

The Emergency Food Assistance Program (TEFAP) Application

Pantry Address	Pantry Name:				
Pantry Mailing Address: City: State: Zip: County: Pantry Coordinator/Manager: Email Address: General Information Is the pantry designated as a 501(C)(3) not-for-profit organization? How long has the pantry been in operation? Does the pantry serve a specifically defined service area? What are the days and hours of operation? How often can clients access the pantry? How many eligible households per month is the pantry serving?	Pantry Address				
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	How often can clients access the pa	antry?			
How many adults? How many children?	How many eligible households per	month is the ք	pantry serving?		
	How many adults?	How ma	ny children?		

Is your pantry accessible to the handicap?
Does the pantry have personnel available to assist non-English speaking clients?
What is the storage capacity?
How many refrigerators? How many freezers?
TEFAP Commodities are intended to be a supplement to privately donated or purchased foods. What other services does the pantry offer or have access to?
How is eligibility determined for clients receiving food from the pantry?
Please include any printed material, including intake forms, brochures, list of board of directors, procedures manual, etc.
Submit the completed application to:
Western Dairyland EOC Attn: Becca Elbert

Attn: Becca Elbert 418 Wisconsin Street Eau Claire, WI 54703 Becca.elbert@wdeoc.org 715-836-7511 ext. 1185