



EFAP TRIBAL FOOD VOUCHER PROGRAM SUBCONTRACTORS CLOSE-OUT REPORT INSTRUCTIONS

Important Notes:

- When completing the EFAP Tribal Food Pantry/Voucher Program Close-out Report (AGR FORM 609-2223) 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.

Subcontractor Information

1. Subcontractor Name and Address: Name of Subcontractor and mailing address including zip code.
2. Contract Number: Contract Number assigned by the WSDA. (Contractor to fill in)
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/agency was reimbursed from just the state Emergency Food Assistance Program for SFY 2016. Enter the amounts expended in the appropriate categories. The electronic version will calculate the total.
- 5 b. Match (cash and in-kind donated): For SFY 2016, enter the matching funds including the amounts of other cash resources used in the program (the first three rows), and the amount of donated in-kind match (rows 4-6), 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 voucher program. **Tribes are required to match the EFAP funds by at least 35 percent.**
6. Total Costs-All Sources: The electronic version will calculate totals automatically. If filling out the form by hand, enter your total program costs using **all** revenue sources, including EFAP funds, your matching cash funds and in-kind resources, (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. Enter the number of clients (new and returning for each age category) and the number of households served in SFY 2016, using **all** revenue sources. The client total will be automatically calculated. Calculate and enter the totals if doing by hand.
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Vouchers Issued to Clients

10. Enter the total number of vouchers issued for SFY 2016, new and returning. (Hint: This should equal the number of households. If it does not, please explain on a separate sheet.)
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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 the Contractor, then your totals and ours will not match! In order to remedy this, please send us those corrections with this report.

Return the EFAP Tribal Food Voucher Subcontractor Close-out Report (AGR FORM 609-2223) 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 as for assistance.