



Washington  
State Department of  
Agriculture

# Emergency Food Assistance Program

## EFAP-Tribal 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-Tribal Application – First Steps

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## Introduction

### **PURPOSE**

This announcement solicits applications from tribes and tribal organizations in the state of Washington to serve as tribal food voucher and/or food pantry contractors.

Tribal applicants who have responded to WSDA’s “Intent to Apply: 2019-2021 Biennium” are being notified of the application materials on our website.

This application is for tribes and tribal 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 2019-2021 biennium. If applicable, the contractor will administer subcontracts with one or more tribal programs that distribute vouchers directly to needy persons.

### **AUTHORIZATION**

RCW 43.23.290 authorizes WSDA to administer the Food Assistance (FA) 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 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.

The tribal allocation table, located on the FA website, is a budgetary placeholder, and represents the budget totals we anticipate for the upcoming biennium. An amendment to this contract may be required once the budget is passed and signed by the Governor. These funds may be used by tribal contractors and subcontractors for the distribution of food, vouchers, operational costs and limited administrative costs.

The allocations for each participating tribe will be allocated according to the following formula:

1. One half of the total tribal funds available will be evenly divided among the participating tribes.
2. One half of the funds will be allocated according to each tribe’s reported number of enrolled tribal members.

### **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 that it will comply with the regulations, policies, guidelines, and requirements as they relate to the application, acceptance and use of state of Washington funds for the Emergency Food Assistance Program.

1. Can comply with the General Terms and Conditions and the applicable 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.
2. If applicable, it 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.

## Section 2: Allocations, Application, Instructions, and Examples

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### EFAP-Tribal Estimated Budget Allocation Table

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

### EFAP-Tribal Biennial Application - Excel Documents

The application documents are located on a separate excel document named **2210-EFAP Tribal Biennial Application.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 – Certification of Participating Member Tribes (Voucher Program Subcontractors)
- Attachment D – Food Pantry Service Area Certification (Contractor)
- Attachment E – Voucher Program Service Area Certification (Contractor)

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 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 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 2210-EFAP-TribalBiennialApplication.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. Tribal 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-Tribal Biennial Application

Tribal Applicant Information			
Agency Name:	FA Tribal Contractor		
Physical Address:	555 My Place		
Mailing Address:	Po Box 55		
Select method of billing:	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Contact person for questions regarding responses to this form:			
Name:	Awesome Person		
Phone:	555-555-5555		
Email:	<a href="mailto:awesome@email.org">awesome@email.org</a>		
Tribal Chair or Equivalent			
Name:	Terrific Chair	E-mail:	<a href="mailto:TC@email.org">TC@email.org</a>
Address:	555 My Place	Phone:	111-111-1111
City/State/ZIP	My City, WA 99999		
Executive Director or Business Administrator			
Name:	Excellent Director	E-mail:	<a href="mailto:ED@email.org">ED@email.org</a>
Address:	555 My Place	Phone:	222-222-2222
City/State/ZIP	My City, WA 99999		
Fiscal Director			
Name:	Fantastic Finance	E-mail:	<a href="mailto:FF@email.org">FF@email.org</a>
Address:	555 My Place	Phone:	333-333-3333
City/State/ZIP	My City, WA 99999		
EFAP Primary Fiscal Staff Contact			
Name:	Primo Fiscal	E-mail:	<a href="mailto:PF@email.org">PF@email.org</a>
Address:	555 My Place	Phone:	444-444-4444
City/State/ZIP	My City, WA 99999		
EFAP Primary Program Staff Contact			
Name:	Perfect Program	E-mail:	<a href="mailto:PP@email.org">PP@email.org</a>
Address:	555 My Place	Phone:	555-555-5555
City/State/ZIP	My City, WA 99999		
EFAP Secondary Program Staff Contact			
Name:	Super Second	E-mail:	<a href="mailto:SS@email.org">SS@email.org</a>
Address:	555 My Place	Phone:	666-666-6666
City/State/ZIP	My City, WA 99999		

### For WSDA Use Only

Administration is within allowable limits  
 Contract total is correct  
 Has 501(c)(3) status or Federally Recognized  
 All required documentation provided  
 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 2210-EFAP-TribalBiennialApplication.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 or subcontractors administration (Attachments C, D, & E). Each tab has a separate function: subcontracting voucher programs (Attachment C), contractor food pantry allocation (Attachment D), contractor voucher program allocation (Attachment E).

Operations, vouchers, special dietary needs food purchases, and equipment for each fiscal year will populate from the different attachments the same way as administration & indirect.

***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 people (= visits) to be served each year by program (voucher and/or pantry).
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-Tribal Biennial Application Face Sheet

### 1. Applicant's Name and Address:

FA Tribal Contractor  
555 My Place  
PO Box 5555  
My City, WA 55555-5555

### 2. Staff Representative Information:

Name: Awesome Person  
Title: In Charge of All  
Phone: 555-555-5555  
Email: [awesome@email.org](mailto:awesome@email.org)

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

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	\$ 4,727.28	\$ 4,727.28	\$ 9,454.56
Operations (FP & Voucher)	\$ 47,653.67	\$ 47,653.67	\$ 95,307.34
Voucher	\$ 7,619.05	\$ 7,619.05	\$ 15,238.10
Equipment	\$ -	\$ -	\$ -
Special Dietary Needs Food	\$ -	\$ -	\$ -
<b>TOTALS</b>	<b>\$ 60,000.00</b>	<b>\$ 60,000.00</b>	<b>\$ 120,000.00</b>

### 12. Annual Projections:

Voucher Program: Total New People Served		Food Pantry Program: Total New People Served	
FY 2020	FY 2021	FY 2020	FY 2021
100	120	100	120

### 13. County(ies) served by tribe:

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.

Awesome Person, In Charge of All  
Name and Title

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

This attachment informs Food Assistance of how you plan to meet the 35% match requirement for the program. Reminder: 50% of the match must be cash, the rest may be in-kind. Note: this tab does not “roll up” into the face sheet. Some applicants may find that filling out Attachments C, D, and E first may make Attachment B easier to fill out.

- Examples of cash match would be food and vouchers purchased with non-EFAP dollars and, staff salaries paid with other funding sources.
- Examples of in-kind match would be food, vouchers or volunteer time donated to the program(s).

Please contact your regional representative with additional or clarifying questions.

**\*\*To complete this portion of the EFAP application, you must access the included Excel Workbook named 2210-EFAP-TribalBiennialApplication.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 to include food pantries, food banks and tribal contractors shall only bill for allowable administrative activities and expenses, including agency indirect expenses not attributable to any one specific program. These expenses are limited to 10 percent of their allocation annually. 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.

- Indirect costs are those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the specific program. These costs should be classified within two broad categories: “Facilities” and “Administration”.
- Direct costs are 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.

Administrative costs are limited to 10 percent of an allocation annually and 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, equipment rental, telephone, mailing, printing, insurance and audit costs.
- Up to one percent of subcontract for membership dues to organizations whose concerns address anti-hunger and health issues.

**OPERATIONAL EXPENSES:** Direct operational costs are 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 direct services.
- Space costs--rent or lease payments for facilities where program activity takes place.
- Other operational costs directly related to providing food voucher services such as supplies, equipment and communication costs (telephone, mailing, and printing).

**VOUCHERS:** The face value of food vouchers that given to clients. Up to 10 percent of each tribe’s subcontract may be spent for the purchase of essential nonfood items. (See exhibit 4)

#### **IN-KIND VALUE DETERMINATION:**

In-kind contribution is the value that is placed on donated services, materials, equipment, food, and other, as determined by EFAP or fair market value as determined by contractor and subcontractor in conjunction with their CPA or tax advisor. The determination is based on the following:

- 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 of \$16.50/hour. 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 of \$0.58 per mile. Use actual cost of donated transportation from commercial carriers.
- Food--use the EFAP approved price of \$1.75 per pound 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 Panty, Voucher Program, and Food Banks

Category	I. Estimated EFAP Funds	II. Other Funds Cash	III. In-Kind	IV. Total Budget
<b>A. Administration &amp; Indirect</b>				
<b>Applicant</b> Admin/Indirect/Dues	\$ 9,454.56	\$ 8,000.00	\$ 10,000.00	\$ 27,454.56
<b>Subcontractor</b> Admin/Indirect (Vouchers) + Dues	\$	\$	\$	\$ -
Total Administration & Indirect	\$ 9,454.56	\$ 8,000.00	\$ 10,000.00	\$ 27,454.56
<b>B. Operations Applicant &amp; Subcontractor</b>				
<b>Applicant</b>	\$ 95,307.34	\$ 14,661.02	\$ 40,000.00	\$ 149,968.36
<b>Subcontractor</b>	\$ 15,238.10	\$ 14,661.03	\$ 40,000.00	\$ 69,899.13
<b>D. Total Budget</b>	\$ 120,000.00	\$ 37,322.05	\$ 90,000.00	\$ 247,322.05

### Other Sources for II. Other Funds Cash & III. In-Kind, for Applicant, Subcontractors (Pantry, Voucher, Food Bank)

Cash Sources	Amount	Cash Sources	Amount
Private Donations	\$ 14,000.00		\$
Fund Raising	\$ 15,300.00		\$
Tribal Funds	\$ 3,500.00		\$
United Way	\$ 2,552.05	Sub-Total Cash	\$ 37,322.05
Homeland Security/FEMA	\$		
Other Funding:	\$ 1,970.00	Sub-Total Other Cash (II.C.)	\$ 37,322.05
	\$	In-Kind Contributions (III.C.)	\$ 90,000.00
	\$	Total - Other Sources (=Match)	\$ 127,322.05

These sub-totals must be the same as IID

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

Divide I.A.1 by I.D.	Percent: 8%	This cannot exceed 10%.
Divide IC. by IV.D.	Percent: 49%	This cannot exceed 74.07%.
Divide IIC. by I.D.	Percent: 31%	This cannot be less than 17.5%.

## Instructions for Completing Attachment C – Certification of Participating Member Tribes

Complete only if funds are allocated to a subcontractor voucher program. This form is ONLY for STOWW or SPIPA to enter the budget, and information for subcontracting tribal voucher programs. Applicants operating their own tribal voucher program should enter their EFAP voucher funds in Attachment E.

**\*\*To complete this portion of the EFAP application, you must access the included Excel Workbook named 2210-EFAP-TribalBiennialApplication.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: Certification of Participating Member Tribes**.

1. Please list the following for all participating voucher programs:

- a. Tribe Name
- b. Address - Physical Location
- c. Mailing Address
- d. City / Zip
- e. County
- f. Contact person
- g. Telephone #
- h. Email Address
- i. Federally Recognized? – Check Yes or No

EFAP uses this information in disaster response and for communications with the subcontracting agency. Please keep your regional representative updated on subcontractor changes as they occur throughout the contract period.

- j. If funds are allocated to subcontracting voucher programs, indicate how the estimated EFAP funds will be spent by each organization. Enter the following budget information for each fiscal year:
  - i. Administration & Indirect (10% of total budget limit)
  - ii. Operations
  - iii. Vouchers
  - iv. Equipment
  - v. Tribal Match
  - vi. Cash Reimbursement? – Check Yes or No

List all subcontracting agencies. List each fiscal year separately.

# Attachment C: Certification of Participating Member Tribes Example



Food Assistance  
PO Box 42560  
Olympia WA 98504-2560

## Attachment C: Certification of Participating Member Tribes - Voucher Program Subcontractors (STOWW & SPIPA Only)

Please list all participating tribal subcontractors, even if they only receive services, but not cash. (Note: budget amounts are estimated until a final EFAP budget is passed by the legislature.) EFAP uses this information for disaster response and communications with the subcontractors when necessary.

### EFAP Subcontractor Estimated Budget Rollup

	FY 2020	FY 2021	TOTALS for
Admin & Indirect	-	-	-
Operations	-	-	-
Vouchers	-	-	-
Equipment	-	-	-
<b>Total EFAP</b>	-	-	-
<b>Total Tribal Member Match</b>	-	-	-

Tribe Name			FY20	FY21
Address				
Mailing Address				
City/Zip				
County				
Contact Person				
Telephone #				
Email Address				
Fed. Recognized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Admin & Indirect				
Operations				
Vouchers				
Equipment				
<b>Total EFAP</b>			-	-
<b>Tribal Match</b>				
<b>Cash reimbursement?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

## Instructions for Completing Attachment D: Food Pantry Service Area Certification

Complete only if funds are allocated to a food pantry.

**\*\*To complete this portion of the EFAP application, you must access the included Excel Workbook named 2210-EFAP-TribalBiennialApplication.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 D: Food Pantry Service Area Certification**.

1. Please list your name, title, date and agency name.
2. Enter the following:
  - a. County(ies): list the county(ies) served by the food pantry
  - b. Tribal Food Pantry 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 pantry. Please keep your regional representative updated on changes as they occur throughout the contract period.

- h. If funds are allocated to food a food pantry, indicate how the estimated EFAP funds will be spent. Enter the following budget information for each fiscal year:
  - i. Administration & Indirect (limit: 10 percent of allocation)
  - ii. Equipment
  - iii. Operations
  - iv. SDN Food
  - v. Matching Funds

Please provide all information requested below. List each fiscal year separately.

# Attachment D – Certification of Participating Food Pantries Example



Food Assistance  
PO Box 42560  
Olympia WA 98504-2560

## Attachment D: Food Pantry Service Area Certification (Complete Only if Funds Allocated to Contractor's Food Pantry Program)

Name and Title: Awesome Person, Program Manager Date: 1/1/1111  
Agency Name: Awesome Tribal Food Pantry

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

### Food Pantry Program Estimated Budget Rollup

	FY 20	FY 21	Total FY 20 & FY 21
Administration & Indirect	\$ 4,727.28	\$ 4,727.28	\$ 9,454.56
Operations	\$ 47,272.72	\$ 47,272.72	\$ 94,545.44
Equipment	\$ -	\$ -	\$ -
SDN Foods	\$ -	\$ -	\$ -
<b>Total Contract Amount</b>	<b>\$ 52,000.00</b>	<b>\$ 52,000.00</b>	<b>\$ 104,000.00</b>

Matching Funds \$ 18,200.00 \$ 18,200.00 \$ 36,400.00

County(ies):  
Jefferson  
Clallam

		FY20	FY21
Tribal Food Pantry Name	<u>Small town food pantry</u>	Admin & Indirect \$ 4,727.28	\$ 4,727.28
Address	<u>1234 small street way</u>	Operations \$ 47,272.72	\$ 47,272.72
Contact Person	<u>Awesome Person</u>	Equipment	
Email	<u><a href="mailto:AwesomePerson@Email.com">AwesomePerson@Email.com</a></u>	SDN Foods	
Telephone #	<u>123-456-7890</u>	Total Contract	\$ 52,000.00 \$ 52,000.00
Est. Pounds of Food for the Biennium	<u>70000</u> lbs	Matching Funds	\$ 18,200.00 \$ 18,200.00

Note:  
Applicant Admin & Indirect (Maximum 10% of Total Allocation)

WA Food Coalition or Other Dues. Maximum of 1% of contract (Include in Administration amount).

## Instructions for Completing Attachment E: Voucher Program Service Area Certification

Complete only if funds are allocated to a contractor operated voucher program.

**\*\*To complete this portion of the EFAP application, you must access the included Excel Workbook named 2210-EFAP-TribalBiennialApplication.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: Voucher Program Service Area Certification**.

1. Please list your name, title, date and agency name.
2. Enter the following for the voucher program):
  - a. County(ies): list the county(ies) served by the voucher program
  - b. Tribal Organization Name
  - c. Address – enter the physical Location
  - d. Contact person
  - e. Email
  - f. Telephone #

EFAP uses this information for disaster response, and for communications with the voucher program. Please you're your regional representative updated on changes as they occur throughout the contract period.

- g. If funds are allocated to a voucher program, indicate how the estimated EFAP funds will be spent. Enter the following budget information for each fiscal year:
  - vi. Administration (limit: 10 percent of allocation)
    - i. Equipment
    - ii. Operations
    - iii. SDN Food
    - iv. Matching Funds

Please provide all information requested below. List each fiscal year separately.

# Attachment E – Voucher Program Service Area Certification Example



Food Assistance  
PO Box 42560  
Olympia WA 98504-2560

## Attachment E: Voucher Program Service Area Certification (Complete Only if Funds Allocated to a Contractor's Voucher Program)

Name and Title: Awesome Person, Voucher Program Manager Date: 1/11/1111  
Agency Name: Awesome Tribal Voucher Program

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

### Voucher Program Estimated Budget Rollup

	FY 20	FY 21	Total FY 20 & FY 21
Administration & Indirect	\$ -	\$ -	\$ -
Operations	\$ 380.95	\$ 380.95	\$ 761.90
Vouchers	\$ 7,619.05	\$ 7,619.05	\$ 15,238.10
Equipment	\$ -	\$ -	\$ -
<b>Total Contract Amount</b>	<b>\$ 8,000.00</b>	<b>\$ 8,000.00</b>	<b>\$ 16,000.00</b>
Matching Funds	\$ -	\$ -	\$ -

		FY20	FY21
Tribal Organization Name	Small Community Voucher Program		
Address	1234 Small Community Way	\$ 380.95	\$ 380.95
Contact Person	Awesome Person	\$ 7,619.05	\$ 7,619.05
Email	<a href="mailto:AwesomePerson@Voucher.com">AwesomePerson@Voucher.com</a>		
Telephone #	123-456-7890	\$ 8,000.00	\$ 8,000.00
	Admin & Indirect		
	Operations		
	Vouchers		
	Equipment		
	Total Contract		
	Matching Funds		

Note:  
Applicant Admin & Indirect (Maximum 10% of Total Allocation)

WA Food Coalition or Other Dues. Maximum of 1% of contract (Include in Administration amount).

## Section 3: Reference Materials

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### 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: Store Agreement Template

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## Template for Food and Essential Non-Food Items

Dear Store Manager:

We would like to thank you for your cooperation and participation in the Tribal Food Voucher Program. This is an important and needed service to the Indian community and your role is key to its success.

The state guidelines are as follows:

- The store will accept vouchers that have only **original** signatures of both the client and the tribe’s program manager.
- Stores will bill the Contractor each month for the amount of food purchased with the vouchers.
- The original voucher and store receipt must accompany billings from the store.
- Stores will allow clients to purchase only **essential** food items and household products. Stores will not be reimbursed for nonessential items such as:
  - Any kind of carbonated beverage or flavored sugared drinks such as soda, pre-made sweetened beverage or powdered drink mix to make, all flavored water, Sobe-type drinks, any energy drinks, on-the-go drink packets, and all sports drinks. (**Note:** Bottled water is allowed)
  - Any kind of tobacco products.
  - Pet food or pet supplies.
  - **Non-essential** household items such as furniture polish and carpet cleaner.
  - Non-essential personal care products such as cosmetics, hair dye & spray and body lotions.
  - **Note:** Essential household and personal care products such as detergent, shampoo, dish soap, toothpaste, deodorant, tissues, toilet paper, baby diapers and feminine products are allowed.
  - “Snacks” or “desserts” such as candy, gum, cookies, cakes, potato chips, granola bars, trail mix, donuts, muffins or ice cream.
  - Any kind of alcohol beverages.
- If a client does not spend out the full value of the voucher, she/he will not receive in cash the unspent balance.

We look forward to working with you. If you have any questions, please do not hesitate to call

\_\_\_\_\_ (Name) at \_\_\_\_\_ (Phone number).

Thank you again for your participation.

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I, the undersigned, representing Store Name am willing to participate in the Tribal Voucher Program, and agree to the state guidelines outlined above.

\_\_\_\_\_  
Name of Store Personnel, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Food Voucher Representative

\_\_\_\_\_  
Date

## TEMPLATE FOR FOOD ITEMS ONLY

Dear Store Manager:

We would like to thank you for your cooperation and participation in the Tribal Voucher Program. This is an important and needed service to the Indian community and your role is key to its success.

The State guidelines are as follows:

- The store will accept vouchers that have only **original** signatures of both the client and the tribe's program manager.
- Stores will bill the contractor each month for the amount of food purchased with the vouchers.
- The original food voucher and store receipts must accompany billings from the store.
- Stores will allow clients to purchase only **essential** food items. Stores will not be reimbursed for nonessential food items or any nonfood items such as:
  - Any kind of carbonated beverage or flavored sugared drinks such as soda, pre-made sweetened beverage or powdered drink mix to make, all flavored water, Sobe-type drinks, any energy drinks, on-the-go drink packets, and all sports drinks. (**Note:** Bottled water is allowed)
  - Any kind of tobacco products.
  - Pet food or pet supplies.
  - "Snacks" or "desserts" such as candy, gum, cookies, cakes, potato chips, donuts, muffins or ice cream.
  - Any kind of alcohol beverages.
  - Any nonfood items.
- If a client does not spend out the full value of the voucher, she/he will not receive in cash the unspent balance.

We look forward to working with you. If you have any questions, please do not hesitate to call

\_\_\_\_\_ (Name) at \_\_\_\_\_ (Phone number).

Thank you again for your participation.

---

I, the undersigned, representing Store Name am willing to participate in the Tribal Voucher Program, and agree to the state guidelines outlined above.

\_\_\_\_\_  
Name of Store Personnel, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Voucher Representative

\_\_\_\_\_  
Date

## Section 5: List of Food Assistance Forms & Publications

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**Forms and publications are available for download on our website.**

- EFAP-Tribal Biennial Application Handbook (Publication No. 609-761)
- EFAP-Tribal Biennial Application Form (AGR-2210)
- EFAP Tribal Estimated Budget Allocation Table (AGR PUB 609-470)
- Accounting System Verification Form (AGR-2206)
- Equipment Procurement Requirements and Guidelines (Publication No. 609-454)
- FA Equipment Purchase Request / Approval Form (AGR-2204)
- EFAP Tribal Subcontract (AGR-2213)

## Section 6: Additional Required Documents for Contractor Applicants

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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: its ability to plan, organize, administer and maintain contracts, within the allowable administrative limits; prior experience with emergency food and anti-hunger programs; staffing level available to the program; and its expertise to properly manage the fiscal, data collection and reporting requirements.