



The Emergency Food Assistance Program (TEFAP) Application

Pantry Name: _____

Pantry Address _____

City: _____ State: _____ Zip: _____ County: _____

Pantry Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Pantry Coordinator/Manager: _____

Telephone: _____ 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?

How many adults?

How many 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: Kristin Walukas
PO Box 125
Independence, WI 54747
715-985-2391 ext. 1205
Kristin.walukas@wdeoc.org