FOOD BANK FOR THE HEARTLAND
AGREEMENT FOR DISTRIBUTION AND UTILIZATION OF IA USDA (TEFAP) FOODS

The Food Bank for the Heartland and ________________________________ (Recipient Member Agency) agree as follows:

1. The Recipient Agency is a public or private nonprofit organization whose primary purpose is serving the needy by distribution of food for home use or the preparation of meals to be served in a congregate setting.
   a. Organizations (emergency food pantries) that distribute food for home use must determine the household’s eligibility by applying income standards that are set by the state of Iowa.
   b. Organizations (soup kitchens) that provide prepared meals are eligible to receive foods if they can demonstrate that they serve predominately needy persons.
   c. Recipient Agencies that distribute USDA foods to individual households (emergency pantries) will document eligibility by the TEFAP Eligibility to Take Food Home form and keep those forms on file for three years.

2. Individual recipients shall not be required to make any payments in money, materials or services for or in connection with the receipt of USDA foods, nor shall voluntary contributions be solicited.

3. Certify USDA foods will be used solely for the benefit of persons served in the program and shall not be transferred in exchange for money, other property or services. Improper distribution, use or damaged caused by agency fault or negligence could result in liability and/or termination of the USDA contract. Recipient Agency is responsible for improper distribution, use, or damaged caused by fault of neglect.

4. Maintain records to document the receipt, issuance, disposal, transfer and inventory of all USDA commodities received. These records shall be retained by the Recipient Agency for three years from the close of the Federal fiscal year to which they pertain. Said records will be available for inspection by Federal, State and Food Bank personnel.

5. Follow all food safety guidelines, including:
   a. USDA foods may not be distributed beyond their Best If Used By (BIUB) date.
   b. Store food at least 6 inches off the floor and at least 4 inches away from the wall at proper temperatures.
      o Keep facility between 50°-70°F
      o Keep refrigerators between 36° and 40°F
      o Keep freezers at 0°F or below
   c. USDA foods may not be re-packaged.
   d. USDA foods are encouraged to be distributed within 5 months of receipt.

6. Understands that the USDA commodities being received from the Food Bank for the Heartland are Federal funds and the Recipient Agency is required to have a single professional audit if more than $500,000 is expended. The Food Bank for the Heartland will provide the number of pounds distributed to the Recipient Agency each time. The pounds are to be valued at the dollar amount annually established by KPMG LLP for Feeding America. It is the Recipient Agency’s responsibility to determine if a single audit is needed for their organization.

7. Agree to indemnify and hold harmless the State of Iowa, its departments, officers, agents, agencies and employees from any and all claims, demands, damages, costs, expenses, actions and causes of action arising out of any act or occurrence pertaining to the issuance and acceptance of the USDA food items.

8. This agreement does not entitle any Recipient Agency to a guaranteed minimum amount or specific types or quantities of foods.

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9. The ERA agrees to operate TEFAP in accordance with the requirements of Part 251 and, as applicable, Part 250 of CFR (Code of Federal Regulations) Title 7.

10. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

a. Current USDA “And Justice For All” poster(s) must be posted in a highly visible place

11. All agency frontline staff or volunteers must complete civil rights training annually; training materials are available at www.FoodBankHeartland.org.

12. This agreement may be terminated by either party with a 30 day written notice, as stated in Part 251.2(c) (2).

13. This agreement shall remain in effect unless nullified by the Food Bank for the Heartland or Iowa Department of Human Services.

I, the authorized representative of the Recipient Agency ________________________________________________________, hereby certify that I have carefully read and understand the text of this agreement and will abide by its terms and conditions.

_______________________________________________________________________________ Date ________________________________
Signature and Title of Authorized Recipient Agency Representative

Recipient Agency name and address: ____________________________________________________________

_______________________________________________________________________________ Date ________________________________
Signature
Assistant Director of Network Education and Compliance

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