food; and costs of power, heat and water for food pantries' buildings.
- Food--purchase price of food, including food for Special Dietary Needs.
- Other operational costs, such as supplies and equipment directly related to providing food pantry services, equipment repairs and communication costs (telephone, mailing, and printing) directly related to providing food pantry services.
- Food banks' cost of "doing business"--an accounting method for charging against a county's food bank allocation based on the number of pounds of food provided for the cost of handling, warehousing, and transporting of food. When the food bank allocation is spent, food pantries may elect to use their food pantry allocation to pay these expenses.
- Allowable education activities.
- Up to 10 percent of the contract may be spent for the purchase of essential non-food items. (See Reference Materials)

IN-KIND VALUE DETERMINATION:

- **Services/Labor**--identify the number of hours provided, and the hourly value (the wage that would have to be paid if the person were hired). You may also use the EFAP approved rate listed in the required EFAP Subcontractor Biennial Meeting Handout (AGR PUB 609-460). Calculate the total for each volunteer.
- **Equipment/Supplies**--use the amount receipted to donor, or fair market value.
- **Transportation**--volunteer mileage that is donated is calculated at the current state rate. Use actual cost of donated transportation from commercial carriers.
- **Food**--use the EFAP approved price per pound listed in the required EFAP Subcontractor Biennial Meeting Handout (AGR PUB 609-460) to estimate the value, or fair market value.

Attachment B: Estimated Budget and Matching Funds Summary Example



Food Assistance
PO Box 42560
Olympia WA 98504-2560

Attachment B: Biennial Estimated Budget & Matching Funds Summary Includes All Costs for Applicant (Contractor), Food Pantries and Food Banks

Category	I. Estimated EFAP Funds	II. Other Funds Cash	III. In-Kind	IV. Total Budget
A. Administration & Indirect				
1. Applicant Admin & Indirect	\$ 9,062.20	\$ 8,000.00	\$ 10,000.00	\$ 27,062.20
2. Subcontractor Admin/Indirect (Food Pantries & Banks) + Dues	\$ 9,062.20	\$ 8,000.00	\$ 2,000.00	\$ 19,062.20
Total Administration & Indirect	\$ 18,124.40	\$ 16,000.00	\$ 12,000.00	\$ 46,124.40
B. All Other Expenses (Includes Operation, Equipment, Special Dietary Needs Food)	\$ 72,497.65	\$ 29,322.05	\$ 80,000.00	\$ 181,819.70
C. Total Budget	\$ 90,622.05	\$ 45,322.05	\$ 92,000.00	\$ 227,944.10

OTHER SOURCES FOR II. OTHER FUNDS (CASH) & III. IN-KIND, FOR APPLICANT, FOOD PANTRIES & FOOD BANKS

Cash Sources	Amount	Cash Sources	Amount	
Private Donations	\$ 14,000.00		\$	
Fund Raising	\$ 15,300.00		\$	
CSBG	\$ 3,500.00		\$	
United Way	\$ 2,552.05	Sub-Total Cash	\$ 45,352.05	These sub-totals must be the same as IIC
Homeland Security/FEMA	\$ 10,000.00			
Other Funding:	\$	Sub-Total Other Cash (II.C.)	\$ 45,322.05	
	\$	In-Kind Contributions (III.C.)	\$ 92,000.00	
	\$	Total - Other Sources (=Match)	\$ 137,322.05	

Budget Verification: (This section will be verified by WSDA)

Divide I.A.1 by I.C.	Percent:	10%	This cannot exceed 10%.
Divide IC. by IV.C.	Percent:	40%	This cannot exceed 50%.
Divide IIC. by I.C.	Percent:	50%	This cannot be less than 50%.

Instructions for Completing Attachment C – Allocation Process Summary

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Attachment C****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

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

Please enter the following into **Attachment C: Allocation Process Summary**.

1. Enter county name or names if the Applicant supports more than one county.
2. **Column A** - enter the amount of the county estimated allocation for each fiscal year, this information can be found on the Budget Allocation Table (AGR PUB 609-459).
3. **Column B** - enter the amount the Applicant is taking for administration 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 C: Applicant Allocation Process Summary Example



Food Assistance
PO Box 42560
Olympia WA 98504-2560

Attachment C: Allocation Process Summary

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

County(ies) Names (s)	(A) County Estimated Allocation		(B) Applicant Admin & Indirect (Maximum 10% of Total County Allocation)		(C) WA Food Coalition or Other Dues. Maximum of 1% of contract. (Is included in Admin. amount.)		(A) minus (B + C) Balance Allocated to Sub Contracting Food Pantries and Food Bank(s)	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY21	FY 20	FY 21
Your County	\$ 45,367.99	\$ 45,254.06	\$ 4,536.49	\$ 4,525.41	\$ 200.00	\$ 200.00	\$ 40,631.50	\$ 40,528.65
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
Contractor Administrative & Dues Total (All Counties)			\$ 4,536.49	\$ 4,525.41	\$ 200.00	\$ 200.00		

Instructions for Completing Attachment D: Certification of Participating Food Pantries

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Attachment D****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

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

Please enter the following into **Attachment D: Certification of Participating Food Pantries**.

1. Enter the name and title of person signing Attachment D.
2. Enter the Agency Name of Applicant.
3. Enter the Date.
4. Please list the following for all participating food pantries:
 - a. Food Pantry Name
 - b. Physical Location
 - c. Mailing Address
 - d. City / Zip
 - e. County
 - f. Contact person
 - g. FP Telephone #
 - h. Email Address
 - i. Food Supplies only? – check yes or no

EFAP uses this information in disaster response and for communications with the food pantries. (NOTE: Completely fill in. Please keep FA staff updated on food pantry changes as they occur throughout the contract period.)

- 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 fiscal year:
 - i. Administration
 - ii. Operations
 - iii. Equipment
 - iv. SDN Food
 - v. Food Pantry Match
 - vi. Cash reimbursement? – check yes or no

List all food pantries even if they only receive food and services, but not cash. List each fiscal year separately.

Attachment D – Certification of Participating Food Pantries Example



Food Assistance
PO Box 42560
Olympia WA 98504-2560

Attachment D: 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 signed or 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 **Title:** Chief of Everything **Date:** 5/1/2019

Agency Name of Applicant:
FA Lead Contractor

Please list all participating food pantries, with their physical address, mailing address, county, zip code, a contact person, telephone number, and email address. EFAP uses this information for disaster response and for communications with the food pantries. (NOTE: completely fill in. Please keep Food Assistance staff updated on changes.)

If funds are allocated to food pantries, indicate how the EFAP funds will be spent by each participating food pantry. List all food pantries, even if they only receive food and services, but not cash. List each fiscal year separately. Please provide all information requested below by completely filling in all blanks. (Note: budget amounts are estimated until a final EFAP budget is passed by the legislature.)

EFAP Food Pantry Estimated Budget Rollup

	FY 2020	FY 2021	TOTALS for FY 2020 & FY 2021
Administration	2,000.00	2,000.00	4,000.00
Operations	16,000.00	16,000.00	32,000.00
Equipment	1,000.00	1,000.00	2,000.00
SDN Food	1,000.00	1,000.00	2,000.00
Total EFAP	20,000.00	20,000.00	40,000.00
Food Pantry Match	20,000.00	20,000.00	40,000.00

Food Pantry Name	Fresh Food Pantry		FY20	FY21
FP Physical Location	123 Street	Administration	2,000.00	2,000.00
Mailing Address	Same	Operations	16,000.00	16,000.00
City/Zip	My City / 99999	Equipment	1,000.00	1,000.00
County	My County	SDN Food	1,000.00	1,000.00
Contact Person	Joe Cool			
FP Telephone #	555-555-5555	Total EFAP	20,000.00	20,000.00
Email Address	cool@email.org	Food Pantry Match		
Food Supplies only?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cash reimbursement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Instructions for Completing Attachment E: Food Bank Service Area Certification

Complete only if funds are allocated to a food bank for food distribution.

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Attachment E****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

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

Please enter the following into **Attachment E: Food Bank Service Area Certification**.

1. Please list 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

EFAP uses this information for disaster response, and for communications with the food banks. (NOTE: Completely fill in. Please keep EFAP staff updated on changes as they occur throughout the contract period.)

- 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 fiscal year:
 - i. Administration
 - ii. Equipment
 - iii. Operations
 - iv. SDN Food
 - v. Matching Funds

Please provide all information requested below by completely filling in all applicable blanks. List each fiscal year separately.

Attachment E – Food Bank Service Area Certification Example



Food Assistance
PO Box 42560
Olympia WA 98504-2560

Attachment E: Food Bank Service Area Certification (Complete Only if Funds Allocated to Food Bank Distribution Services)

Name and Title: Awesome Person Date: 5/1/2019
 Agency Name: FA Lead Contractor

Note budget amounts are estimated until a final budget is passed by the Legislature.

Food Bank Estimated Budget Rollup

	FY 20	FY 21	Total FY 20 & FY 21
Administration	\$ 2,000.00	\$ 2,000.00	\$ 4,000.00
Equipment	\$ 1,631.50	\$ 1,631.50	\$ 3,263.00
Operations	\$ 16,000.00	\$ 16,000.00	\$ 32,000.00
SDN Foods	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00
Total Contract Amount	\$ 20,631.50	\$ 20,631.50	\$ 41,263.00

Matching Funds \$ - \$ - \$ -
 County(ies):
My 1st County
My 2nd County

			FY20	FY21
Food Bank	<u>Always Open Food Bank</u>	Administration	\$ 2,000.00	\$ 2,000.00
Address	<u>1234 Street</u>	Equipment	\$ 1,631.50	\$ 1,631.50
Contact Person	<u>Jane Awesome</u>	Operations	\$ 16,000.00	\$ 16,000.00
Email	<u>Awesome@email.org</u>	SDN Foods	\$ 1,000.00	\$ 1,000.00
Telephone #	<u>111-111-1111</u>	Total Contract	\$ 20,631.50	\$ 20,631.50

Est. Pounds of Food for the biennium _____ Matching Funds _____
 _____ lbs
 County(ies):

			FY20	FY21
Food Bank	_____	Administration	_____	_____
Address	_____	Equipment	_____	_____
Contact Person	_____	Operations	_____	_____
Email	_____	SDN Foods	_____	_____
Telephone #	_____	Total Contract	\$ -	\$ -

Est. Pounds of Food for the biennium _____ Matching Funds _____
 _____ lbs

Section 3: Reference Materials

List of Essential Non-Food Items

- Consumable Cleaning Supplies
- Denture Adhesive
- Deodorant
- Detergent
- Diapers (baby & adult)
- Dish Soap
- Facial Tissue
- Feminine Products
- Hand Soap
- Paper Towels/Napkins
- Shampoo & Conditioner
- Shaving Products
- Teeth/Denture Cleaning Products
- Toilet Paper
- Toothbrush

Section 4: List of Food Assistance Forms & Publications

Forms and publications are available for download on our website.

- EFAP Biennial Application Handbook (Publication No. 609-457)
- EFAP Biennial Application Form (AGR-2205)
- EFAP Subcontractor Biennial Meeting Handout (Publication No. 609-460)
- Accounting System Verification Form (AGR-2206)
- Equipment Procurement Requirements and Guidelines (Publication No. 609-454)
- FA Equipment Purchase Request / Approval Form (AGR-2204)
- Estimated Budget Allocation Table (AGR PUB 609-459)
- EFAP Food Pantry Subcontract (AGR-2208)
- EFAP Food Bank Subcontract (AGR-2209)

Section 5: Additional Required Documents for Contractor Applicants

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.