



**Arkansas Department of Human Services  
Division of County Operations  
Commodity Distribution Program**



**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
EMERGENCY FEEDING ORGANIZATION (EFO) SUB-GRANTEE ADMINISTRATIVE REVIEW**

**Use of form:** This will be used to determine compliance with established program and food storage guidelines and the adequacy of physical storage to protect the quality and safety of the commodities.

**Instructions:** Check the appropriate box to the left of each question; “Yes”, “No”, “NA” (not applicable) or “U” (unable to determine compliance).

Date	Federal Fiscal Program Year	Type of Review <input type="checkbox"/> Regular <input type="checkbox"/> Follow Up <input type="checkbox"/> Special
Agency Name	Mailing Address	City, State, Zip
Telephone	Fax	Email Address.
Name – Exec. Director	Phone	
Name – Fiscal Agent	Phone	
Name – Program Manager	Phone	
Name – Reviewer (State Employee) Position	Date of Review	
Agency Type <input type="checkbox"/> Government <input type="checkbox"/> Secular <input type="checkbox"/> Non – Secular <input type="checkbox"/> Other	<input type="checkbox"/> CAP Agency <input type="checkbox"/> Food Bank	

**OBJECTIVE 1**

**Determine the compliance with general contract provisions of the State / Agency Agreement for TEFAP**

**Yes**    **No**    **NA**    **U**  
           

1. Does the EFO have a private, non profit, IRS Tax Exempt letter on file?
2. Are the following documents on file?
  - State / Agency Agreement?
  - Contract Modification (if applicable)
  - Procedures Manual for The Emergency Food Assistance Program?
  - Operational Memos and / or letters from Commodity Office from the past 12 months?
  - All commodity records for the current and past three years?
  - Copies of subcontracts for program administration / services?
  - Copies of site agreements with outlets?
3. Have EFO staff and distribution site volunteers been trained regarding nondiscrimination regulations and the FNS Instruction 113.3 Civil Rights Compliance and Enforcement to ensure that in the operation of the program no person is discriminated against because of race, color, national origin, age, sex, or handicap?
4. Does the EFO display the federal “And Justice For All” poster and is it visible to all clients?

5. Does the EFO assure that information about the program is provided to Grass Roots organizations and individuals by its outlets?
6. Does the EFO serve non-English speaking individuals on a regular basis?  
If "Yes" What languages other than English are requested? \_\_\_\_\_
7. Does the EFO and its outlets have bilingual materials or personnel available to assist the non-English speaking clients?

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Yes No NA U

8. Have there been any complaints of discrimination made in the past year?  
If "Yes", describe the complaint and provide information regarding the corrective actions taken to resolve the complaint.


9. Was the complaint forwarded to the Commodity Distribution Office and the USDA / FNS?
10. Are the EFO staff and distribution site volunteers aware of the proper procedures for forwarding discrimination complaints?
11. Do public notifications contain the appropriate nondiscrimination statement?
12. Are client records kept in locked file cabinets or in a room that is kept locked when staff and/or volunteers are not present?
13. Are all required reports sent to the Commodity office in a timely manner? If "No" explain below.

Reviewer Comments or Notes


**OBJECTIVE 2**

**A. Distribution Plan**

Determine that the EFO conducts appropriate distribution and administrative activities for The Emergency Food Assistance Program.

Yes No NA U

1. Does the EFO use a uniform application to determine eligibility for local outlets to request participation in TEFAP?
2. When considering and / or recruiting local organizations to participate in TEFAP. does the EFO consider the following factors?
- Adequacy of the storage and distribution facility?
  - Ability to maintain required records?
  - A written policy of nondiscrimination?
  - Geographic proximity of other distribution sites offering similar services?
  - Length of time the distribution site has been in operation?
  - Ability to maintain the required minimum operating hours?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ability to comply with federal / state operating / participation standards?

3. Do your outlets serve a designated service area?
4. Does the distribution method assure that sites receive product in an appropriate and timely manner?
5. Does the EFO interact with other food distribution and social service agencies to coordinate food resources to ensure that the emergency food needs of its service area are met?
6. Are the hours and days of operation posted at all times at the entrances to your sites and is this information visible to clients?

<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>U</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do your sites post the income eligibility guidelines and appropriate posters in areas visible to clients?
8. What type of outreach activities does the EFO conduct to assure that needy residents of the service area are aware of the location and operating hours of soup kitchens and food pantries in its service area?


<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

9. Does the EFO provide this information to county government agencies, outreach workers, homeless populations, churches, help lines, newspapers, media etc..
10. List the number of individuals and households served during past two distributions:

Date \_\_\_\_\_ Individuals Served \_\_\_\_\_ Families Served \_\_\_\_\_  
Date \_\_\_\_\_ Individuals Served \_\_\_\_\_ Families Served \_\_\_\_\_

Reviewer Comments and Notes


**B. Distribution Sites**

<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>U</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Does the EFO physically inspect all food pantries, soup kitchens and distribution sites prior to participation by the site in TEFAP?
2. Does the EFO monitor its outlets on a regular basis to ensure that food storage space and procedures meet federal and state

- requirements? If "Yes" how often does the EFO conduct monitoring at its sites? \_\_\_\_\_
3. Does the EFO have reports on file that were used to document the monitoring of all distribution sites within the last 12 months?
4. How many counties does the EFO serve? \_\_\_\_\_
5. How many outlets are under contract with the EFO Pantries \_\_\_\_\_ Soup Kitchens \_\_\_\_\_ Other \_\_\_\_\_  
Characterize area served; Rural Urban Other
6. Does the EFO update the agreements with its outlets on an annual basis?
7. Does the EFO have a current contract with each distribution site?
8. Has the EFO submitted a master list of outlets for its service area, including the names, addresses, contact person, phone # and days and hours of operation for each site?
9. Is the list current and accurate? If "No" Update on page 8
10. How many on-site reviews have been conducted by the EFO for the current year? \_\_\_\_\_

- | <u>Yes</u>               | <u>No</u>                | <u>NA</u>                | <u>U</u>                 |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the EFO follow current Income Eligibility Guidelines?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the EFO monitor to determine whether its outlets are distributing TEFAP commodities pursuant to current distribution guidelines?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Has the EFO informed the outlets in writing and in training with outlets of the restriction against reprocessing / repackaging or selling of TEFAP Commodities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Does the EFO monitor its outlets to ensure TEFAP Commodities are NOT repackaged or reprocessed or sold?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Does the EFO determine how often clients can receive food from pantries?<br>If "No" explain / describe. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Does EFO provide training to distribution site staff?   |
|                          |                          |                          |                          | 17. Describe the types and the dates of training conducted for distribution site staff within the last year?\   |


18. Does the EFO have a system in place to serve the homebound, elderly and working poor?
19. Do your outlets use a proxy system?  
If "Yes" is written authorization required?
20. Does the homebound recipient complete and/or sign the Application for Eligibility?

If "No" does the proxy complete and/or sign the form for the homebound client?

Reviewer Comments and Notes


**C. Commodity Delivery and Storage**

**Use Warehouse Review if EFO has a main warehouse.**

**Objective 3**

Determine if the EFO uses an allocation method which fairly allocates TEFAP commodities among its outlets

Yes No NA U

1. Does the EFO adhere to the distribution guidelines provided by the Commodity Distribution Office?

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Yes No NA U

Is the allocation to sites within counties in the EFO service area based on objective data such as:

- a. Adequacy of the storage and distribution facility
- b. Number of clients served as documented by service statistics?
- c. Ability of site to maintain required records?

If "No" describe the allocation method to determine the amount of commodities to be allocated to pantries within the EFO Geographical service area.


Reviewers Comments and Notes


### Objective 4

Determine if distribution outlets contracted by the EFO are in compliance with federal and state requirements / policies.

#### Site Problems

Pantries and soup kitchens and distribution sites will be reviewed prior to, during or after the EFO review conducted by Commodity Distribution Office staff. Specific site problems and appropriate corrective actions will be identified in a written report to the EFO.

### Objective 5

Yes   No   NA   U

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the EFO have adequate insurance to cover the value of TEFAP losses as required by State / agency contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the EFO submit the Monthly Expenditure report in a timely manner?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are expenses documented seperstely to verify eligibility for reimbursement?                                     |
|                          |                          |                          |                          | 4. Month of report reviewed: _____   |
|                          |                          |                          |                          | 5. Name of person responsible for financial records : _____  |

#### Reviewers Comments and Notes


### Objective 6

Determine that the EFO maintains accurate Reports and Records.

Yes   No   NA   U

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are all records concerning Commodities kept on file for three years?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Do distribution sites maintain and submit a monthly inventory report or perpetual inventory report to the EFO?<br>If "No" why not:_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. _____<br>Is a monthly Inventory Report filed by the EFO to the Commodity Office on a monthly basis?<br>If "No" why not:_____            |

4. Does the EFO track Families Served and Individuals Served from the Distribution sites and report to Commodity Office?

5. Has the EFO filed a Food Loss Report in the past 12 months?

If "Yes" list agency and brief description of loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Has the EFO had any problems with Commodity Products in the past 12 months?

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Has the EFO transferred any commodities to another EFO in the past 12 months?

If "Yes" were the proper forms filled out and approved by the Commodity Office?

Reviewer Comments and Notes


**APPLICATION WORKSHEET**

Incomplete \_\_\_\_\_ / (divided by) Total Reviewed \_\_\_\_\_ = \_\_\_\_\_ % Error rate

Certification Errors Total \_\_\_\_\_

- 1. Failed to obtain applicants signature. \_\_\_\_\_
- 2. Official failed to sign. \_\_\_\_\_
- 3. Both 1 and 2. \_\_\_\_\_
- 4. Certified -0- income HH beyond 3 month limit. \_\_\_\_\_
- 5. Certified HH beyond 12 Month max limit. \_\_\_\_\_
- 6. Official failed to list certification information. \_\_\_\_\_
- 7. Income exceeds. \_\_\_\_\_
- 8. Official failed to list one or more of the following. \_\_\_\_\_

Certification Period \_\_\_\_\_ HH Size \_\_\_\_\_ Income \_\_\_\_\_ Source of Income \_\_\_\_\_

Type of ID \_\_\_\_\_ Disposition \_\_\_\_\_ Name of AR \_\_\_\_\_ Doc for AR \_\_\_\_\_

ISSUANCE ERROR TOTALS: \_\_\_\_\_

- 1. Issued to household after certification expired. \_\_\_\_\_
- 2. Official failed to obtain signature. \_\_\_\_\_
- 3. Official failed to initial and date. \_\_\_\_\_
- 4. Person picking up commodities for HH was not AR. \_\_\_\_\_
- 5. Agency official over issued commodities to HH. \_\_\_\_\_
- 6. Agency official under issued commodities to HH. \_\_\_\_\_

**Reveiwers Comments and Notes**


**SUMMARY OF FINDINGS ( DEFICIENCIES)**


**RECOMMENDATIONS**


**UPDATE ANY SITES THAT ARE NEW OR HAVE CLOSED**

<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed
<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed
<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed

<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed
<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed
<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed
<b>Site Name</b>	
<b>Site Address</b>	
<b>Site Phone #</b>	
<b>Site Contact</b>	<input type="checkbox"/> New <input type="checkbox"/> Closed

**Findings and Recommendations discussed with: \_\_\_\_\_**

**Signatures**

\_\_\_\_\_  
**Agency Representative and Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Reviewer and Title**  
**DEPARTMENT OF HUMAN SERVICES**  
**DCO / OPPD**  
**Commodity Distribution Office**

\_\_\_\_\_  
**Date**

**P.O. Box 1437 SLOT S-337**  
**Little Rock Arkansas 72203-1437**