NATIONAL PROCESSING AGREEMENT (NPA)
STATE PARTICIPATION AGREEMENT (SPA)

APPLICATION CHECKLIST

To ensure that this agreement has been completed a checklist has been provided for your convenience. It is still your responsibility to thoroughly review, complete, and submit all required documents. When completed please enclose the required documents with this checklist and send to the address below. **Do Not** submit a partial agreement. **Your agreement will not be approved unless the entire package is completed as instructed.**

Submit To:
Tysha.Sherard@ncagr.gov
or
NCDA & CS Food Distribution Division
Attn: Tysha Sherard
P.O. Box 659, Butner, NC 27509-0659 or
2582 W. Lyon Station Road, Creedmoor, NC 27522
Phone: (919) 575-4490
Fax: (919) 575-4143

1. ☐ Signed and Dated copy of the SPA (Must include Federal EIN #)
2. ☐ Value Pass Through Systems – selected by Processor
3. ☐ Approved Summary End Product Data Schedules
4. ☐ Subcontractor information completed in its entirety (if applicable)
5. ☐ Additional SDA Requirements
6. ☐ Broker Information (if applicable)
7. ☐ Hold and Recall Information
8. ☐ Do NOT staple documents

NATIONAL PROCESSING AGREEMENT (NPA)

STATE PARTICIPATION AGREEMENT (SPA)

This Agreement is subject to the terms and conditions set forth in the National Processing Agreement made by and between the U.S. Department of Agriculture, Food and Nutrition Service and

_____(Processor).
_____(Processor)
duly attests that no alterations have been made to the ACDA Core State Participation Agreement (SPA).

State Distributing Agency:
NCDA&CS Food Distribution Division

Name	**Gary W. Gay**
Title	**Director Food Distribution**
Address	**P.O. Box 659**
City, State, Zip	**Butner, NC 27509-0659**
Contact	**Tysha Sherard**
Phone	**919-575-4490**
Fax	**919-575-4143**
E-mail	**Tysha.Sherard@ncagr.gov**
Web Address	**www.ncagr.gov/fooddist**

Signature _____

Date: _____

Processor:	
Federal EIN:	
Name	
Title	
Address	
City, State, Zip	
Contact	
Phone	
Fax	
E-mail	
Web Address	

Signature _____

Date: _____

Type of Agreement:

☒ **Permanent Agreement** ☐ **Designated Period**
Effective ☐ **to** ☐

This agreement may be permanent or with a designated period. The SPA may be amended as necessary should any of the information change during a designated agreement period. This Agreement shall not be amended except by a written agreement signed by the parties hereto.

Agreement Termination: This agreement may be terminated by either party upon 30 days written notice. This agreement may be terminated immediately if the processor does not comply with the terms and conditions set forth in this agreement and the National Processing

Agreement. Disposition of the USDA Foods inventory shall be in accordance with 7 CFR 250.35 (f).

Processor Agreement(s) with Distributors: The Processor will enter into an agreement with any and all distributors delivering processed end product to recipient agencies and will share data, reporting and crediting information of donated foods, in accordance with §250.30(i). §250.30(j) permits states to add additional requirements for processor agreements. This requirement will be monitored by third party auditors.

Hold/Recall Contact Information: At a minimum, the SDA and Processor must provide each other with the following hold and recall contact information:

Primary point of contact

- Name: **Vicky Cox**
- Telephone number: **919-575-4490**
- Mobile phone number: **919-368-9629**
- Fax number: **919-575-4143**
- Email address: **Vicky.Cox@ncagr.gov**

A back-up contact if the primary is unavailable

- Name: **Gary Gay**
- Telephone number: **919-575-4490**
- Mobile phone number: **919-691-0006**
- Fax number: **919-575-4143**
- Email address: **Gary.Gay@ncagr.gov**

1. **Value Pass Through Systems**. The State Distributing Agency will indicate which value pass through systems are acceptable in their State. Processor will indicate which value pass through systems they desire to use in the State and have been approved by USDA in the NPA (National Processing Agreement).

Permitted By State	Value Pass Through System	Selected by Processor
✓	*Refund or Rebate to Recipient Agency*	
✓	*Direct Discount to DA or RA*	
✓	*Indirect Discount (NOI) to DA or RA*	
✓	*Fee for Service – Direct Ship to RA*	
✓	*Fee for Service – billed by distributor*	
✓	*Fee for Service – billed by authorized agent*	
✓	*Alternative Method Approved by FNS and DA*	

2. **Summary End Product Data Schedules (SEPDS).** The SEPDS contains summary information from approved EPDS and a master SEPDS approved by USDA. Processor may select specific EPDS for processing in a given state. Attach SEPDS, listing end products that may be sold in the State.

Do you use a subcontractor for the production of any items covered in this agreement?
☐ Yes ☐ No

If yes, please identify the subcontractor by name, address, USDA plant number, and each item produced. Per 250.30(h), processors are prohibited from subcontracting without explicit written permission from the State agency or FNS, as appropriate.

_____

_____

Processor must provide written notification to the SDA of any change(s) to the SEPDS including the nature of the change(s); notification may be made electronically. Procedures for State-level SEPDS submission and approval are as follows:

Processor must submit SEPDS along with SPA. SEPDS are approved as long as they show USDA approval.

3. **CN Labeling**. Products, which contribute toward the school meal pattern requirements, may qualify for CN labeling. The SDA should check those that apply.

☒ CN Labeling is optional. Recipient agencies may request CN labeled products.

☐ CN Labeling is required, if applicable, for the processed product.

☐ Submit CN labels with SEPDS.

4. **Nutritional Information**. Recipient agencies need nutritional information to comply with USDA regulations. State should check those that apply:

☒ Processor must provide nutrition information to RA upon request.

☐ Processor's nutrition information has been submitted to USDA Database.

☐ Processor's nutrition information is available on their web site.

(Provide the web address) _____

☐ Processor must submit nutrition information with the SEPDS

5. **Grading.** Red Meat grading will be performed under Full Certification.

6. **By products.** If by products are produced, describe method of valuation and credit.

_____

7. **List of Eligible Recipient Agencies.** The State will provide a list of eligible recipient agencies to the processor upon SDA approval of the State Participation Agreement.

8. **Backhauling of USDA Foods.** If backhauling is permitted, *the processor will not substitute or commingle backhauled donated foods and will provide end products processed from such donated foods only to the distributing or recipient agency from which the food was received*. Processor must notify the SDA before backhauling products. Please check those that apply.

SDA permits backhauling ☒ Yes ☐ No

Backhauling permitted from ☐ State Warehouse ☒ Recipient Agency

SDA requires a form for requesting approval to backhaul ☐ Yes ☒ No

9. **Special Instructions for Delivery of End Product to Designated Delivery Locations:**

_____

_____

10. **Electronic Receipting for USDA Foods**

Processor must register on the USDA's Web Supply Chain Management (WBSCM) or other applicable USDA system(s). Please register immediately after receiving business partner identification number.

Processor is required to enter all shipment receipts within two calendar days of delivery, using the Web Supply Chain Management (WBSCM) Shipment Receipt Function.

11. **Additional SDA Requirements.**

The processor must provide the distributor with a list of eligible recipient agencies and either:

(1) The quantities of approved end products that each recipient agency is eligible to receive; or
(2) The quantity of donated food allocated to each recipient agency and the raw donated food (pounds or cases) needed per case of each approved end product.

Per the requirements of 250.36(h), please outline your mechanism for providing recipient agency information with the associated quantities of raw donated food that is available to each recipient agency.

_____

_____

☒ Processor must register on the USDA's Web Supply Chain Management (WBSCM) or other applicable USDA systems. Please register immediately after receiving business partner identification number. After the creation of a new Business Partner-ID the processor must notify the state of their new BP-ID number who will then contact WBSCM-Ship-To@fns.usda.gov in order to be mapped to the new destination.

☒ Complete chart below in its entirety (**Include address**).

WBSCM Material Number	Processing Plant (PL) Location, City	PL State	WBSCM-Issued BP-ID #

☒ Processor will provide ending inventory balances to recipient agencies at a minimum on a monthly basis.

☒ Processor must submit a SEPDS along with the SPA.

☒ The State Participation Agreement (SPA) may be terminated immediately at the option of the DA for noncompliance of its terms and conditions by the processor or if any right in favor of the DA is threatened or jeopardized by the Processor and/or his agent. This SPA may be terminated by either party upon 30 days written notice to the other. Disposition of DF inventory, either physical or book, with Processor or payment of value thereof shall be based on Article 20 the National Processing Agreement.

☒ All paperwork must be sent to the attention of the appropriate person as instructed from this office. Monthly Performance Reports and SEPDS are to be sent to **Tysha Sherard**.

☒ NCDA & CS FDD **does not accept Monthly Performance Reports or SEPDS by fax**. Both these documents contain many numbers, often in small font, and are difficult to read by fax. Faxed SEPDS or Performance Reports will be discarded without being reviewed. These items may be submitted either as a hard copy by mail or else by e-mail. Exceptions may be made for certain conditions, but prior approval to fax these items must be obtained to ensure their review and approval. Lateness of reports is not an acceptable exception.

☒ Processor will provide NCDA&CS with **Broker** information, if applicable:

Broker Name: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

Web Address: _____

*** Processor will update SDA with broker changes**

Hold/Recall Contact Form

State Distributing Agency _____

PROCESSOR HOLD AND RECALL CONTACT INFORMATION

Name of Processor _____

Primary Contact

Name: _____
Office Telephone Number: _____
Mobile Telephone Number: _____
Fax Number: _____
Email Address: _____

Back-up Contact

Name: _____
Office Telephone Number: _____
Mobile Telephone Number: _____
Fax Number: _____
Email Address: _____

PLEASE COMPLETE AND RETURN ALONG WITH THE SPA AND NOTIFY THE SDA AGENCY IMMEDIATELY AS CHANGES OCCUR