FORM APPROVED OMB NO. 0584-0293 Expiration
Date: XX/XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION ADMINISTRATION

ANNUAL REPORT OF TEFAP ELIGIBLE RECIPIENT AGENCIES

1. STATE/TERRITORY:

2. STATE AGENCY NAME:

3. ID NUMBER:

4. TYPE OF SUBMISSION

A. ☐ **INITIAL**

B. ☐ **REVISION**

5. FISCAL YEAR:

6. NOTES:

LINE NO.	7. Name of Eligible Recipient Agency (ERA)	8. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	9. Other ERA name (if applicable):	10. Street address of ERA distribution site (if applicable)	11. City of ERA distribution site (if applicable)	12. State/Territory of ERA distribution site (if applicable)	13. Zip code of ERA distribution site (if applicable)	LINE NO.
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LINE NO.	6. Name of Eligible Recipient Agency (ERA)	7. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	8. Other ERA name (if applicable):	9. Street address of ERA distribution site (if applicable)	10. City of ERA distribution site (if applicable)	10. State/Territory of ERA distribution site (if applicable)	11. Zip code of ERA distribution site (if applicable)	LINE NO.
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LINE NO.	6. Name of Eligible Recipient Agency (ERA)	7. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	8. Other ERA name (if applicable):	9. Street address of ERA distribution site (if applicable)	10. City of ERA distribution site (if applicable)	10. State/Territory of ERA distribution site (if applicable)	11. Zip code of ERA distribution site (if applicable)	LINE NO.
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LINE NO.	6. Name of Eligible Recipient Agency (ERA)	7. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	8. Other ERA name (if applicable):	9. Street address of ERA distribution site (if applicable)	10. City of ERA distribution site (if applicable)	10. State/Territory of ERA distribution site (if applicable)	11. Zip code of ERA distribution site (if applicable)	LINE NO.
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FORM FNA-929 INSTRUCTIONS

PURPOSE: The FNA-929 captures the eligible recipient agencies (ERAs) that participate in The Emergency Food Assistance Program (TEFAP) within a State/ Territory. Per program regulations at 7 CFR 251.10(b)(3), TEFAP State agencies are required to submit this report to USDA's Food and Nutrition Administration on an annual basis consistent with the deadlines set in the Food Programs Reporting System (FPRS). This report must include all ERAs that hold TEFAP agreements within the State/Territory, including ERAs that have agreements with the State agency and ERAs that have agreements with another ERA. The report must also include ERAs that distribute USDA Foods for home consumption and those that distribute USDA Foods in the form of prepared meals.

SUBMISSION: Enter ERAs into this report. If more than 100 eligible recipient agencies are reported, use Addendum A to report the additional agencies.

ITEM:

1. State/Territory – Enter the name of the State or Territory in which the TEFAP State agency is located.

2. State Agency Name – Enter the name of the TEFAP State agency.

3. ID Number – Enter the 7-digit identification (ID) number assigned by FNA. This number identifies the State agency and its TEFAP grant in the FNA automated reporting system.

4. Type of Submission - Indicate type of submission for year being reported. The initial submission of this report should be such by checking (A). Any subsequent revisions for the report quarter should be indicated by checking (B).

5. Year of Submission - Enter the fiscal year for which data is reported.

6. Notes – Enter any notes about the data submitted in the report.

7. Name of Eligible Recipient Agency – Enter the name of each eligible recipient agency that holds a TEFAP agreement within the State/Territory.

8. TEFAP Agreement Status – For each eligible recipient agency entered, indicate whether the eligible recipient agency holds a TEFAP agreement with the State/Territory or with another eligible recipient agency within the State/Territory, by entering "State agency" or "ERA."

9. Other Eligible Recipient Agency Name – For those eligible recipient agencies that hold agreements with other eligible recipient agencies, enter the name of the eligible recipient agency with which they hold an agreement. For example:

7. Name of Eligible Recipient Agency (ERA)	8. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	9. Other ERA name (if applicable):	10. Street address of ERA distribution site (if applicable)	11. City of ERA distribution site (if applicable)	12. State/Territory of ERA distribution site (if applicable)	13. Zip code of ERA distribution site (if applicable)
(Example) Falling Leaves Food Pantry	(Example) ERA	(Example) Summer Sun Food Bank	(Example) 47832 Red Maple Lane	(Example) Tree Town	(Example) VA	(Example) 12820

10. Street Address of Distribution Site – For each eligible recipient agency, enter the street address of each distribution site at which the public accesses USDA Foods. If the ERA operates multiple distribution sites, enter each distribution site as an additional row. If the eligible recipient agency does not directly distribute foods to the public, enter "N/A." For example:

7. Name of Eligible Recipient Agency (ERA)	8. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	9. Other ERA name (if applicable):	10. Street address of ERA distribution site (if applicable)	11. City of ERA distribution site (if applicable)	12. State/Territory of ERA distribution site (if applicable)	13. Zip code of ERA distribution site (if applicable)
(Example) Summer Sun Food Bank	(Example) State agency	(Example) N/A	(Example) N/A	(Example) N/A	(Example) N/A	(Example) N/A
(Example) Falling Leaves Food Pantry	(Example) ERA	(Example) Summer Sun Food Bank	(Example) 47832 Red Maple Lane	(Example) Tree Town	(Example) VA	(Example) 12820
(Example) Falling Leaves Food Pantry - Additional Distribution Site	(Example) ERA	(Example) Summer Sun Food Bank	(Example) 843 Oak Circle	(Example) Tree Town	(Example) VA	(Example) 12820

11. City of Distribution Site – For each eligible recipient agency, enter the city of the distribution site at which the public accesses USDA Foods. If the ERA operates multiple distribution sites, enter each distribution site as an additional row. If the eligible recipient agency does not directly distribute foods to the public, enter "N/A." See example in #10, above.

12. State/Territory of Distribution Site – For each eligible recipient agency, enter the state/territory of the distribution site at which the public accesses USDA Foods. If the ERA operates multiple distribution sites, enter each distribution site as an additional row. If the eligible recipient agency does not directly distribute foods to the public, enter "N/A." See example in #9, above. See example in #10, above.

13. Zip Code of Distribution Site – For each eligible recipient agency, enter the zip code of each distribution site at which the public accesses USDA Foods. If the ERA operates multiple distribution sites, enter each distribution site as an additional row. If the eligible recipient agency does not directly distribute foods to the public, enter "N/A." See example in #9, above. See example in #10, above.

ADDENDUM A – FNA-929

LINE NO.	7. Name of Eligible Recipient Agency (ERA)	8. Is the ERA operating under an agreement with the State agency or another ERA? Enter "State agency" or "ERA."	9. Other ERA name (if applicable):	10. Street address of ERA distribution site (if applicable)	11. City of ERA distribution site (if applicable)	12. State/Territory of ERA distribution site (if applicable)	13. Zip code of ERA distribution site (if applicable)	LINE NO.