



## EFAP LEAD CONTRACTOR CLOSE-OUT REPORT INSTRUCTIONS

### Important Notes:

- Please send the Food Pantry Subcontractor Close-out Report (AGR FORM 609-2219) and corresponding instructions (AGR PUB 609-473) to applicable SFY16 Food Pantry Subcontractors. Make sure to enter the due date and contract number prior to sending to the Subcontractor. These may be downloaded from the FAP website on the [Forms](#) page.
- Please send the Food Bank Subcontractor Close-out Report (AGR FORM 609-2218) and corresponding instructions (AGR PUB 609-472) to applicable SFY16 Food Bank Subcontractors. Make sure to enter the due date and contract number prior to sending to the Subcontractor. These may be downloaded from the FAP website on the [Forms](#) page.
- Once you receive all of the information from your Subcontractors, please use the data to populate the EFAP Lead Contractor Close-out Report (AGR FORM 609-2220). This form may be downloaded from the FAP website on the [Forms](#) page.
- When completing the Lead Contractor Close-out report, only enter data into cells that are **shaded yellow**.
- Please use \$12.47 per hour for donated labor and \$1.73 per pound for in-kind values. You may use whatever value you deem appropriate for other in-kind donations.
- Contractors and Subcontractors (including food pantries and food banks) do not need to match by budget category. They only need to match their overall budget. For example, if all of your EFAP funds are used for food bank operations, the match requirements could be met all in administration or by any combination of matching funds in the other budget categories.
- We are allowing both TEFAP and CSFP food pounds to be used as “In-Kind” match for EFAP. (Note: Allowing CSFP as a match is fairly new.)
- A signed and dated copy is due to the WSDA Food Assistance Programs by August 15, 2016. You may scan and email your signed report to your Food Assistance Programs Regional Representative.

### Section 1: Contractor Information

- A. Contractor Name and Address: Name of Contractor and mailing address including zip code.
- B. Contract Number: Number assigned to the Contract by WSDA.
- C. Contact Person: The name of person who completed this form.
- D. Phone Number: Phone number of contact person.
- E. Email Address: E-mail address of the contact person.

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### Section 2: Total EFAP Budget

**You do not enter anything in this section. Numbers are rolled up from other sections.**

This section reflects all resources, including EFAP, spent by you and your Subcontractors on your emergency food pantry activities.

- Column A should reflect **actual expenditures** billed to WSDA during SFY2016.
  - Column B should reflect all cash and in-kind resources used as a match for the emergency food pantry activities by the Contractor and by all food pantry and food bank Subcontractors from Sections 3, 4 & 5.
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### Section 3: Contractor's Budget

Only input data into the **yellow-shaded cells**.

- This section reflects all resources spent on the emergency food pantry activities by the Contractor. **(If the Contractor is also a food bank/distribution center, a food pantry or both, resources spent on those functions are entered in Sections 4 and 5.)**
- Column A should reflect **actual** EFAP expenditures billed to WSDA for **Contractor** administrative, equipment and special dietary needs food costs. Enter the expenditures in the appropriate categories.
- Column B should reflect all other cash and in-kind resources spent for **Contractor** activities/budget categories. Refer to EFAP Policy 300.1, 300.3, 300.4 and 300.5 for definitions of the categories, if necessary. **NOTE:** For the purposes of this program "In-Kind" is defined as services or food that is donated (offered for free) to the food bank program.

*Please make sure that the EFAP percent of total costs does not exceed 50%.*

*Please make sure that the cash match as a percentage of EFAP funding is at least 50%.*

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### Section 4: Food Bank's Budget

Only input data into the **yellow-shaded cells**.

- This section reflects all resources spent on food bank activities by the food bank, if funds were allocated for distribution. **(If the food bank is also the Contractor or a food pantry, resources spent on those functions are entered separately in Sections 3 and 5.)**
- Column A should reflect **actual** EFAP expenditures billed to WSDA for **food bank** costs.
- Column B should reflect all matching cash and in-kind resources spent for **food bank** activities.

*Please make sure that the EFAP percent of total costs does not exceed 50%.*

*Please make sure that the cash match, as a percentage of EFAP funding is at least 50%.*

**TOTAL Food Purchases Amt.** Enter the total amount of EFAP funds **(only)** used to purchase food in SFY 2016 by the food bank.

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### Section 5: Food Pantries' Budget

The figures in this section are the aggregate numbers from all of your food pantries. \*Though not required, if no funds are allocated directly to the food pantries, we would appreciate still receiving their

match information. We would like to get a true picture of the amount of resources supporting the emergency food system.

Only input data into the **yellow-shaded cells**.

- This section reflects all resources spent on food pantry activities by **food pantries**. **(This includes the Contractor's food pantry, if it has one.)**
- Column A should reflect **actual** EFAP expenditures billed to WSDA for **food pantry** costs.
- Column B should reflect all matching cash and in-kind resources reported by your Subcontractor food pantries spent for **food pantry** activities.

*Please make sure that either the cash match as a percentage of EFAP funding is at least 50% or that the in-kind total as a percentage of EFAP funding is at least 200%.*

**Total Food Purchases Amt.** Enter the total amount of EFAP funds (**only**) used to purchase food in SFY 2016 by the food pantries.

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### **Section 6: Client Demographics**

- A. Demographics: Enter the total number of clients (new and returning for each age category) and the number of households served for SFY 2016, using all revenue sources.
  - B. Supplemental Clients: Enter the number of supplemental clients served, new and returning, if tracked during SFY 2016.
  - C. Special Dietary Needs Clients: Enter the number of special dietary needs clients served, new and returning, if tracked during SFY 2016.
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### **Section 7: Pounds of Food Distributed**

- A. Full Service Pounds Distributed by Food Pantries: Enter the total SFY 2016 full service pounds of food **from all sources** given to full service clients. This includes TEFAP food, all donated food, and all purchased food (EFAP or other cash sources).
  - B. Supplemental Pounds Distributed by Food Pantries. Enter the number of supplemental pounds of food distributed to supplemental clients, if tracked during SFY 2016.
  - C. Pounds of Food Distributed by Food Bank: Enter the number of pounds of food distributed to the food pantries by your EFAP-contracted food bank for SFY 2016, if you contracted with one.
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### **Section 8: Food Purchases Report**

This section will roll up the dollar amounts entered for the food pantries and the food banks spent on purchasing food using EFAP funds only for SFY 2016.

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**Certification:** The report must be certified (signed) by an authorized representative. Please enter the title of the person signing the report and the date the report is signed.

NOTE: If you made any corrections in your demographic information over the course of the year and did not also send them to WSDA, then your totals and ours will not match! In order to rectify this, please send us those corrections with this report.

**Return report by August 15, 2016:**

Email an electronic version of the Close-out Report to your FAP Regional Representative:

Kyle Merslich, Program Specialist, [kmerslich@agr.wa.gov](mailto:kmerslich@agr.wa.gov) or 360-725-5657  
James Scovel, Program Specialist, [jscovel@agr.wa.gov](mailto:jscovel@agr.wa.gov) or 360-725-5641  
Megan Harlan, Program Coordinator, [mharlan@agr.wa.gov](mailto:mharlan@agr.wa.gov) or 360-725-2858  
Jasmine Sanborn, Program Coordinator, [jsanborn@agr.wa.gov](mailto:jsanborn@agr.wa.gov) or 360-725-2853

Or mail a hardcopy version to:

Washington State Department of Agriculture - Food Assistance Programs  
1111 Washington St. SE ~ PO Box 42560 ~ Olympia, WA 98504-2560

If you have technical or other problems completing this report, please do not hesitate to call or email your FAP Regional Representative.