



GNAP Update

New Guidelines

FY 2023

Agenda (we ARE recording)

- **Welcome and Overview**
- **The Big Change: 4 Month Distribution Window**
- **Distribution Eligibility**
- **Reporting**
- **Compliance**
- **Questions?**

The Big Change . . .when product is distributed

All GNAP product must be distributed within a four-month period

GNAP must align with TANF four times guideline? No

GNAP must align with TANF four month guideline? Yes

Our period starts June 1 and ends September 30

Food *MUST BE IN HOUSEHOLDS* by end of period

No food in food bank inventory

No food in agency inventory

Final 2023 Orders by Sep15 to allow time for full distribution.

Other Changes

- Determining eligibility for GNAP
 - DHS is asking us to report on 2 eligibility categories
 - TANF participation – this includes both TANF cash assistance and TANF transitional services
 - At-Risk qualifiers
 - Current SNAP recipient
 - Enrolled in Medicaid
 - Currently receive SSI
 - Declared household income below 200% of the Federal Poverty Line
- These changes are reflected in the updated GNAP eligibility form that DHS is asking all partners to use for intake.

2023 Georgia Nutritional Assistance Program (GNAP) Eligibility Form

Our agency is a partner of America's Second Harvest of Coastal Georgia which has a contract with the Georgia Department of Human Services (DHS) to receive funds used for purchasing food for GNAP. To support this program, we are required to make sure program participants meet certain eligibility requirements and to keep an accurate count of the number of people served. Please take a moment to complete this questionnaire. We are required to have this document completed to receive the funds from DHS. Full completion of this form will have no effect on the services provided.

Applicant's Personal Information

NAME: _____ DATE OF COMPLETION: _____

PHONE NUMBER(S): _____
home cell work

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

HOW MANY TOTAL PEOPLE LIVE IN YOUR HOME? _____ HOW MANY CHILDREN? _____

ARE YOU CURRENTLY RECEIVING (CIRCLE ALL THAT APPLY):

SNAP/FOOD STAMPS MEDICAID SSI TANF NONE OF THESE

INCOME VERIFICATION: THIS TABLE SHOWS YEARLY AND MONTHLY INCOME FOR EACH FAMILY SIZE. IF YOUR HOUSEHOLD INCOME (HOUSEHOLD INCLUDES ALL INCOME FROM PARENTS, GUARDIANS, CAREGIVERS, AND CHILDREN LIVING IN YOUR HOME) IS AT OR BELOW THE INCOME LISTED FOR THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD, THEN YOU ARE ELIGIBLE.

<u>HOUSEHOLD SIZE</u>	<u>YEARLY</u>	<u>MONTHLY</u>
1	\$29,160	\$2,430
2	\$39,440	\$3,287
3	\$49,720	\$4,143
4	\$60,000	\$5,000
5	\$70,280	\$5,857
6	\$80,560	\$6,713
7	\$90,840	\$7,570
8	\$101,120	\$8,427

For family units over 8, add the amount shown for each additional member: Year: \$10,280; Month \$867.

BASED ON MY HOUSEHOLD SIZE AND THE TABLE ABOVE, I AM ELIGIBLE (CIRCLE ONE): YES NO

IF DIFFERENT FROM ABOVE, NAME AND CONTACT INFORMATION OF PERSON COMPLETEING THIS FORM FOR THE APPLICANT:

name phone email

What We are Doing at ASHCG

- Attended 5/25 Training from ACFB and Agreed to DHS Compliance
- Currently Shopping for new GNAP foods to be in stock asap
 - (Examples of Items we are looking at : Pears, Peaches, Green Beans, Mixed Vegetables, pork n beans, ravioli, beef stew, spaghetti, spaghetti sauce, mac n cheese, rice, peanut butter, raisin bran, honey rings)
- Developed New Agency Memorandum
- Developed New ASH GNAP Eligibility Sheet
- Develop-ing new Inventory Reporting
 - Internal Process for compiling up to 140 agency inventories!
- Developing Monitoring Schedule
- Developing End of Period Compliance Audit Process



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Agency Food Distribution • Brown Bag for the Elderly • Grace's Kitchen • Kids Cafe • Mobile Food Pantry

This Memorandum of Understanding (MOU) is made between America's Second Harvest of Coastal Georgia (ASH) and the Partner Agency:

(agency name and code)

This MOU defines the terms and guidelines for the Partner Agency to implement the Georgia Nutritional Assistance Program (GNAP) in partnership with ASH.

1. The Partner Agency must remain a partner in good standing and adhere to all stipulations of the ASH Partner Agency Agreement and the additional stipulations of the GNAP program according to the training provided to the Partner Agency and as outlined in this MOU.
2. The Partner Agency affirms that it has completed the mandatory GNAP training provided by ASH.
3. The Partner Agency agrees that it will distribute all GNAP products ordered through ASH to families with children or individual children who express a need for food assistance and are eligible to receive it according to the guidelines of the GNAP program and the training provided to the Partner Agency.
4. The Partner Agency agrees that it will abide by the policies, procedures and record keeping requirements of the GNAP program and in the training provided to the Partner Agency.
5. The Partner Agency agrees that it will fully distribute all GNAP food received from ASH within the defined four-month ASH GNAP Distribution period. No GNAP food may be stored or distributed by the Partner Agency outside of the ASH GNAP distribution period.
6. The Partner Agency agrees to immediately inform their ASH Agency Relations Coordinator of any GNAP food it may not be able to distribute *at least* 30 days prior to the end of the four-month ASH GNAP distribution period.

7. In the event of the termination of the ASH Partner Agency Agreement or the GNAP MOU, the Partner Agency agrees to return to ASH all GNAP food on hand when the agreement is terminated.
8. ASH reserves the right to reclaim any GNAP products the Partner Agency is not able to distribute within the four-month ASH GNAP distribution period.
9. ASH reserves the right to perform announced and/or unannounced site visits to verify all terms and guidelines of this MOU are being met.
10. If necessary, the Partner Agency agrees to additional announced and/or unannounced site visits by the Georgia Department of Human Services to verify all terms and guidelines of this MOU are being met.

EFFECTIVE PERIOD OF AGREEMENT

This agreement shall remain in effect for the duration of the partnership period in which the Partner agency is an active partner of ASH. This Agreement may be terminated upon 14 days written notice on the part of either party. ASH may terminate this Agreement immediately upon receipt of evidence that the terms and conditions of this Agreement have not been fully complied with by the Partner Agency. Any termination of this Agreement shall be in accordance with applicable laws and regulations.

The Partner Agencies authorized representative's signature below confirms that the Partner Agency is accepting and agrees to abide by all terms of this MOU.

Signatures:

Partner Agency Director Date

ASH Representative Date

Is there a deadline for submitting?

ASHCG Reporting Responsibilities to ACFB and GA DHS

- Total of Invoices for monthly food purchases
- Total of invoices for admin and/or transportation costs
- Detailed listing of foods purchased, and weight distributed
- Total meals prepared and served
- Total number of member nonprofits receiving foods
- Total families per eligibility category provided with groceries
- Monthly Inventories at ASH and Agencies
- End Of Period VERIFICATION of 100% DISTRIBUTION

What we need from you:

- Real, Full Understanding
- Questions
- Signed Memorandums
- On Time MSR and Inventory Report
- Timely Notice of Compliance Risk

Questions?