

Food and Nutrition
Service

1320 Braddock
Place Alexandria, VA
22314

DATE: July 5, 2023

POLICY NO: FD-153: The Emergency Food Assistance Program (TEFAP)

SUBJECT: Guidance for Submitting Amendments to TEFAP State Plans per 7 CFR 251.6

TO: Regional Directors
Supplemental Nutrition Programs
MARO, MPRO, MWRO, NERO, SERO, SWRO, and WRO

State Directors
All TEFAP State Agencies

This memorandum provides guidance to TEFAP State agencies on how to submit proposed amendments to their TEFAP State plans as discussed in existing regulations. Per 7 CFR 251.6, State agencies must have an approved distribution plan, or State plan, in place to operate TEFAP.¹ Once approved, State plans are considered permanent.

Program regulations at 7 CFR 251.6 outline that State agencies must submit proposed amendments to their TEFAP State plans to the appropriate FNS Regional Office when necessary to reflect changes in program operations or administration as described in the plan, or at the request of FNS. This includes both permanent amendments and amendments that will change program operations or administration for a defined period of time (i.e., temporary amendments). This memorandum applies to State plan amendment requests that are temporary or permanent. It does not apply to Farm to Food Bank State plan amendment requests. State agencies should refer to the annual memorandum requesting Farm to Food Bank State plan amendments for guidance on that process.

State plan amendment requests must be submitted in writing by email to the appropriate FNS Regional Office for review. State plan amendment requests may be submitted at any time. At minimum, the following information must be included in a TEFAP State plan amendment request:

- A description of the requested change.
- A description of why the change is being proposed.
- A description of the implications of the proposed change.

¹ The burden for the State plan amendments is related to OMB #0584-0293 Food Distribution Programs, Expiration: 07/31/2023, Title: State Agency Distribution Plan (7 CFR 251.6(b))

- Whether the request is temporary or permanent.
 - If temporary, a start and expiration date must be included.

Some examples of changes to a TEFAP State plan that would require an approved amendment include, but are not limited to:

- increases or decreases to income eligibility guidelines for TEFAP participants;
- other changes to eligibility requirements or processes for participants or eligible recipient agencies (ERAs);
- changes in allowable/unallowable administrative costs;
- changes in the method for determining ERA food or administrative funding allocations; and/or
- any other changes that will have a noticeable effect on program participants, the State agency, ERAs, and/or the operation of the program by the State agency or ERAs.

Proposed changes to State plans must comply with Federal statute and regulations. Regional offices will review State plan amendment requests for compliance with existing Federal statute and regulations and transmit approval/denial decisions to the State agency in writing by email. Regional offices should aim to review and transmit decisions within 30 days of receipt. If additional information is needed, the Regional Office will inform the State agency within 15 days of receipt.

To assist TEFAP State agencies with submitting State plan amendment requests, a State plan amendment request template is included with this memorandum as Attachment A.

State agencies should contact their respective FNS Regional office with any questions about this memorandum. Regional offices with questions should contact the National Office – Supplemental Nutrition and Safety Programs, Policy Division, Food Distribution Policy Branch.

/s/ Original Signature on File

Sara Olson

Director

Policy Division

Supplemental Nutrition and Safety Programs

OMB Control Number: 0584-0293, Expiration Date 07/31/2023

Attachment A – State Plan Amendment Request Template for The Emergency Food Assistance Program (TEFAP) Consistent with 7 CFR 251.6

Date Submitted:

State Agency:

State Agency Point of Contact (POC):

POC Email:

POC Phone Number:

Consistent with 7 CFR 251.6:

1. Provide a description of the proposed change, including a reference to the component of the State plan that will be updated. Please note that proposed changes to State plans must comply with all applicable Federal statute and regulations.
2. Provide a detailed description of why the change is being proposed.
3. Provide a description of the implications of the proposed change. Include details, if relevant, on the effects the change may have on program participants, the State agency, eligible recipient agencies (ERAs), and/or the operation of the program by the State agency or ERAs.
4. Is this change temporary or permanent?
 - a. If temporary, provide the start and expiration date of the change.

OMB Disclosure Statement: When TEFAP State agencies plan changes to their State Plans, they must submit amendments to their FNS Regional office for approval (7 CFR 251.6(b)). This is a mandatory collection of information and FNS will use the information to monitor and provide oversight to State agencies administering the program. The collection does not request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to

respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and providing the data needed, and completing, reviewing and submitting the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0293). Do not return the completed form to this address.