



EFAP TRIBAL FOOD PANTRY PROGRAM CLOSE-OUT REPORT INSTRUCTIONS

Important Notes:

- When completing the EFAP Tribal Food Pantry Program Close-out Report (AGR FORM 609-2221) electronically, only enter data into cells that are shaded yellow. This form may be downloaded from the FAP website on the [Forms](#) page.
- 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.
- A signed and dated copy is due to the WSDA Food Assistance Programs by August 1, 2016. You may scan and email your signed report to your Food Assistance Programs Regional Representative.

Contractor Information

1. Contractor Name and Address: Name of Contractor and mailing address including zip code.
2. Contract Number: Contract Number assigned by the WSDA.
3. Contact Person: The name of person who completed this form.
- 4a. Phone number: Phone number of the contact person.
- 4b. Email Address: Email address of the contact person.

Expenditure Detail

- 5a. Total EFAP Reimbursement: Enter the actual amounts your tribe was reimbursed from the state Emergency Food Assistance Program for SFY 2016. Enter the amounts expended in the appropriate categories. The electronic version will automatically compute the total.
- 5b. Match (cash and in-kind donated): For SFY 2016, enter the matching funds including the amounts of other cash resources used in the food pantry program (the first five rows), and the amount of donated in-kind match (rows 6-8), in each of the appropriate budget categories. **NOTE:** For the purposes of this program “In-Kind” is defined as services or food that is donated (offered for free) to the food pantry program. **Tribes are required to match the EFAP funds by at least 35 percent.**
6. Total Costs All Sources: The electronic version will automatically compute the totals. If filling out the form by hand, enter your total program costs for budget categories using **all** revenue sources, both EFAP and match (columns 5a & 5b), for SFY 2016.
7. Totals: These will compute automatically in the electronic version. If you fill the form out by hand, enter the sums in 7a, 7b, and 7c of all the budget categories in the above columns.

8. EFAP Percent of Total: This will be computed automatically in the electronic version. If completing by hand, divide the total on line 7a. by the total on line 7c (Total EFAP Reimbursement divided by Total Costs-All Sources). The EFAP percentage must not exceed 74.09%. The match amount in 5b must be at least 35% of the total EFAP expenditures in 5a.
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Client Demographics

9. Full Service Clients: Enter the total number of full service clients, using all revenue sources, new and returning for each age category and the number of households served for SFY 2016. The electronic version will automatically compute the client totals. Calculate and enter the totals if doing by hand. These totals should agree with what you sent WSDA over the course of the year.
10. Supplemental Clients: Enter the number of new and returning supplemental clients who received **only** supplemental food in your food pantry program, **only** if you tracked and reported during SFY 2016. (Note: Those who received both your regular food bag and additional supplemental food are to be counted as full service clients only.)

For definitions of “Full Service” and “Supplemental” clients see policy manual, Definitions.

11. Special Dietary Needs Clients: Enter the number of special dietary needs clients served, new and returning for SFY 2016, **only** if you tracked and reported these numbers during the year.
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Pounds of Food Distributed to Clients

12. Full Service Pounds Distributed by Food Pantries: Enter the total yearly pounds of food pounds given to full service clients from your food pantry in SFY 2016. This includes all donated food, and all food purchased with EFAP or other cash sources.
13. Supplemental Pounds Distributed by Food Pantries. Enter the number of supplemental pounds of food distributed to supplemental clients in SFY 2016, **only** if you tracked and reported these numbers during the year.
14. Pounds of Food Distributed by Food Bank (distribution center): Enter the number of pounds of food distributed to your food pantry by your food bank during SFY 2016, **only** if you have contracted with a food bank.
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Food Purchases Report

15. Food Purchases Report. Enter the total amount of EFAP funds (**only**) used to purchase food in SFY 2016 by your food pantry.

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 remedy this, please send us those corrections with this report.

Return report by August 1, 2016:

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

Kyle Merslich, Program Specialist, kmerslich@agr.wa.gov or 360-725-5657
James Scovel, Program Specialist, jscovel@agr.wa.gov or 360-725-5641
Megan Harlan, Program Coordinator, mharlan@agr.wa.gov or 360-725-2858
Jasmine Sanborn, Program Coordinator, 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.