




# EverGreen Boxes™ Quarterly Session

Monday, September 18th, 2023

**FOOD**  **BANK**  
OF THE ROCKIES™

A Program of Everyday Eats

This institution is an equal opportunity provider



Please share your  
name and  
organization when  
speaking and enter  
comments and  
questions in the chat  
Thank you!

# Agenda

## **An Exciting Announcement!**

- Update to Written Notice of Beneficiary Rights

## **Navigating Insurance Requirements**

- Background/Purpose
- Procedures

## **Other Topics**

- Agency Receipt Reminders
- Update to Written Notice of Beneficiary Rights
- Looking for Volunteers


## **Questions, Comments, Concerns**

# Notice of Beneficiary Rights

All agencies with a religious affiliation must post the Notice of Beneficiary Rights in a client-facing area.

- Non-discrimination based on religious beliefs
- Referral to another location if requested

**NO LONGER REQUIRED!!!**

 **COLORADO**  
Office of Economic Security  
Division of Food & Energy Assistance

**Commodity Supplemental Food Program (CSFP)  
Written Notice of Beneficiary Rights**

Organization Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Because this program provides food assistance from the Federal Government, we must provide you with this written notice before you enroll in our program or receive services from the program, as required by 7 CFR part 16.

- We will not discriminate against you on the basis of race, color, national origin, sex, age, or religion.
- We will not discriminate on the basis of a religious belief, or a religious practice, or a religious observance.
- We will not discriminate on the basis of a religious belief, or a religious practice, or a religious observance, if the discrimination is based on a religious belief, or a religious practice, or a religious observance that is a fundamental part of your religious belief, or a religious practice, or a religious observance.
- We will not discriminate on the basis of a religious belief, or a religious practice, or a religious observance, if the discrimination is based on a religious belief, or a religious practice, or a religious observance that is a fundamental part of your religious belief, or a religious practice, or a religious observance.

We must provide you with this written notice before you enroll in our program or receive services from the program, as required by 7 CFR part 16.

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# Insurance Requirements Background

## How did this requirement come about?

- Previously existed
- Received new guidance from USDA

## Why is this requirement in place?

- In case of food loss
- Protect yourself from liability and paying for losses

# Who is required to hold insurance?

**All EverGreen Box™ and TEFAP (if applicable) partners**

**Anyone with a written agreement with Food Bank of the Rockies to distribute USDA Foods**

# How much insurance do I need?

**The insurance policy must cover the average value of your end of month inventory in the last fiscal year**

- How do I determine this?

# Option #1

## Using your USDA Valuation Letter

### Average

- Take your total USDA Pound Value and divide by 12
- \$19,563.74/12
- \$1630.31 is the total monthly amount insurance could cover



September 13<sup>th</sup>, 2023



In accordance with the Single Audit Act of 1984 and Title 2 CFR 200.501, Food Bank of the Rockies Commodity Supplemental Food Program (CSFP), otherwise known as EverGreen Boxes™ a Program of Everyday Eats, is reporting to you the total value of CSFP USDA foods allocated to [redacted] from July 22<sup>nd</sup> - June 30<sup>th</sup>, 2023. Below is the total poundage and dollar value for Fiscal Year 2023.

**CSFP USDA Total Pounds: 18370.258333333335**

**CSFP USDA Pound Value: 19563.74**

If you have any questions or concerns regarding this information, please contact me directly at (720)738-9676 or at [bstupin@foodbankrockies.org](mailto:bstupin@foodbankrockies.org)

Sincerely,

Britni R. Stupin  
Government Programs Manager, EverGreen Boxes™  
Food Bank of the Rockies



# Option #2

## Using your End of Month Inventory Reports



### Evergreen Box (CSFP) Site Inventory Tracking Form

Date Completed: 3/21/2023 For Month: March

Site Name: Catholic Charities Little Flower Assistance Center

Please submit following your monthly distribution...with the 1<sup>st</sup> of the following month the **FINAL** Deadline

No boxes are to be distributed the last three days of the month

	Cheese	Qty & Recipe	Qty & Recipe	Qty & Recipe
Previous Month's Inventory +	19	8 VANGA		
Current Month Received -	36	47 ASTER		
Current Month Distributed =	28	8 VANGA	40 ASTER	
End of Month Inventory (Leftovers)	27	7 ASTER		
Cheese Only: Reason for leftovers	Refused or for leftover boxes			

Cheese must be offered with the box each month. Clients may decline cheese and this cheese can be saved for the next month's distribution

Submit to Kelly Bacher at [kbacher@foodbankrockies.org](mailto:kbacher@foodbankrockies.org) or Jackie Papi at [jpapi@foodbankrockies.org](mailto:jpapi@foodbankrockies.org)

## Add & Average

For each month between July 22-June 23

Tally the leftover recipe and quantity

Don't forget the cheese!

Once done, request a report showing the value of each recipe (box)

Add the total value and average for your leftover inventory

# Option #3

## Zero End of Month Inventory

- **If you have zero inventory at month end for the entire fiscal year**
- **You are exempt!**
- **The requirement is the insurance policy must cover the average value of your end of month inventory in the last fiscal year**

# What kind of insurance do I need?

**In most cases.....**

## **Property Insurance**

- **Property insurance would cover the loss of USDA foods**
- **We recommend calling your insurance broker to ensure your policy covers loss of USDA foods under any circumstances.**
- **It is likely....**
- **Most**  
**already have property insurance, but the specific coverages should always be verified**

## **Keep In Mind...**

**"General Liability insurance" does not typically cover a loss of USDA foods**

# How do I provide proof?

COMMERCIAL PROPERTY  
CP DS 00 10 00

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

POLICY NO. \_\_\_\_\_ EFFECTIVE DATE \_\_\_/\_\_\_/\_\_\_  "X" If Supplemental  
Declarations Is Attached

NAMED INSURED \_\_\_\_\_

### DESCRIPTION OF PREMISES

Prem. Bldg. Location, Construction And Occupancy  
No. No.

### COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
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\*If Extra Expense Coverage, Limits On Loss Payment

### OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below

Prem. No.	Bldg. No.	Agreed Value		Replacement Cost (X)		
		Expiration Date	Cov. Amount	Building	Pers. Prop.	Including "Stock"

Inflation Guard (%)	*Monthly Limit Of Indemnity (Fraction)	Maximum Period Of Indemnity (X)	*Extended Period Of Indemnity (Days)
Bldg. Pers. Prop.			

\*Applies to Business Income Only

### MORTGAGEHOLDERS

Prem. No.	Bldg. No.	Mortgageholder Name And Mailing Address
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### DEDUCTIBLE

\$500. Exceptions:

### FORMS APPLICABLE

To All Coverages:

To Specific Premises/Coverages:

Prem. No.	Bldg. No.	Coverages	Form Number
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- Please email to [TEFAP@foodbankrockies.org](mailto:TEFAP@foodbankrockies.org)

- This is a general mailbox we will use to verify we have all sent

- Proof will likely be in the form of an insurance certificate or a declaration page

- Be sure this includes the value

- The name of the agency

# What sorts of things should I keep in mind?

## Partner Agreements

- The partner or individual listed on the agency agreement must be the policy holder
- For those who distribute out of a property not owned, we recommend calling the insurance broker to determine coverage
  - **This** is especially important to verify the insurance would cover property stored in a building not owned by those distributing the USDA foods

# What sorts of things should I keep in mind?

## Do I also distribute TEFAP?

- You will need to add the USDA Pound Value from BOTH TEFAP and CSFP Valuation Letter
- Then divide by 12
- OR
- Add the month end inventory value of both programs and divide by 12



September 13<sup>th</sup>, 2023



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Sincerely,

Britni R. Stupin  
Government Programs Manager, EverGreen Boxes™  
Food Bank of the Rockies

# When must I provide proof?

- CDHS will begin checking for insurance coverage October 1st, 2023.
- Food Bank of the Rockies will then review annually

We will be reviewing November 1st, 2023

- Please communicate any roadblocks, challenges, or questions to us asap
- We will happily grant extensions as long as there is communication

This will be an annual requirement

# Questions on Insurance?



# Agency Order Invoice

## At time of delivery/Pick Up:

- 2 Invoices given to agency by FBR driver.

- Both invoices to be signed, **One Copy is returned to the driver or order window staff**

## BEFORE SIGNING AGENCY INVOICE:

1. Driver takes temperature of cheese. \* Temp written on invoice.
2. Inspect and count your boxes.
3. Make sure the white recipe label on boxes matches the invoice.

**FOOD BANK OF THE ROCKIES™** **AGENCY RECEIPT** Page: 1

**EXAMPLE ONLY**

**BILL TO:**  
Western Slope FBR - CSFP  
Jill Heidel  
268 N River Rd  
Palisade, CO 81526-0000

**SHIP TO:**  
Western Slope FBR - CSFP  
268 N River Rd  
Palisade, CO 81526-0000

Program No. A2867-1  
Confirm To Sue Ellen Rodwick  
Payment Method  
Reference

Invoice Number AO-607312  
Order Date 4/4/2023  
Shipment Date 4/4/2023  
Shipment Method Pick Up  
Pickup Time

Frozen Temp: \_\_\_\_\_ Refrigerated Temp: \_\_\_\_\_

**RECIPED NAME OF BOXES:**

Item No.	Description	Shipped	Unit	Case Weight	Total Weight	Fee Per Lb	Total Fee
21472-FIN	DAHLIA	50	BOX	28.89	1,444.625		
21472-FIN	DAHLIA	25	BOX	28.89	722.3125		
100035C	CSFP CHEESE RDU FAT (B007-1)	75	EACH	2.00	150.00		

**WRITTEN IN CHEESE-TEMP**

**NUMBER OF BOXES & CHZ: This is where you will find the count you are receiving.**

Total 150.00 / Units      Total 2316.94 / LBS      Net Order: 0.00  
Grant Allocations: 0.00  
Order Total 0.00

Agency Signature: AGENCY SIGNS      Date: & DATES

Staff Signature: \_\_\_\_\_      Date: \_\_\_\_\_

NOTE: By signing the above, I certify that this food will not be sold, bartered or traded. I understand that persons selling food will be prosecuted to the fullest extent of the law. All requests for credit must be made within two business days.



Are you tired of paper inventory reports?  
Worn down by all the emails??  
Wish there was an easier way???

# New Pilot Initiative

## Electronic Reporting

- Goal is to have a pilot ready in the next 3-6 months (currently troubleshooting)
- Our team is working with Smartsheet to develop a paperless form that can be accessed electronically
- We are looking for 10 or so agencies to participate in the initial rollout
- Any volunteers??

The screenshot shows a Smartsheet form with a dark blue header containing the Smartsheet logo. The form fields are as follows:

- PARTNER AGENCY NAME**: A text input field.
- Partner Agency Name (choose)**: A dropdown menu with "Select" as the current option.
- Date \***: A date picker field showing "31".
- Leftover Boxes Previous Month - Recipe #1 \***: A text input field.
- Menu Name (Leftover Boxes Prev Month) - Recipe #1 \***: A dropdown menu with "Select" as the current option.
- Leftover Boxes Previous Month - Recipe #2 \***: A text input field.
- Menu Name (Leftover Boxes Prev Month) - Recipe #2 \***: A dropdown menu with "Select" as the current option.



What else would you like  
to see in these  
presentations?

Thank you for joining!!