



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION - FOOD DISTRIBUTION PROGRAMS
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
OMB SINGLE AUDIT REQUIREMENT STATEMENT

NAME OF AGENCY	PHONE NUMBER
MAILING ADDRESS	COUNTY
CITY, STATE, ZIP	AFFILIATED FOOD BANK(S)
CONTACT PERSON (NAME AND TITLE)	

Agencies that expend \$750,000 or more in federal financial assistance per fiscal year beginning on or after December 26, 2014, are required to have an audit prepared in accordance with Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost principles, and Audit Requirements for Federal Awards (2 CFR Chapter 2, Part 200, Subpart F.)

- TEFAP and other USDA-donated foods are considered federal financial assistance.
- Other federal assistance may be in the form of grants, contracts, agreements, loans, property, interest subsidies, insurance, direct appropriations, and other non-cash assistance.
- Excluded are monies received under "procurement" contracts which are used to buy goods or services (examples: Medicaid and Medicare payments).
- A copy of the OMB regulation final rule including 2 CFR Chapter 2, Part 200, Subpart F can be viewed at:
<https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

**Check the appropriate response in item #1 and certify your agreement to the two statements by signing below.
RETURN THE COMPLETED FORM TO THE FOOD BANK.**

1) I HEREBY CERTIFY OUR AGENCY ☐ **DOES** EXPEND \$750,000 OR MORE FEDERAL FINANCIAL ASSISTANCE PER YEAR.
☐ **DOES NOT**

2) IF ITEM #1 ABOVE IS ANSWERED "DOES NOT", I FURTHER CERTIFY THAT SHOULD OUR AGENCY EXPEND \$750,000 OR MORE IN FEDERAL FINANCIAL ASSISTANCE IN A FUTURE AUDIT YEAR, WE WILL CONTACT THE FOOD BANK AND SUBMIT A REVISED FORM.

ELIGIBLE RECIPIENT AGENCY SIGNATURE	DATE
-------------------------------------	------

PRINT OR TYPE NAME AND TITLE

FOOD BANK USE ONLY

FINDINGS <input type="checkbox"/> FULL COMPLIANCE <input type="checkbox"/> FOLLOW UP NEEDED	SIGNATURE OF FOOD BANK REVIEWER	APPROVAL DATE
--	---------------------------------	---------------

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, audiotope, 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, 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:

Mail: U.S. Department of Agriculture Fax: (202) 690-7442; or Email: program.intake@usda.gov
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

This institution is an equal opportunity provider.