



USDA APPLICATION

UPDATED 11/2025

Agency Name & Number	Name of Food Assistance Program, if different
Physical Address where food will be stored:	Mailing Address, if different:
To be eligible to distribute USDA/TEFAP items through the Food Bank of North Alabama, the applying organization must be in good standing at the time of application.	

What category best describes your food assistance program (Check all that apply)	How long has your organization been an agency partner?
<input type="checkbox"/> Food Pantry (providing groceries to those in need) <input type="checkbox"/> Residential Program <input type="checkbox"/> Prepared Meals / Soup Kitchen <input type="checkbox"/> Backpack Program / School Pantry <input type="checkbox"/> Delivery Program	
	To your knowledge, has your program been approved to distribute USDA/TEFAP with us before?
	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, to the best of your knowledge, when was your organization part of the USDA program, and why is it no longer participating?
(Please note: your response will not automatically result in approval or denial.)

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Briefly describe your organizations overall mission and operation

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How many households do you currently serve per month?	What Items do you currently distribute/store?
	<input type="checkbox"/> Canned Goods <input type="checkbox"/> Frozen Foods <input type="checkbox"/> Pet Supplies <input type="checkbox"/> Dry Goods <input type="checkbox"/> Refrigerated Foods <input type="checkbox"/> Household Items <input type="checkbox"/> Formula <input type="checkbox"/> Diapers (Adult or Children)

What is your current annual food budget?	What are your main sources of funding?		# of Volunteers involved in Food Program:
	<input type="checkbox"/> State <input type="checkbox"/> Private Donations <input type="checkbox"/> Other: <input type="checkbox"/> Grants <input type="checkbox"/> Corporate Donors <input type="checkbox"/> Church Budget <input type="checkbox"/> Participant Fees		
In what ways do you believe the USDA program aligns with your agency's mission and capacity to serve the community?			
What impact do you anticipate the USDA distribution program will have on your agency's ability to serve the community through food assistance?			

FOOD STORAGE INFORMATION			
COLD STORAGE			Is this unit solely for use by the food program?
Type	Description	# of Units	
Combination Fridge / Freezer			
Upright Freezer	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Upright Freezer	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Chest Freezer	<input type="checkbox"/> Large <input type="checkbox"/> Small		
Chest Freezer	<input type="checkbox"/> Large <input type="checkbox"/> Small		
Commercial Upright Freezer			
Upright Refrigerator	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Upright Refrigerator	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Commercial Upright Refrigerator			
Walkin Freezer			
Walkin Refrigerator			

Other Cold Storage Information:

DRY STORAGE

Describe your dry storage area? (Building, Room, Size, Shelving, etc)
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Is your food storage area climate controlled year round?	Are you able to keep DAILY temperature logs on your cold storage units and/or dry storage areas?

PEST CONTROL

Who performs your pest control?	<input type="checkbox"/> Self Maintained	<input type="checkbox"/> Pest Control Company
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Name of Pest Control Service Company:	How often do they visit/treat?

FOOD TRANSPORTATION INFORMATION
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What vehicles do you have reliable access to for food transportation?
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<input type="checkbox"/> Car	<input type="checkbox"/> Small SUV	<input type="checkbox"/> Passenger Van	<input type="checkbox"/> Box Truck	<input type="checkbox"/> Uncovered Trailer	<input type="checkbox"/> Other:
<input type="checkbox"/> Standard Truck	<input type="checkbox"/> Large SUV	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Refrigerated Box Truck	<input type="checkbox"/> Covered Trailer	

Do you have the ability to transport / store a fully wrapped pallet of food?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you have access to a pallet jack or other equipment to help move the food pallets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>While this isn't required, you'll need a way to safely manage the pallet movement on site.</i>		

GENERAL INFORMATION

Are any of the following requirements to receive food assistance:	If you answered "Yes", please provide more information:
<input type="checkbox"/> No <input type="checkbox"/> Yes Have a referral or appointment	
<input type="checkbox"/> No <input type="checkbox"/> Yes Provide a Donation	
<input type="checkbox"/> No <input type="checkbox"/> Yes Attend / Engage in a Religious Service, Practice, or Activity	
<input type="checkbox"/> No <input type="checkbox"/> Yes Pay a Fee	
<input type="checkbox"/> No <input type="checkbox"/> Yes Perform any Volunteer or Work for the Organization	
<input type="checkbox"/> No <input type="checkbox"/> Yes Attend a class (Financial, Religious, Etc)	

Please complete all sections relevant to your agency's operations before signing the acknowledgements below.
To conserve ink and paper, operation-specific sections are located on the following pages.
Only complete the portions that apply to your agency.

ACKNOWLEDGEMENT

By signing below, I confirm that the information provided in this application is true and accurate to the best of my knowledge. I acknowledge that I have read the USDA Interest Guide, have sought clarification on any requirements as needed, and understand that my agency has the volunteer and staff capacity to uphold the program's administrative responsibilities. I also understand that submitting this application does not guarantee approval or partnership with the USDA distribution program. Any misrepresentation or failure to meet program standards may result in termination of the USDA partnership and may also affect my agency's partnership with the Food Bank of North Alabama.

If accepted, I understand that my organization will be required to:

- Retain Records for 3 years (instead of 1)
- Maintain a DAILY temperature log for ALL dry & cold storage areas
- Complete the required Civil Rights Training, ANNUALLY
- Complete inventory on USDA items MONTHLY
- Have recipients complete the REQUIRED TEFAP/USDA Eligibility Form
- Submit monthly demographics ON TIME by the 15th of the following month.
- Post the necessary documents/notifications in an easily visible location for food recipients.
- Clearly label all storage areas to distinguish USDA food from non-USDA products.

Authorized Representative Name (Print): _____

Title/Position: _____

Agency Name / Number: _____

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

FBNA USE ONLY			
Date Application Received: _____	FBNA EMP: _____		
Application Status / Decision	Reviewed: _____	A: _____	D: _____
Notes:			

FOOD PANTRY

A pantry is where individuals visit the program site and receive bags/boxes of groceries to prepare at home. The groceries could also be delivered to the participants.

What is your current operating hours for distribution?

Frequency:

- Daily Weekly Every Other Week Monthly Every Other Month Quarterly
 Other, please explain:

Days: (Please Specify Times)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

How are people able to find out about your food distributions? Please list any social media pages, websites, or details

- Website Social Media Posted Signs on the Building Flyers 211 Calling the Food Line
 Other, please explain:

What is the PRIMARY method of your food distribution?

- Walk-In/Up : Any method where the recipients are able to get out of a vehicle and walk up to receive their food.
 Drive Through : Any method where the recipients remain inside a vehicle and the food is brought out to them.

Do you deliver food to recipients? If yes, provide details

- NO YES:

Do recipients currently pick what they receive or is it a prepared package?

- Prepackaged Recipient Choice Both

How long do you intend the food to last (avg household size)

- 2-3 Days 1 Week 1-2 Weeks 2-3 Weeks Month Other:

THE PANTRY CATEGORY DOES NOT INCLUDE SERVING HOT/PREPARED MEALS TO RECIPIENTS. IF YOUR ORGANIZATION DOES, ALSO COMPLETE THE SOUP KITCHEN SECTION

SOUP KITCHEN / PREPARED MEALS

A Soup Kitchen / Meal Provider is any Partner Agency that prepares, serves or delivers prepared meals or snacks to individuals in need. This includes after school snack programs , senior daycare, etc. All meal programs are held to Department of Health standards.

What is your current operating hours for service / distribution?

Frequency:

- Daily Weekly Every Other Week Monthly
 Other, please explain:

Days: (Please Specify Times)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

What category of meals do you serve? Describe the typical meals you prepare/serve

- Breakfast Lunch Dinner Snacks

RESIDENTIAL		
This type of meal program serves either permanent or temporary residents of a facility. All meal programs that provide prepared food are held to Department of Health standards.		
What category of residential program is this?		Resident Demographics:
<input type="checkbox"/> Rehab/Recovery <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> DV Shelter <input type="checkbox"/> Transitional Home <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Other:		<input type="checkbox"/> Male <input type="checkbox"/> Children <input type="checkbox"/> Teen - Male <input type="checkbox"/> Female <input type="checkbox"/> Family <input type="checkbox"/> Teen - Female <input type="checkbox"/> Ages Served:
Setting	What is the maximum capacity (beds)?	What is your average capacity?
<input type="checkbox"/> Single Residence <input type="checkbox"/> Residential Complex <input type="checkbox"/> Facility		
Do residents have to be from a particular area/county?		Do residents have employment?
<input type="checkbox"/> NO <input type="checkbox"/> YES:		<input type="checkbox"/> NO <input type="checkbox"/> YES:
Do residents pay a tuition or fee?		Are residents enrolled in SNAP?
If yes, how much/often & what are the fees used for?		<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> NO <input type="checkbox"/> YES:		Do Residents purchase food using their own Money or SNAP?
		<input type="checkbox"/> NO <input type="checkbox"/> YES:
Who prepares meals for the residents?		
<input type="checkbox"/> Staff/Volunteer: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks <input type="checkbox"/> Residents: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks <input type="checkbox"/> Residents w/ assistance		

BACKPACK PROGRAM AND / OR SCHOOL PANTRY

A **backpack program** delivers prepackaged groceries to schools for kids to prepare at home over the weekend.

A **school pantry** is a program that stocks a pantry at a school for kids and their families to select groceries to prepare at home. Intended to meet the needs of the whole household rather than just the student.

This may also include secondary/college food assistance programs.

All School Programs require a letter from the school administrator verifying they are aware and accept the additional requirements associated with the USDA food assistance being offered by your program to be submitted with this application.

What type of school program do you currently operate? Backpack Pantry Both

What school/s do you plan to supply? (please provide full school name as well as grade levels)

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Name & Position of Contact at School (include school name if working with multiple):	Email Address:

BACKPACK PROGRAM QUESTIONS

Number of individual children receiving food bags monthly?	How often do you distribute?
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other:

Are you part of a group that rotates who distributes at the school throughout the year? If so, who do you work with?

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What items do you provide for the backpacks?

SCHOOL PANTRY QUESTIONS

What are the current operating days / hours for the pantry?

Describe the area where the food will be stored at the school

What foods / items do you provide in the pantry?

Do you currently partner with other groups to stock the pantry? If yes, who?

What is your process to collect information on how many families are served through the pantry?

Who is responsible for monitoring/distributing food from the pantry?

- School Staff School Volunteers Your Organizations Volunteers