



EFAP FOOD PANTRY SUBCONTRACTOR CLOSE-OUT REPORT INSTRUCTIONS

Important Notes:

- When filling out the EFAP Food Pantry Subcontractor Close-out Report (AGR FORM 2219) electronically, 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.
- You do not need to match by budget category. You only need to match your overall budget. For example, if all of your Emergency Food Assistance Program (EFAP) funds are used for operations, the match requirements could be met by providing other funds in the administration and equipment categories.
- A signed and dated copy is due to the Contractor by date listed on the report.
- If your EFAP Subcontract did not include any funding to you as a food pantry, you will leave column 5.a. blank and only fill in column 5.b., a list of the other resources you used in your food pantry program. If this is the case, #8 will not apply to you, so you can ignore those calculations.

Agency's Information:

1. Food Pantry's Name and Address: Name of Subcontractor and mailing address including zip code.
2. Contract Number: Number assigned to the contract by WSDA. (**Contractor**, please fill this in.)
3. Contact Person: The name of person who completed this form.
4. Phone Number: Phone number of contact person.
- 4a Email Address: E-mail address of the contact person.

Yearly Expenditure Report:

This section reflects all resources, including EFAP, spent on your food pantry activities.

- 5a Column A should reflect actual expenditures billed to your EFAP subcontract during SFY 2016 for food pantry administration, operations, special dietary needs food and equipment costs. Enter the expenditures in the appropriate categories.
- 5b Column B should reflect all cash matches and other noncash/in-kind resources used for your food pantry services during SFY 2016. We are allowing TEFAP and CSFP food pounds to be used as "In-Kind" match for EFAP. (Note: Allowing CSFP as a match is relatively new.)
6. Sums are automatically calculated in Column C, Total Costs All Sources by adding Column 5a, Total EFAP Reimbursements to Column 5b, Match/In-Kind Other Resources columns. If filling out by hand, add columns 5a and 5b to get the sum total.

7. All totals for columns reflected here are automatically calculated. If filling out by hand, add all line items up in column 5a to get the sum total for 7a. Do the same for column 5b to get the sum total for 7b.
8. EFAP percent of total costs is an automatic calculation. If filling out by hand, divide total 7a by total 7c. This may not exceed 50%.

OR, if you do not have sufficient cash match:

Add up all in-kind (labor, food, & other) in 5b. Divide total from 7a by in-kind total from 5b. The result must be at least 200%.

Food Purchases Report:

9. Enter the total amount of EFAP funds (**only**) used to purchase food in SFY 2016.

Client Demographics:

10. Number of Full Service Clients Served: Enter the number of new and returning clients, by age group that you served and reported to the Contractor in SFY 2016.
11. Number of Supplemental Clients Served: Enter the number of supplemental only clients that you served and reported to the Contractor (if you tracked this) in SFY 2016.
12. Number of Special Dietary Needs Clients: The number of special dietary needs clients you served and reported to the Contractor (if you tracked this) in SFY 2016.

Pounds of Food Distributed to Clients:

13. Full Service pounds of food distributed by Food pantry: The number of pounds of food **from all sources** you gave to clients and reported to the Contractor (required) in SFY 2016.
14. Supplemental Pounds of Food Distribute by Food pantry: The supplemental pounds of food you gave to just supplemental clients (if you tracked this) and reported to the Contractor in SFY 2016.

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

*If filling in electronically, only input data into the **yellow-shaded cells**. Please make sure that the EFAP percent of total costs does not exceed 50%, or if you cannot meet the cash match requirement, that your total in-kind amount is at least 200% of the amount you received from EFAP.*

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.

Return the Food Pantry Subcontractor Close-out Report (AGR FORM 609-2219) to the Contractor by the date indicated on the top of the report.

If you have technical or other problems completing this report, please do not hesitate to call or email your Contractor to ask for assistance.