

TEFAP FOOD DISTRIBUTION DECLARATION

Pick-up Date:	Distribution Date:	Households:	
By signing below, I verify th	nat all recipients of TE	FAP food products on the above indicated of	date
have executed an eligibility	form and/or confirm	ned that the information contained in their p	orio
eligibility form has not ch	nanged. These que	estions were presented orally or through	the
dissemination of written do	ocuments and were o	rally attested to by the recipients of TEFAP f	food
products. The total number of recipients submitting attestations on the indicated distribution			
date is	I hereby certify tha	t to the best of my knowledge all recipients	who
received TEFAP food products completed all required paperwork and/or made all required ora			
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:			