



South Carolina  
**DEPARTMENT OF AGRICULTURE**

Hugh E. Weathers, Commissioner

**LOCAL AGENCY APPLICATION  
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
SOUTH CAROLINA DEPARTMENT OF AGRICULTURE (SCDA)  
AND LOCAL AGENCY (LA)**

*Save this form to your computer first before filling in and submitting electronically.*

**LOCAL AGENCY INFORMATION**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Agency Person-In-Charge \_\_\_\_\_ Title \_\_\_\_\_

Agency Contact for CSFP \_\_\_\_\_ Title \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Date of Current Tax Status \_\_\_\_\_

**STAFF**

List the number and types of staff and/or volunteers with your agency who will be involved in the administration of the CSFP program.

Indicate the person(s) with your agency who will insure the Nutrition Education program objectives are met.

\_\_\_\_\_

List the Certification/Food Distribution sites you plan to serve by county and provide hours and days of operations.

Indicate number of staff/volunteer at each planned certification/food distribution site available for Certification and Food Distribution activities.

Describe the warehouse and /or food storage facility.

Describe Inventory Control System.

Describe the Financial Situation/Financial Management of the Local Agency

## PROPOSED CSFP OPERATION

Specify proposed food distribution schedule.

Outline proposed timeframe for adding CSFP to ongoing services.

## PROPOSED TEFAP OPERATION

Specify proposed food distribution schedule.

Outline proposed timeframe for adding TEFAP to ongoing services.

# CIVIL RIGHTS COMPLIANCE

Describe all civil rights complaints received during the past two years.

Were all substantiated civil rights problems or noncompliance situations corrected?  Yes  No

If no, explain.

Was any person(s) denied access to the Organization/Agency because of race, color, national origin, age, sex, or handicap?  Yes  No

Are there a significant proportion of non-English or limited English Speaking persons residing in the service area?  Yes  No

If yes, is there appropriate staff, volunteers or other translation resources available?  Yes  No

Describe service.

Describe the racial/ethnic make-up of the service area.

## APPLICANT SIGNATURE

If approved, CSFP/TEFAP services will be provided in the adherence to all federal regulations and the policies of the South Carolina Department of Agriculture.

Authorized Person-In-Charge Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Person-In-Charge Signature \_\_\_\_\_ Date \_\_\_\_\_

## RETURN FORM

### SAVE & EMAIL

*Save this form to your computer first before filling in and submitting electronically.*

[cdoyle@scda.sc.gov](mailto:cdoyle@scda.sc.gov)

### PRINT & MAIL

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