**LINK2FEED AGREEMENT FOR ADMINISTRATION OF THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) IN PARTNERSHIP WITH
THE BLUE RIDGE AREA FOOD BANK**

**2023**

Applicant Eligibility.

 a) Applicant Eligibility

**i. For agencies solely using Link2Feed (i.e., no hardcopy files)**

The household applicant will complete the Link2Feed TEFAP pre-screener (“New TEFAP” button) intake process and the agency will allow applicants to provide an electronic signature. Link2Feed will automatically provide notification when a client needs to be recertified on a bi-annual basis. During recertification, the applicant will be asked if any of their information has changed. If no changes have occurred in income or household size, the applicant will be prompted to provide an electronic signature to re-certify. If changes have occurred, intake information should be updated on the appropriate tab(s) in Link2Feed. At each subsequent distribution the applicant will be asked whether any information on the form has changed. If a client is no longer eligible, they should be notified and provided with non-USDA donated or purchased foods, if available. The client may also be referred to another pantry for services, where possible.

**ii. For agencies using Link2Feed as well as hardcopy SDIs and/or signature sheets**Each household requesting USDA foods must complete a Self-Declaration of Income (SDI) form bi-annually to determine eligibility. SDI forms will be used to update a client’s household information on their Link2Feed profile, with their certification/recertification indicating “hard copy signature on file.”

In the case that Link2Feed is unavailable (internet issues or software malfunction), or the agency wishes to use a hard-copy signature sheet to then log a client’s service in Link2Feed (indicating “hardcopy signature on file”), sites may use a signature sheet with First Name, Last Name, Birthdate, Distribution Date and Client Signature.

Record Keeping

Any agency that is using hardcopy SDI forms and/or signature sheets at any time during the year must submit the SDI forms and/or signature sheets annually to BRAFB every 6 months (by January 5th and July 5th). Also, the agency must retain a copy of all SDI forms and signature sheets at their respective agency for at least three years.

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Number: \_\_\_\_\_\_\_\_\_\_

I am authorized to represent the Agency named above and agree to abide by this Agreement.

Signature of Agency Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Agency Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_