TEFAP FOOD DISTRIBUTION DECLARATION

Pick-up Date: _____ Distribution Date: _____ Households: _____

By signing below, I verify that all recipients of TEFAP food products on the above indicated date have executed an eligibility form and/or confirmed that the information contained in their prior eligibility form has not changed. These questions were presented orally or through the dissemination of written documents and were orally attested to by the recipients of TEFAP food products. **The total number of recipients submitting attestations** on the indicated distribution date is _____. I hereby certify that to the best of my knowledge all recipients who received TEFAP food products completed all required paperwork and/or made all required oral attestations that they met all conditions necessary to receive TEFAP food products. This declaration is submitted in connection with the receipt of federal assistance.

Dated: _____ Agency Name: _____

Signature: _____

Printed Name: _____