



Food Assistance (FA): Request for Alternate Language Approval

Date: _____

Contact Information:

Name: _____ Email: _____ Phone: _____

Lead Agency: _____ Sub Agency, if applicable: _____

Program: (select all that apply)

- Commodity Supplemental Food Program (CSFP)
- Emergency Food Assistance Program (EFAP)
- The Emergency Food Assistance Program (TEFAP)
- Other _____

Type of document: (include number and/or name of form)

- Program Form _____
- Program Publication _____
- Agreement _____

WSDA Use Only

Staff Name: _____ Date Received: _____

Recommendation:

WSDA Approving Authority Decision:

Approving Authority Name: _____

Approving Authority Title: _____

- Approved as submitted
- Approved with modifications
- USDA approved, if applicable
- Denied, does not include all required language

Notes: