



TEFAP Agreement

I, _____, with _____
(Name) (Organization)

have completed Second Harvest Food Bank of East Tennessee's TEFAP training. I understand TEFAP's rules and regulations, including:

- Distribution guidelines
- Client eligibility for the program
- Reporting monthly statistics and inventory
- Product storage and loss prevention
- Civil rights requirements

I have received a digital copy of the state of Tennessee's TEFAP Manual and agree to follow and abide by the TEFAP guidelines, rules and regulations.

Agency Representative

Date

SHFB Representative