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DEPARTMENT OF EDUCATION

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February 18, 2025

Shirley Schofield, Executive Director
Food Bank of North Alabama
P.O. Box 18607
Huntsville, AL 35804

Dear Ms. Schofield:

Enclosed is a copy of the USDA Donated Foods Agreement for participation in The Commodity Supplemental Food Program. The provisions of this agreement and its attachments have been updated to reflect current program requirements.

The enclosed attachments are:

Attachment A - Alabama CSFP State Plan
Attachment B - Alabama State Map
Attachment C - Child Nutrition Programs Audit Certification
Attachment D - Sample of Notice and Referral Requirements for Beneficiaries Receiving USDA Foods from Religious Organizations
Attachment E - Sample CSFP Participant Application

Please complete the copy of the agreement and all required attachments and return to the state office by March 3, 2025. Additionally, please include a copy of your (the preparation and storage sites you plan to operate that will be utilizing USDA foods for CSFP) local agencies' names, addresses, contacts, and telephone numbers. **Also include a blank copy of your agreement with your local agencies, which allows them to receive USDA foods.** If you have separate agreements for pantries, senior housing, etc., please send a blank copy of each different type of agreement that you use.

Should you need additional information, please contact me at the following address: Food Distribution Program, P.O. Box 302101, 5303 Gordon Persons Building, Montgomery, AL 36130-2101, telephone number (334) 694-4857, email fooddist@alsde.edu.

Sincerely,

Angelice S. Lowe

Angelice Lowe, Director
Child Nutrition Programs

AL:TL:GC

Attachments

ALABAMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION FOOD DISTRIBUTION PROGRAMS

SUB-DISTRIBUTING AGENCY
USDA DONATED FOODS AGREEMENT
COMMODITY FOOD ASSISTANCE PROGRAM (CSFP)

PART I: Sub-distributing Agency Information

Food Bank of North Alabama
AGENCY NAME

Is organization (check one): ☒Food Bank ☐ Other non-profit organization

225 Finney Drive
Street Address

225 Finney Drive
Mailing Address

Huntsville
City

Madison
County

35824
Zip Code

256-539-2256
Telephone Number(s)

n/a
Fax Numbers

sschofield@fbofna.org
E-Mail Address

STARS: VC000106493
STAARS Vendor Customer Code

Shirley Schofield
CSFP Contact Person

CEO
Title

This organization's fiscal year ends on: (month and day) each year. Sept. 30

Do you participant in any other federal feeding programs in Alabama? (Check all that apply)

☐ National School Lunch Program ☐ Summer Food Service Program
☐ Child and Adult Care Food Program ☒ The Emergency Food Assistance Program
☐ Other

Please attach a list of preparation and storage sites you plan to operate that will be utilizing USDA Foods for CSFP.

PART II: Agreement with CSFP Program Participants

In order to carry out the program of the United States Department of Agriculture (USDA) for the donation of USDA Foods, the Alabama State Department of Education, hereinafter referred to as the "Distributing Agency," and the applicant Sub-distributing Agency, hereinafter referred to as the "Food Bank," whose name and address appear above do covenant agree as follows:

A. Alabama State Department of Education agrees to:

1. Order the USDA Foods used in the Program;

2. Provide guidance on the approved food package content;

3. Provide the food bank regulatory guidance and oversight in administering the Commodity Supplemental Food Program;

4. Assign caseloads, and allocate administrative funds to food bank for services rendered as they are available from the USDA;

5. Establish procedures for resolving complaints about commodities;

6. Monitor the food bank for compliance with the rules and regulations of the program;

7. Maintain accurate and complete records for a period of three years from the close of the fiscal year to which they pertain, or longer if the records are related to unresolved claims, actions, audits, or investigations.

B. The food bank agrees to:

1. To comply with all the fiscal and operational requirements prescribed by the state agency in accordance with Part III of this agreement and program regulations as outlined in title 7 CFR par 247 and as applicable, part 250 in their designated counties according to Part IV: Alabama State Map. (for detailed regulations and policies, please refer to https://www.ecfr.gov/)

2. Ensure that USDA foods will be used only in connection with the food bank's established feeding operation under the CSFP State Plan for the sole benefit of persons served by the food bank. USDA foods shall not be sold, exchanged, or otherwise disposed of without the approval of the Distributing Agency.

3. Provide adequate facilities for the handling, storage, and distribution of USDA foods and properly safeguard the USDA foods against theft, spoilage, or other loss. Facilities are to be sanitary and free from rodents, birds, insects, and other animal infestation. Maintain foods at proper storage temperatures. Stock and space foods in a manner so the USDA foods are labeled and readily identified. Rotate stock utilizing product expiration date. Store USDA food off the floor and away from walls in a manner to allow for adequate ventilation. Take other protective measures as may be necessary.

4. Receive the USDA foods used in the Alabama CSFP for the caseloads requested/assigned.

5. Break down the USDA foods into the Food Packages in accordance with the approved food package guide rate. USDA foods will be issued in accordance with the Food and Nutrition Services (FNS) Instruction 835-1, Authorized Supplemental Foods and Distribution Rates for CSFP. The Distributing Agency reserves the right to redistribute any USDA foods in the possession of the food bank.

6. Deliver the food packages to local agencies on a monthly basis. Food bank may not provide benefits beyond their requested/assigned caseload without the consent of the Distributing Agency. If an additional caseload is deemed required and is awarded to the Distributing Agency, it will be allocated based on areas requesting the additional caseload. Notify the Distributing Agency immediately, if unable to serve the requested/assigned caseload so that resources may be shifted to areas of need.

7. Maintain a list of names and addresses of all certification, distribution, and storage sites under the jurisdiction of the food bank. Ensure that the local agencies maintain complete records as required in item number nine (listed below).

8. Be responsible to the Distributing Agency for any misuse of program funds or loss resulting from improper storage care or handling of USDA foods entrusted to the food bank for oversight.

9. Maintain accurate and complete records to document the receipt, disposal, and perpetual inventory of USDA foods, for a period of three years from the close of the fiscal year to which they pertain, or longer if the records are related to unresolved claims actions, audits, or investigations. The Distributing Agency will conduct annual reviews of all CSFP sub-distributing agencies with which they have agreements.

10. In the event of damage, spoilage, theft, or other loss, the food bank will promptly notify the Distributing Agency. In case of spoilage, the food bank shall furnish a certificate from the County or the State Health Department representative confirming such spoilage.

11. Maintain accurate inventory records of product issuance. In no event, shall the inventory level of each USDA food category in storage exceed a 2 ½ month supply unless sufficient justification for additional inventory has been submitted and approved by the State Agency. The food bank shall conduct a monthly physical inventory of USDA food the last working day of the month. The inventory and caseload served shall be submitted to the Distributing Agency no later than the 5th of the month following the count, in a format determined by the Distributing Agency.

12. Conduct or arrange for nutrition education services for participants, advise participants of the importance of health care and refer participants to appropriate health services and other social service programs.

13. Assist in the detection and resolution of CSFP dual participation, as required in 7 CFR 247.19.

14. Strictly adhere to FNS 113-1 and all applicable Federal and State laws and implementing regulations as they currently exist and may hereafter be amended. This includes protection of the confidentiality of all applicant/recipient records, papers, documents, tapes and any other materials that have been or may hereafter be established which relate to this Agreement. The Food Bank acknowledges that the following laws are included:

    - Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.);
    - Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.);
    - Section 504 of the Rehabilitation Act of 1973 (29 U.S.C § 794);
    - The Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.);
    - 28 CFR Part SO. 3 and 42;
    - FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and
    - Hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

15. Shall comply with all regulations applicable to these laws prohibiting discrimination because of race, color, national origin, sex, age, or disability, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions, conditions covered under Section 504 of the Rehabilitation Act of 1973, as amended, cited above.

16. Comply with all provisions required by implementing regulations of the Department of Agriculture, Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42, and FNS directives and guidelines to the effect that no person shall, on the grounds of race, color, national origin, sex, age or disability, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and here gives assurance to immediately take measures necessary to effectuate this agreement.

    (a). By accepting this assurance, agrees to compile data, maintain records, and submit reports, as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service (FNS), shall have the right to seek judicial enforcement of this assurance.

(b). This assurance is binding on the food bank, its successors, transferees, and assignees, as long as they receive assistance or retain possession of any assistance from the USDA. The person or persons whose signatures appear on this agreement are authorized to sign this assurance on behalf of the food bank.

(c). This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance. Any person who feels that s/he has been discriminated against has the right to file a complaint with the U.S. Department of Agriculture, Office of Civil Rights.

(d). The food bank may also be responsible for additional reporting as required by the USDA.

(e). As required by USDA FNS-113-1, State-contracted agencies, must conduct a Civil Rights Pre-Award Compliance review prior to entering agreements.

(f). The food bank shall ensure that local agencies comply with Civil Rights guidance as outlined in FNS 113-1.

(g). The food bank is responsible for any additional Civil Rights specific requirements as set forth in federal regulations.

C. Other Conditions:

1. It is understood and agreed upon that the federal regulations of the United States Department of Agriculture, relating to the Food and Nutrition Services, 7 CFR Part 247 and 250, are made a part of this Agreement and that the Distributing Agency and Food Bank are to abide by all of the conditions and terms set forth in the Regulations.

2. This agreement is permanent pursuant to 7 CFR 247; however, it may be amended as necessary by the Department or at the request of the United States Department of Agriculture.

3. This agreement may be terminated for cause by either party giving 30 days written to the other. Upon any termination, the food bank agrees to comply with the Distributing Agency instructions in regard to the disposition of any donated USDA Foods remaining in their possession or control.

4. The food bank must update all pertinent information annually. Any changes during the year should be reported to the distributing agency as soon as possible to ensure the accuracy of the records.

5. The food bank shall allow representatives of the Distributing Agency and/or USDA to inspect and inventory USDA foods in their possession and to review all records including financial records and reports pertaining to the distribution of USDA foods, and to review or audit the procedures and methods used in carrying out the audit requirements at any reasonable time with or without the benefit of prior notification.

   All agencies receiving $750,000 or more in federal financial assistance per fiscal year shall have an audit made by an independent auditor that complies with the audit requirements established by 2 CFR 200. For this purpose, the term independent auditor means a state or local government auditor who meets the independence standards specified in generally accepted government auditing standards; or, certified public accountant who meets such standards.

6. CSFP payments are made in accordance with 7 CFR 247.23-27 and 2 CFR 200. Payment to food bank is made from available funds encumbered and shared across multiple food banks. The Distributing Agency will reimburse the food bank a per-case fee or the total amount for allowable administrative expenses, whichever is less. The per-case fee will be determined each year based on prior year data and federal funds available. Claims for reimbursement will be submitted to the Distributing Agency annually in a format determined by the Distributing Agency.

7. The food bank must obtain and maintain insurance to protect the value of USDA Food in its care. The amount of insurance must be at least equal to the average monthly value of USDA food inventories at it facilities in the previous year.

8. **Alabama Immigration Law Compliance Contract:** Contractor agrees that it will fully comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, which makes it unlawful for an

employer in Alabama to *knowingly* hire or continue to employ an alien who is or has become unauthorized with respect to such employment or to fail to comply with the Form I-9 requirements or fails to use E-Verify to verify the eligibility to legally work in the United States for all of its new hires who are employed to work in the State of Alabama. Without limiting the foregoing, contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien, and shall have an officer or other managerial employee who is personally familiar with the contractor's hiring practices to execute an affidavit to this effect on the form supplied by the ALSDE and return the same to the ALSDE. Contractor shall also enroll in the E-Verify Program prior to performing any work, or continuing to perform any ongoing work, and shall remain enrolled throughout the entire course of its performance hereunder, and shall attach to its affidavit the E-Verify Program for Employment Verification and Memorandum of Understanding and such other documentation as the ALSDE may require to confirm contractor's enrollment in the E-Verify Program. Contractor agrees not to knowingly allow any of its subcontractors, or any other party with whom it has a contract, to employ in the State of Alabama any illegal or undocumented aliens to perform any work in connection with the Project, and shall include in all of its contracts a provision substantially similar to this paragraph. If contractor receives *actual knowledge* of the unauthorized status of one of its employees in the State of Alabama, it will remove that employee from the project, jobsite or premises of the ALSDE and shall comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act. Contractor shall require each of its subcontractors, or other parties with whom it has a contract, to act in a similar fashion. If contractor violates any term of this provision, this agreement will be subject to immediate termination by the ALSDE. To the fullest extent permitted by law, contractor shall defend, indemnify and hold harmless the ALSDE from any and all losses, consequential damages, expenses (including, but not limited to, attorneys' fees), claims, suits, liabilities, fines, penalties, and any other costs arising out of or in any way related to contractor's failure to fulfill its obligations contained in this paragraph.

SUB-DISTRIBUTING AGENCY:

Signature

CEO
Title

STATE DEPARTMENT OF EDUCATION

Angelice S. Lowe
Angelice Lowe, Director
Child Nutrition Programs

February 28, 2025
Date

ATTACHMENTS:

Attachment A - Alabama CSFP State Plan
Attachment B - Alabama State Map
Attachment C - Child Nutrition Programs Audit Certification
Attachment D - Sample of Notice and Referral Requirements for Beneficiaries Receiving USDA Foods from Religious Organizations
Attachment E - Sample CSFP Participant Application

ALABAMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION FOOD DISTRIBUTION PROGRAMS

State Plan of Program Operations and Administration of the COMMODITY SUPPLEMENTAL FOOD PROGRAM

This document represents our plan for the administration of the Commodity Supplemental Food Program (CSFP) in the state of Alabama. The purpose of the State Plan is to document the procedures that shall be used in the certification of eligible individuals for supplemental foods and the procedures for distributing food to participants.

I. STATE AGENCY IDENTIFICATION AND AUTHORITY

Identification:
Name of Agency:
Alabama State Department of Education, Child Nutrition Programs, Food Distribution

Mailing Address:
5303 Gordon Persons Building
P.O. Box 302101
Montgomery, AL 36130-2101

Purpose and Objective of the State Plan

1. The State Plan is to record and incorporate the procedures that shall be used to provide supplemental foods and nutrition education to eligible persons by the State, Food Banks, and Local Agencies. Eligible persons include participants in low-income groups.

2. The State Plan is required by the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS), Regulation 7 CFR Part 247, and must be submitted to FNS for approval. Once submitted and approved, the State Plan is considered permanent, with amendments submitted at the state agency's initiative, or at FNS's request. All amendments are subject to FNS approval.

3. The Alabama State Department of Education (ALSDE) currently administers The Emergency Food Assistance Program (TEFAP) working closely with the four major food banks within Alabama to provide food assistance to Alabama families in need. ALSDE will continue to work with Alabama's four major food banks to establish goals and objectives to implement and successfully operate CSFP.

4. Alabama will expand the existing agency agreements with the four major food banks to bring CSFP to Alabama. This State Plan will be a part of those agreements and will be used to monitor the state distributing agency (SDA) and food banks' performances to ensure program goals are reached. The SDA and food bank shall enter into a written agreement, copies of which shall be kept on file at all agencies. The agreement shall provide assurance that the food bank will comply with the Federal Regulations (7 CFR Part 247), the State Plan of Program Operations and Administration, and requirements of Title VI of the *Civil Rights Act of 1964* (FNS- Instruction 113-1). Agreements with the food bank will be permanent, with amendments as needed.

5. If the food bank cannot comply with any part of the requirements of the above regulations, it shall enter into agreements with other appropriate local agency(s) in order to meet the requirements. The written agreement shall: (1) identify the program responsibilities; (2) be approved by the SDA; and (3) provide for a copy to be maintained on file at both the state and food bank. Agreements with other local agencies will be for one year and will be renewed annually.

6. An agency approved for program initiation or expansion shall be notified within 60 days by the SDA. If there are no administrative funds available for the program, the SDA shall notify the agency when funds become available.

Agency Identification

Heart of Alabama Food Bank
521 Trade Center Street
Montgomery, AL 36108-2107
(334) 263-3784
(800) 768-3784 Toll Free
(334) 262-6854 FAX

Community Food Bank of Central Alabama
107 Walter Davis Drive
Birmingham, AL 35209
(205) 942-8911
{205) 942-8838 FAX

Food Bank of North Alabama
Mailing Address: P.O. Box 18607
Huntsville, AL 35804
Physical Address: 225 Finney Drive
Huntsville, AL 35788
(256) 539-2256
(256) 539-1437 FAX

Feeding the Gulf Coast
5248 Mobile South Street
Theodore, AL 36582
(251) 653-1617
(888) 704-3663 Toll Free
(251) 653-4208 FAX

Caseload

Per 7 CFR 247.G(d) and 7 CFR 247.21(c), Alabama is requesting an increase to 12,000 CSFP caseloads for FY 2025.

Factors Alabama has considered in requesting these figures:

a. The requested additional caseloads will enable our CSFP program for continued growth for FY 2025 where our food banks will not have to scale back or stall distributions to some of the Alabama current CSFP participants from FY 2024 and potential CSFP participants in FY 2025 that are currently on Alabama's waiting lists.

b. The additional caseload requests will also allow Alabama food banks to service statewide more potential participants for CSFP distributions essentially in more of our low-income areas and far most rural areas as well.

c. Our food banks will also have the opportunity with these extra caseloads to grow their client base through outreach covering the present waiting list from FY 2024, create the ability to serve new participants, and provide caseloads to new agencies administering CSFP for our contracted food banks in Alabama where these caseloads are an immediate need for FY 2025.

The state agency reserves the right to redistribute unused caseload among food banks in a manner that ensures that the program utilizes the caseload as fully and appropriately as possible.

While the poverty levels differ within each region, there is a definite need to serve low-income participants throughout the state. According to the U.S. Census Bureau, 18.2% of the Alabama population is over the age of 65. Approximately 11.9% of those seniors are living below the poverty level.

II. COMMODITY SUPPLEMENTAL FOOD PROGRAM

Identification of Participants Population

a. Current U.S. Census Bureau data will be used to determine, as closely as possible, the number of individuals sixty (60) years of age or older living in the counties to be served by the CSFP in Alabama and to determine the approximate number of individuals that have income at or below one hundred fifty percent (150%) of the federal poverty income guideline.

b. The SDA will establish communications with the Alabama Department of Senior Services and Alabama Area Council on Aging Offices and shall utilize these and other community groups to identify homebound participants. Food banks who have signed an agreement with the SDA shall also seek to identify homebound participants individuals who may be eligible for program benefits. Program materials regarding the CSFP shall be distributed to these groups, as well as churches, civic organizations, etc., to distribute to homebound participants.

c. Homebound participants are defined as persons who are, in the judgment of the food bank, unable to obtain monthly food packages without assistance provided by or through the food bank.

(1) Homebound participants shall be certified by the food bank certification staff or other volunteers providing services to these individuals. Volunteers shall collect eligibility data; however, certification shall be accomplished by food bank certification staff.

During the certification process, volunteer staff shall explain to homebound participants how the CSFP operates as well as their rights and responsibilities as a participant of the program. Homebound participants shall be provided with the name of the local agency site responsible for issuing their food package and the name of a contact person to be called for assistance.

(2) Food banks shall make food available to be delivered to homebound participants each month. Homebound participants shall sign the Issuance Register acknowledging receipt of food packages.

(3) SDA staff shall provide training to food bank staff and volunteers prior to program implementation regarding the responsibilities involved in serving homebound participants. Ongoing training shall be provided as needed by SDA to assist local agencies in training new volunteer staff. This training shall consist of, at a minimum:

(a) Eligibility determination process

(b) Documentation requirements

(c} Civil rights

(d) Food issuance procedures

Outreach

The following activities shall be employed by the SDA in conjunction with food banks to raise public awareness about the CSFP in order to attain the maximum allowed caseload:

Brochures and flyers, providing information about the program, shall be developed and disseminated to senior congregate meal sites, faith-based organizations, civic organizations, and other community groups.

a. The SDA also administers The Emergency Food Assistance Program (TEFAP). TEFAP participants who may be eligible for CSFP shall be informed about the program and referred to the food bank for program benefits.

b. Newspaper articles, radio, and television announcements may be utilized by state and local agencies, if necessary, to inform the public of CSFP services and how to apply.

III. CERTIFICATION

Eligibility Requirements

To be certified as eligible to receive supplemental foods, each applicant must meet one of the following criteria:

a. Participants are income eligible if they have household income at or below 150% of Federal Poverty Income Guidelines published annually by the Department of Health and Human Services. Participants' guidelines are implemented immediately upon receipt.

b. Proof of eligibility to receive Supplemental Nutritional Assistance Program (SNAP) (Formerly Food Stamps), or

c. Proof of eligibility to receive Temporary Assistance for Needy Families (TANF) (Formerly AFDC), or •

d. Proof of eligibility to receive Supplemental Security Income (SSI), or

e. Proof of eligibility to participate in the Low Income Subsidy (LIS) **Program,** or

f. Proof of eligibility to participate in the Medicare Savings Program (MSP), or

g. Self-Declaration Statement attesting that total household income falls below 150% of the Poverty Guideline Index.

   Examples of documents that are acceptable for proving eligibility for a means-tested assistance program (eligibility requirements under b - f above} are a program identification card, an award letter of official benefits statement from the administering agency of the application program, or a benefit check. In the case of SNAP eligibility, an authorization-to-participate (ATP) card or voucher is also sufficient proof.

   If the household member does not have such documents with him/her at the time of application, or the household does not participate in any of the above mentioned programs among the state's eligibility criteria, the food bank will be required to provide him/her with an application form that includes a self-declaration statement to sign, attesting that the total amount of household income is below 150% the current income poverty guidelines (eligibility criteria, under g above), using the income poverty guidelines provided annually by the USDA.

h. There shall not be any nutritional risk requirement imposed.

i. Applicants shall reside in a county served by the food bank to which the request for benefits is made. No fixed residency or duration requirement shall be imposed as a condition for eligibility.

j. Certification site staff shall verify and document the income, identification, age, and residency of participants prior to certification. Sources of verification include, but are not limited to:

(1) Driver's License, state-issued identification card, or similar document.

(2) Birth certificate.

(3) Medicare card.

(4) Award letter or other official document, verifying participation in a federal, state, or local program for low-income persons.

The state eligibility criteria, as described above, will be specified in the program agreement between the Food Bank and ALSDE.

Certification Periods

a. Participants shall be certified at the time of entrance into the program and then on an annual basis thereafter.

b. Food banks and local agencies must conduct a formal review of eligibility (considered a new certification period) of participants on an annual basis.

Processing Standards

If the maximum caseload has not been reached, applications for program benefits shall be processed within a specific time frame. If there are no funds available to provide benefits to all eligible applicants, a waiting list shall be established. The processing standards are as follows:

a. Notify applicants of their eligibility or ineligibility for CSFP benefits, or their placement on a waiting list within ten days from the date of application. The ten (10) daytime limit does not apply to telephone inquiries concerning program participation.

b. A person determined eligible shall receive supplemental foods on the next scheduled distribution date at the agency where a client was certified or placed on the waiting list, if applicable.

Waiting Ust

a. When the maximum caseload has been achieved, any person who cannot be served due to limits in funding shall have their name placed on a waiting list. Local agencies shall notify the SDA of the implementation of priority waiting list procedures. Individuals shall be notified in writing of their placement on the waiting list within ten (10) days of the date of application for program benefits. To enable the local agency to contact individuals on the waiting list when caseload space becomes available, the waiting list shall include the following information:

(1) Applicant's name.

(2) Date placed on waiting list.

(3) Address and phone number of the applicant.

b. If a waiting list is implemented, the applicants shall be placed on a first-come, first-served basis.

c. In order to facilitate effective caseload management practices and serve as many food packages as authorized in a given month, food banks and local agencies are permitted to provide temporary CSFP benefits to participants on waiting lists when a regular program participant misses a scheduled distribution.

Certification Forms

a. Certification data for each applicant shall be recorded on the CSFP Application/Certification Form which shall include the following:

(1) Applicant's name.

(2) The date of the initial visit to apply for participation and the date of certification.

(3) The criteria used to determine the person's eligibility and the signature and title of the person making the eligibility determination.

b. The following statement shall be located directly above the applicant's signature line and shall be read by or to the applicant or caretaker before the application is signed:

"This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes." (Please indicate decision by placing a checkmark in the appropriate box.) YES [ ] NO [ ]

Notification Requirements

Each applicant and participant has the right to be properly notified of their program rights and responsibilities. The food bank shall perform the following:

a. Each applicant shall be informed verbally and in writing, during the certification procedure, of the right to a fair hearing.

b. A person found ineligible for the program at any time during the certification period shall be advised in writing at least fifteen (15) calendar days prior to termination of eligibility of the reasons for ineligibility and of the right to a fair hearing.

c. Each participant shall be notified in writing at least fifteen (15) days prior to the expiration of the certification period that eligibility for the program is about to expire.

d. Each participant shall receive an explanation of how the food delivery system in the food bank operates. This may be accomplished verbally by the food bank staff.

e. Each participant shall be advised of the importance of participating in ongoing routine health care, the types of health care services available to low-income persons, the locations of the health care facilities, and how individuals can obtain these services. This may be accomplished by the food bank through issuance of printed materials and verbal instructions and directions from the staff.

Verification of Certification

a. The food bank shall issue a Verification of Certification Form to CSFP participants who intend to relocate during the certification period and wish to continue participation in the program. The food bank shall also accept Verification of Certification forms from participants who have been participating in the program at other locations. If the food bank has a waiting list for participation, the transferring participant shall be placed on the list ahead of all waiting applicants.

b. The Verification of Certification is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.

c. The Verification of Certification shall include the following information:

(1) Name of participant.

(2) The date of the certification.

(3) The date the certification will expire.

(4) The signature of the food bank/local agency official who issued the form, the name and address of the agency, and the identification number of the participant.

Detection of Dual Participation

a. The food banks shall be responsible for ensuring that a check of identification occurs during the certification or recertification of all applicants. The application to receive benefits signed by the applicant or caretaker of the applicant, includes a statement advising the applicant that he or she may not receive CSFP benefits at more than one CSFP site at the same time.

b. Semi-annually, the food bank shall submit an electronic spreadsheet with the names and identifying information of individuals participating in the CSFP. This information will be submitted to the SDA for comparison and the detection of dual participation. The SDA will notify the food bank if any participant is determined to be dually participating in the CSFP. If a participant is found to be committing dual participation, necessary and appropriate actions are taken in accordance with federal regulations.

Disqualification

a. The SDA may disqualify applicants and participants from program participation for a period not to exceed one year if it is established that the applicant, participant, or caretaker fraudulently obtained or used program benefits. Fair hearing information shall be given to the participant at the time of disqualification. Reasons for disqualification may include the following:

   (1) Making false statements orally or in writing in order to obtain benefits to which the individual would not otherwise be eligible.

   (2) Concealing information in order to obtain benefits for which the individual is not eligible.

   (3) Altering a Verification of Certification Form.

   (4) Using supplemental foods in an unauthorized manner, such as trading or selling the food.

b. If it is determined by the SDA or the food bank that a serious health risk will result from disqualification from the program and the participant is currently eligible, the disqualification may be waived.

c. Clients may be disqualified if they do not collect their food for two consecutive months without a legitimate reason for doing so. Clients disqualified in this manner will be notified, in writing, at least fifteen (15) days prior to removal from the program. Clients disqualified in this manner may apply for the program again but, if eligible, will be placed at the end of any waiting list. Specific guidance on this policy is provided by the SDA in a policy memo.

Program Referrals

a. Each applicant/participant shall be provided written information regarding SNAP, Supplemental Security Income (SSI) Program, and the Medicaid Program, including medical assistance, provided to qualified Medicare beneficiaries at the time of the initial certification. The certification staff shall document the date information was provided on the certification form when eligibility for program benefits is determined.

b. When applicable, the local agencies shall provide written information and referrals to Senior Farmers' Market Nutrition Program (SFMNP) to all CSFP participants.

IV. NUTRITION EDUCATION

The food bank shall ensure that nutrition education is available to all eligible persons in their distributing area.The food bank shall be responsible for meeting all objectives outlined in the state plan using the designated methods of operation.

Goals

a. To emphasize the relationship of proper nutrition as an integral part of good health.

b. To assist CSFP participants in making a positive change in food habits, resulting in an improved nutritional status through maximum use of supplemental and other nutritious foods.

Objectives

a. Include age specific educational materials, such as handouts and pamphlets, in coinciding CSFP food packages to educate participants about general nutrition concepts and practical applications of food selection.

b. Establish nutrition education display areas that offer additional nutrition education materials and resources at each certification site.

c. Refer participants to local extension offices which will provide structured nutrition education classes specific to targeted age groups and the limited income population.

d. Educate food bank and local agency administrators on the importance of good nutrition in order to reinforce messages provided to the target population.

The following nutrition topics shall be covered at the time of certification by the food bank:

a. An explanation of the importance of consumption of the supplemental foods by the participant for whom they are prescribed rather than by other family members.

b. An explanation of the program as a supplemental rather than a total food program.

c. Information on additional nutrition assistance resources.

d. Information on the use of supplemental foods and the nutritional value of foods.

e. An explanation of the importance of healthcare.

Methods

In order for CSFP to provide both immediate and long-term improvement in the health status of participants, the food bank shall make nutrition education available as outlined below. This shall be thoroughly integrated into program operations and shall have the dual purpose of (1) ensuring that the CSFP foods are used properly, and (2) providing knowledge that encourages habitual selection and consumption of nutritious foods necessary for optimal health.

The food bank shall agree to implement a plan of action including the following categories for ensuring that the nutrition objectives and goals of the Alabama CSFP are met:

a. Include age specific education materials in coinciding CSFP food packages to educate participants about general nutrition concepts and practical applications of food selection.

b. Establish nutrition education display areas that offer additional nutrition education materials and resources at each food bank and contracted local agency.

c. Refer CSFP participants to local extension offices that provide structured nutrition education classes specific to targeted age groups of the limited resource population.

d. Educate food bank and local agency administrators on the importance of good nutrition to reinforce messages provided to target population.

e. The following nutrition topics shall be covered at the time of certification by the food bank:

(1) An explanation of the importance of consumption of the supplemental foods by the participant for whom they are prescribed rather than by other family members.

(2) An explanation of the program as a supplemental program rather than a total food program. Information on other nutrition assistance programs available in Alabama shall be provided to eligible and non-eligible participants.

(3) Information on additional nutrition assistance resources.

(4) Nutrition education classes.

f. Nutrition Education Reviews: The SDA shall review the food banks for compliance with the nutrition education plan during the agency review process.

V. FOOD DELIVERY SYSTEM

USDA Foods for the CSFP program shall be received and stored by the food banks identified in Section I.

All agencies shall separate CSFP foods from other food stored at their facilities. Each food bank shall receive USDA Foods directly from USDA or the SDA in sufficient quantities for distribution in the counties under their jurisdiction.

Order, Ship, and Delivery Procedures: The SDA shall order USDA Foods as directed by the USDA. The USDA approved systems, such as the Web Based Supply Chain Management System (WBSCM), shall be used to order food. USDA Foods shall be ordered as Multi-Food **("Mixed** Load") shipments or Direct Shipment ("Full Truckloads of one Item"). All orders shall be submitted as directed by the USDA (up to one year in advance of the anticipated delivery date for direct shipments and approximately two (2) months prior to the month of distribution for multi-food shipments).

Each food bank's food estimate for the quarter shall be computed based on the average caseload levels by category during the previous quarter and anticipated growth if the maximum caseload has not been achieved. The amount of food ordered shall also take into account the food that is "on hand" at the food bank as well as "food in transit." Inventory levels shall be maintained with a two (2) and one/half month carry-over whenever possible. The food banks shall provide input to the SDA regarding the types and quantities of USDA Foods that should be ordered during a given quarter.

Deliveries shall be made directly to food bank warehouses from the USDA vendors. The USDA shall pay the cost of shipping to the food banks. Bulk food orders sufficient for monthly food packages may be delivered to food bank Certification/Distribution sites by truck or will be picked up from the food bank warehouse by Certification/Distribution Agency staff for distribution to participants. Local agencies may also assemble monthly food packages. Local agencies shall absorb the cost of transporting food packages to their sites.

1. **Food Distribution Procedures:** The food banks and local agencies shall issue supplemental food packages to participants monthly. Each participant shall receive a one (1) month supply of food based on the maximum monthly distribution rates. Participants shall receive a food package each month at the pick-up site where they were certified. Homebound participants may designate a proxy to pick up their food and the staff person issuing the food shall verify the identification of the proxy. If no proxy is designated the food packages shall be delivered to the homebound participant.

Food recipients (including proxies) have the option to present identification, or a food bank/local agent can use one of the below identifiers at the time of distribution.

a. Staff Verification: Allow trusted staff members or leaders to verify participants' identities based on their knowledge of the individuals.

b. Self-Attestation: Have participants sign a statement confirming their identity and eligibility for the program, which can be cross-verified with program records.

c. Digital Verification: Use online platforms where participants can confirm their identity through secure login or personal information validation.

Participants (including proxies) should acknowledge receipt of supplemental foods by signing a Supplemental Food Issuance Register or other required food bank and/or local agency documents approved by the SDA documenting receipt of food for the issuance month. All Food Issuance Registers shall be kept on file for inspection by the SDA during annual reviews.

2. Inventory Accountability: Food bank staff shall be responsible for maintaining a system that shall ensure the proper handling, storage, and distribution of supplemental foods.

a. Food banks and local agencies shall conduct an inventory in order to document distributions occurring during the month and report month-end inventory levels on an FNS-153 form to SDA CSFP staff by the tenth (10th) of each month.

b. Food banks and local agencies shall report all situations of damages or losses to the SDA within ten (10) days after a loss occurs. All food losses and damages shall also be documented and tallied in the Food Loss column of an FNS 153 report with an explanation of the food tosses. Book inventory adjustments to physical inventory counts shall be shown in the positive and negative columns of the FNS 153 report.

c. Food banks and local agencies shall ensure that all food packages distributed to pick up sites are accounted for each month. Each local agency shall submit a monthly report to the food bank by the fifth (5th) of each month to document distributions occurring during the previous month.

VI. STATE PLANNING

The SDA shall meet periodically with the food banks operating the program to discuss issues regarding program operations and to identify and evaluate suggestions for improvement. The SDA and food banks shall seek input from program participants through the use of questionnaires, telephone conversations, and interviews.

VII. STATE AGENCY AUDITS

The ALSDE, Child Nutrition Food Distribution Programs, is audited by the State Auditor's Office using requirements for financial and compliance audits as established by the 0MBCircular Number A-133. The scope of the audit includes detailed audits of receipts and expenditures to assure compliance with state and federal accounting principles and regulations. All USDA-FNS programs operated by the SDA are included in the universe of federal awards from which an audit sample is taken. The State Auditor's Office is an independent department of state government and is completely independent of the ALSDE.

Audits: All food banks and local agencies operating the program shall be audited every two years (50% of local agencies every year within the two years) in accordance with the Single Audit Act and 0MB Circular A-133 by SDA Staff. Food banks and local agencies shall supply data collection forms, any management form associated with CSFP, and a corrective action plan within thirty (30) calendar days of the receipt of the audit report but no later than nine (9) months following the end of the food bank's fiscal year. The SDA staff shall review all audits and take appropriate follow-up action on all food bank and local agency audits. A complete copy of the audit shall be on file with the SDA for review by the USDA.

VIII. COMPLAINTS

The SDA shall be responsible for ensuring that all complaints regarding supplemental foods are resolved appropriately. The following steps shall be taken:

a. Upon receipt of any complaint regarding supplemental food, the food bank shall document the date the complaint was received, the participant's name, address, and the nature of the complaint.

b. The food bank shall forward a copy of the complaint to the SDA immediately for a follow-up investigation.

c. The SDA staff assigned to the CSFP shall initiate contact with the participant to determine the validity and seriousness of the complaint.

d. If the complaint is not of a serious nature, the SDA shall work with the food bank and participant to resolve the complaint.

e. Any complaints deemed to be of a serious nature shall be forwarded to the USDA - FNS, Southeast Regional Office within ten (10) days for further investigation and a final disposition.

IX. CLAIMS

The SDA has established the following claim procedures regarding foods received or used by a participant through fraud:

a. The food bank will issue a letter to the participant indicating that they are ineligible for participation in the CSFP program for a period of up to one year, in accordance with the requirements of §247.20(b).

b. A letter demanding repayment for the value of USDA Foods improperly received or used will be issued in instances when the dollar value is determined to be over $100. Payment is to be received within 30 days of the date the letter was sent.

c. Additional measures will be taken as necessary if payment is not received within 30 days.

X. Public Posting

Availability of USDA Foods

a. The state agency is required to maintain a publicly accessible list of all CSFP local agencies on a website. This list should include the name, address, and telephone number of each local agency, and must be updated annually.

State Plan

a. A current copy of the state agency's State Plan must be posted on a public webpage.

ALABAMA STATE DEPARTMENT OF EDUCATION **FOOD AND NUTRITION SERVICE**

Angelice S. Lowe — December 10, 2024 — January 9, 2025

Angelice Lowe — Date — Signature — Date

Child Nutrition Programs Director

12-11-24 — Approved by SERO via Email

Arthur Watts, Jr. — Date — Title

Deputy State Superintendent

Administration and Finance

Eric G. Mackey 12-12-2024

Eric G. Mackey — Date

State Superintendent of Education

LAUDERDALE
LIMESTONE
MADISON
JACKSON
COLBERT
FRANKLIN
LAWRENCE
MORGAN
MARSHALL
DEKALB
MARION
WINSTON
CULLMAN
CHEROKEE
ETOWAH
BLOUNT
LAMAR
FAYETTE
WALKER
ST. CLAIR
CALHOUN
CLEBURNE
JEFFERSON
PICKENS
TUSCALOOSA
SHELBY
TALLADEGA
CLAY
RANDOLPH
BIBB
COOSA
TALLAPOOSA
CHAMBERS
GREENE
HALE
CHILTON
PERRY
ELMORE
LEE
SUMTER
AUTAUGA
MACON
MARENGO
DALLAS
MONTGOMERY
RUSSELL
LOWNDES
BULLOCK
CHOCTAW
WILCOX
BARBOUR
PIKE
BUTLER
CLARKE
CRENSHAW
MONROE
HENRY
DALE
WASHINGTON
CONECUH
COFFEE
COVINGTON
HOUSTON
ESCAMBIA
GENEVA
MOBILE
BALDWIN
Food Bank of North Alabama (FBNA)
Community Food Bank of Central Alabama (CFBCA)
Heart of Alabama Food Bank (HAFB)
Feeding the Gulf Coast (FTGC)

FOOD DISTRIBUTION AUDIT CERTIFICATION

SPONSOR: Food Bank of North Alabama

SPONSOR TYPE: Non-Profit X Governmental ___ Military ___ BOE ___ Title XX ___
Other ___ Part of State Agency? ___

Agency fiscal period: X October 1 – September 30 _____ January 1 – December 31
_____ July 1 – June 30 _____ Other _____

If a non-profit or governmental organization, complete the following:

X We expended less than $1,000,000 in total federal financial assistance during the most recently completed fiscal year.

_____ We expended $1,000,000 or more in total federal financial assistance during the most recently completed fiscal year. If so, complete the following:

_____ We expended only FD funds.

_____ We expended federal funds from more than one program.

Shirley Frazier
Signed

February 28, 2025
Date

The audit requirements for sponsors of the USDA Child Nutrition Programs are set forth by the Office of Management and Budget (OMB) Guidance for Federal Financial Assistance in 2 C.F.R Part 200 formally known as OMB Circular A-133 in the USDA regulations. Sponsors must meet the audit requirements in order to participate in the programs.

- If the sponsor is a governmental or non-profit entity and expends $1,00,000 or more in federal awards during its fiscal year period and receives funding from more than one type of federal program – sponsor must submit an organization-wide Single Audit formally known as A-133 audit. If the sponsor expends $1,000,000 or more and only has one federal program – sponsor may submit a program specific audit. The audits are due within 30 days after issuance or no later than 9 months after the end of sponsor's fiscal year.
- The sponsor must submit the required audit within the time frames. The audit regulations do not permit an extension of time beyond the 9-month period.
- The SDE audit staff will review the audit for compliance with applicable audit standards. If the audit report is deficient, SDE will notify the sponsor of corrections needed. The audit report must meet standards within the 9-month due date.
- If the audit report reflects findings and/or questioned costs, then the sponsor should submit written corrective actions along with the audit report. If not submitted, SDE will contact the sponsor to respond within 30 days. SDE will work with the sponsor to resolve any findings pertaining directly or indirectly to CNP.
- When the audit report is considered acceptable and resolved, SDE will notify sponsor in writing that the audit file is closed.

ATTACHMENT C

The Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program (CSFP) – Beneficiary Referral Request

Name of Organization:

Contact information for program staff (name, phone number, and email address, if appropriate):

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

( ) Please check if you want to be referred to another service provider.

Please provide the following information:

Your name:

Best way to reach you (phone/address/email):

FOR STAFF USE ONLY

1. Date of objection: __/__/___

2. Referral (check one):

( ) Individual was referred to (name of alternate provider and contact information):

( ) Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)

( ) Individual left without a referral

( ) No alternate service provider is available—summarize below what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency):

SAMPLE
PARTICIPANT APPLICATION

Household Information: To be completed by the applicant or authorized representative

Applicant Name (Last, First, Middle Initial):	**Phone Number**:		**Application Date**:	
Street Address (Include Apt # if applicable):	**City**:	**Zip:**	**State**:	**County**:
Date of Birth (MM/DD/YY):	**Current Age**:	**Total Household Gross Income** (before deductions): $_____		
Household Size (Total number of household members, including applicant): _____		☐ Annual ☐ Monthly ☐ Twice Per Month ☐ Every 2 Weeks ☐ Weekly ☐ No Income		

CSFP Income Guidelines 2025 (150% of poverty rate)

I hereby certify that my household income is at or below the following guidelines. ☐ Yes ☐ No

Household Size	Annual Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly Income
1	$23,475	$1,957	$979	$904	$452
2	$31,725	$2,644	$1,322	$1,222	$611
3	$39,975	$3,332	$1,666	$1,538	$769
4	$48,225	$4,019	$2,010	$1,856	$928
5	$56,475	$4,707	$2,354	$2,174	$1,087
6	$64,725	$5,394	$2,697	$2,490	$1,245
7	$72,975	$6,082	$3,041	$2,808	$1,404
8	$81,225	$6,769	$3,385	$3,126	$1,563
For each additional HH member, add:	$8,250	$688	$344	$318	$159

Ethnic/Racial Data: For Statistical Purposes ONLY

Ethnic Category (Select one): Are you Hispanic or Latino? ☐ Yes ☐ No	**Racial Category** (Select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to Disclose

Proxy Information: A proxy is a person the applicant may authorize to pick up the CSFP food packages on their behalf for a specified time period. The proxy must be at least 18 years of age and must bring proof of his/her identification to pick up the CSFP food package. If you would like to designate a proxy, please complete the information below.

Name of Proxy (Must be at least 18 years of age):	**Designated Time Period for CSFP Food Pick Up** (Month/year):

OFFICIAL USE (Local Agency Staff/Volunteers)

Eligibility Criteria: ☐ Age ☐ Income ☐ County of Residence Applicant's Identification was Confirmed ☐

Verification Source(s) for Identification, Age and County of Residence: ☐ Driver's License ☐ State-Issued ID ☐ Other _____

Document Name (If other): _____

LA Staff/Volunteer Printed Name:

_____

LA Staff/Volunteer Staff's Signature: _____ Date: _____

CONTINUE TO BACK

OFFICAL USE (To be completed by Local Agency Staff Only)		
Status: ☐ Eligible (Active List) ☐ Eligible (Waiting List)	**Method of Notification:** ☐ Verbal ☐ Letter	**Date of Notification:**
Initial Certification Period: From _____ to _____	**Re-Certification Period:** 1. From _____ to _____ 2. From _____ to _____	**Re-Certification Dates of Notification** 1. _____ 2. _____
If applicable: Date Certified as Active from Wait List:		
Status: ☐ Ineligible ☐ Discontinued ☐ Disqualified ☐ Terminated	**Date of Written Notification:**	
Ineligible/Discontinued/Disqualified/Terminated-Reason:		
LA Staff's Name (Print): _____ **Title: _____** **LA Staff's Signature: _____** **Determination Date: _____**		

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

Certification: This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.) ☐ YES ☐ NO

Signature of Applicant/Authorized Representative (Circle One):	**Date:**

APPLICATION INSTRUCTIONS: Complete application in black or blue ink only.

To Be Completed by the Applicant or Authorized Representative

Applicant Name	List applicant's last name, first name and middle initial.
Telephone Number	List applicant's area code and telephone number.
Application Date:	List the date of application.
Street Address	List applicant's street address and if applicable, apartment number.
City	List applicant's city of residence.
Zip Code	List applicant's zip code.
County	List the applicant's county of residence.
Date of Birth	List applicant's month, day and year of birth.
Current Age	List applicant's age.
Total Household Gross Income and How Often is Received	List the total household gross income (before deductions) and check the box for how often income is received (i.e., weekly, monthly, etc.). If no one in the household receives income, check the No Income box.
Household Size	List the total number of household members, including applicant.
Income Certification	Check either Yes or No to certify the household income is within the allowable guideline limits. Check Yes, if applicant cannot provide proof of income and self declares that their household income is below 130% of the current income poverty guidelines.
Ethnic & Racial Data	This question is optional for the applicant. Please select one Ethnicity, then select one or more Race categories. Applicant may also select "Prefer not to disclose".
Proxy	Complete only if authorizing an individual to obtain the CSFP food kits on the applicant's behalf. Provide the proxy's name and the time period in which the applicant designates the individual as a proxy.
Certification Statement	Read the certification statement and check either Yes or No.
Signature of Applicant/ Authorized Representative	The person for whom CSFP benefits are being requested must sign the application. If the application is being made by an authorized representative, the authorized representative may sign on behalf of the applicant.
Signature Date	List the date the application is signed.

Official Use - To Be Completed by Local Agency Site Staff/Volunteer Only

Eligibility Criteria/ Applicant Identification	Once the applicant's eligibility criteria and identification have been verified/confirmed, check all applicable boxes. If any box cannot be checked as applicable, the applicant is not eligible for participation.
Verification Source(s)	Check the applicable box(s) for the verification source(s) used to verify/confirm the applicant's identification, age and county of residence (i.e., driver's license, State-issued ID, etc.). If Other is checked, list the document name (i.e. passport, birth certificate, Medicare Card, etc.). A Social Security card is not an acceptable source of verification.
LA Staff/Volunteer Printed Name	Print the name of the designated Local Agency staff/volunteer verifying the information on the application.
LA Staff/Volunteer Signature/Date	Provide the signature of the designated Local Agency staff/volunteer and date the application is received or taken.

Official Use - To Be Completed by Local Agency Staff Only

Status - Eligible Active, Waiting List	Check the applicable box.
Method of Notification/Date	Check the applicable box and provide the date of notification.
Initial Certification Period	Provide the date of the original certification period.
Re-Certification Period/Date	If applicable, provide the re-certification period and the date the applicant was notified of their re-certification.
Date Certified as Active from Waiting List	If applicable, provide the date the participant was certified as Active from the Waiting list.
Status- Ineligible/Discontinued, Disqualified, Terminated - Reason/Date	Check the applicable box and provide the date the written notification was provided.

LA Staff Printed Name/Title	Print Name and title of LA Staff.
LA Staff Signature/Date	The LA Staff making the eligibility/ineligibility determination must sign and provide the date the eligibility/ineligibility determination was made.

Distribution Site Name	Affiliated Local Agency	Distribution Site Address	Distribution	n Site ZIP Code	Distribution S	Distribution Site C
Site	*Agency*	*1234 Fake Road*	*City*	*12345*	*Make Believe*	*Jane Doe*
Food Bank of North Alabama	Food Bank of North Alabama	225 Finney Dr, Huntsville, Al, 35824	Huntsville	35824	Madison	Graham Roden
Hartselle 1st Church of the Nazarene	Hartselle 1st Church of the Nazarene	739 Main St. W, Hartselle, AL, 35640	Hartselle	35640	Morgan	Debra Cameron
Gresham Hills	Gresham Hills	200 Gresham Hills Ct, Florence, Al, 35630	Florence	35630	Lauderdale	Melissa Brewer
Fort Payne Senior Center	DeKalb County Council on Aging	600 Tyler Ave SE, Fort Payne, Al, 35967	Fort Payne	35967	DeKalb	Emily McCamy
Collinsville Nutrition Center	DeKalb County Council on Aging	103 Truman Ln, Collinsville, AL 35961	Collinsville	35961	DeKalb	Emily McCamy
Crossville Senior Center	DeKalb County Council on Aging	94 Gaines St., Crossville, AL 35962	Crossville	35961	DeKalb	Emily McCamy
Fyffe Senior Center	DeKalb County Council on Aging	413 Paul Benefield Ln, Fyffe, AL 35971	Fyffe	35971	DeKalb	Emily McCamy
Geraldine Senior Center	DeKalb County Council on Aging	152 Old Mill Rd, Geraldine, AL 35974	Geraldine	35974	DeKalb	Emily McCamy
Henagar Senior Center	DeKalb County Council on Aging	150 Barron Drive, Henagar, AL 35978	Henagar	35978	DeKalb	Emily McCamy
Ider Senior Center	DeKalb County Council on Aging	1852 Dogwood Dr, Ider, AL 35981	Ider	35981	DeKalb	Emily McCamy
St. Joseph's-on-the-Mountain	DeKalb County Council on Aging	21145 Scenic Highway,Mentone, AL 35401	Mentone	35401	DeKalb	Emily McCamy
Rainsville Senior Center	DeKalb County Council on Aging	115 Main St. W., Rainsville, AL 35986	Rainsville	35986	DeKalb	Emily McCamy
Valley Head Town Hall	DeKalb County Council on Aging	41 Anderson St, Valley Head, AL 35989	Head	35989	DeKalb	Emily McCamy
Spring Grove Apartments	Spring Grove Apartments	500 Turner Ave SE, Fort Payne, AL 35967	Fort Payne	35967	DeKalb	Kandi Burt
Cullman Caring for Kids	Cullman Caring for Kids	402 Arnold St NE, Cullman, AL	Cullman	35055	Cullman	Steve Stutter
Branch Creek Apartments	Branch Creek Apartments	218 Hine St S, Athens, AL 35611	Athens	35611	Limestone	Amber Speake
Jackson County Council on Aging	Jackson County Council on Aging	146 Rita Williams Dr, Scottsboro, AL 35769	Scottsboro	35769	Jackson	Linda Larcom
Bridgeport Senior Center	Jackson County Council on Aging	411 Alabama Ave., Bridgeport, AL 35740	Bridgeport	35740	Jackson	Linda Larcom
Bryant Senior Center	Jackson County Council on Aging	1315 County Road 262, Bryant, AL 35858	Bryant	35858	Jackson	Linda Larcom
Paint Rock Senior Center	Jackson County Council on Aging	334 Church St., Highway 72 E, Paint Rock, AL 3	Paint Rock	35764	Jackson	Linda Larcom
Pisgah Senior Citizens Center	Jackson County Council on Aging	2259 County Road 58, Pisgah, AL 35765	Pisgah	35765	Jackson	Linda Larcom
Stevenson Recreation Center	Jackson County Council on Aging	280 City Park Road, Stevenson, AL 35772	Stevenson	35772	Jackson	Linda Larcom

Distribution Site Contact's Email	Distribution Site Contact's P	Distribution Site's FY 2	Average Number of Participants Served Monthly i	Does this Distribution Site Provid
janedoe@email.org	*555-867-5309*	*150*	*145*	*Yes*
groden@fbofna.org	256-763-6580	14	14	Yes
debra.cameron6@icloud.com	256-631-5717	114	95	No
Melissa.Brewer@spm.net	(256) 349-2472	23	9	Yes
emilym@dekalbcountyal.us	256-630-2008	105	101	No
emilym@dekalbcountyal.us	256-630-2008	27	28	No
emilym@dekalbcountyal.us	256-630-2008	19	16	No
emilym@dekalbcountyal.us	256-630-2008	25	25	No
emilym@dekalbcountyal.us	256-630-2008	20	20	No
emilym@dekalbcountyal.us	256-630-2008	18	18	No
emilym@dekalbcountyal.us	256-630-2008	14	13	No
emilym@dekalbcountyal.us	256-630-2008	13	15	Yes
emilym@dekalbcountyal.us	256-630-2008	65	67	No
emilym@dekalbcountyal.us	256-630-2008	14	12	No
Kandi.Burt@spm.net	256-996-5938	51	25	Yes
cullmancaringforkids@msn.com	256-590-1105	200	200	No
BranchCreekSC@spm.net	256-223-4259	21	29	Yes
lindalarcom@jcch.net	256-574-6733	50	0	No
lindalarcom@jcch.net	256-574-6733	9	0	No
lindalarcom@jcch.net	256-574-6733	5	0	No
lindalarcom@jcch.net	256-574-6733	18	0	No
lindalarcom@jcch.net	256-574-6733	27	0	No
lindalarcom@jcch.net	256-574-6733	17	0	No

Does this Distribution Site ONLY Provide CSFP to Those Living in an Affiliated Residence (Sometimes Known as a Closed, Private, or Residential Distribution Site)? [Yes, No]

No

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

Yes

No

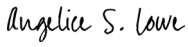
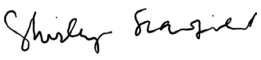
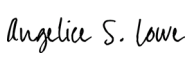
No

Certificate Of Completion

Envelope Id: 2225DA54-73A0-4BF6-A1B9-B31551545CE1
Status: Completed
Subject: Complete with Docusign: FBNA CSFP USDA Food Agreement
DS_Retrieve_Field:
Source Envelope:
Document Pages: 31
Signatures: 4
Envelope Originator:
Certificate Pages: 2
Initials: 0
Food Distribution
AutoNav: Enabled
50 North Ripley St
EnvelopeId Stamping: Disabled
Montgomery, AL 36104
Time Zone: (UTC-06:00) Central Time (US & Canada)
fooddist@ALSDE.edu
IP Address: 157.149.75.3

Record Tracking

Status: Original
2/18/2025 12:55:25 PM
Holder: Food Distribution
fooddist@ALSDE.edu
Location: DocuSign
Security Appliance Status: Connected
Pool: StateLocal
Storage Appliance Status: Connected
Pool: Alabama State Department of Education
Location: Docusign

Signer Events	Signature	Timestamp
Tammy Lofton tammy.lofton@alsde.edu Security Level: Email, Account Authentication (None)	**Completed** Using IP Address: 157.149.75.4	Sent: 2/18/2025 12:57:42 PM Viewed: 2/18/2025 1:41:53 PM Signed: 2/18/2025 1:41:56 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Angelice S. Lowe alowe@alsde.edu Child Nutrition Director ALSDE Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 174.199.225.116 Signed using mobile	Sent: 2/18/2025 1:41:59 PM Viewed: 2/18/2025 1:53:03 PM Signed: 2/18/2025 1:54:42 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Shirley Schofield sschofield@fbofna.org CEO Security Level: Email, Account Authentication (None)	 Signature Adoption: Drawn on Device Using IP Address: 136.44.34.55	Sent: 2/18/2025 1:54:44 PM Resent: 2/27/2025 10:32:54 AM Viewed: 2/28/2025 12:46:57 PM Signed: 2/28/2025 3:36:37 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Angelice S. Lowe alowe@alsde.edu Child Nutrition Director ALSDE Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 157.149.75.4	Sent: 2/28/2025 3:36:40 PM Viewed: 2/28/2025 3:52:54 PM Signed: 2/28/2025 3:53:11 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Shirley Schofield sschofield@fbofna.org CEO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 2/28/2025 3:53:13 PM
Chris Birdwell cbirdwell@fbofna.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 2/28/2025 3:53:14 PM
Joshua Matthews jmatthews@fbofna.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 2/28/2025 3:53:15 PM
Food Distribution fooddist@alsde.edu Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 2/28/2025 3:53:15 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/18/2025 12:57:42 PM
Certified Delivered	Security Checked	2/28/2025 3:52:54 PM
Signing Complete	Security Checked	2/28/2025 3:53:11 PM
Completed	Security Checked	2/28/2025 3:53:15 PM

Payment Events	Status	Timestamps