



United States Department of Agriculture (USDA)

TEFAP Training
Compliance Department
FY: 2027





- The United States Department of Agriculture
- One branch provides domestic food assistance through programs such as; the Women Infants and Children (WIC) program, Commodity Supplemental Food Program (CSFP), free/reduced school lunches, and [TEFAP](#).

What Is TEFAP?

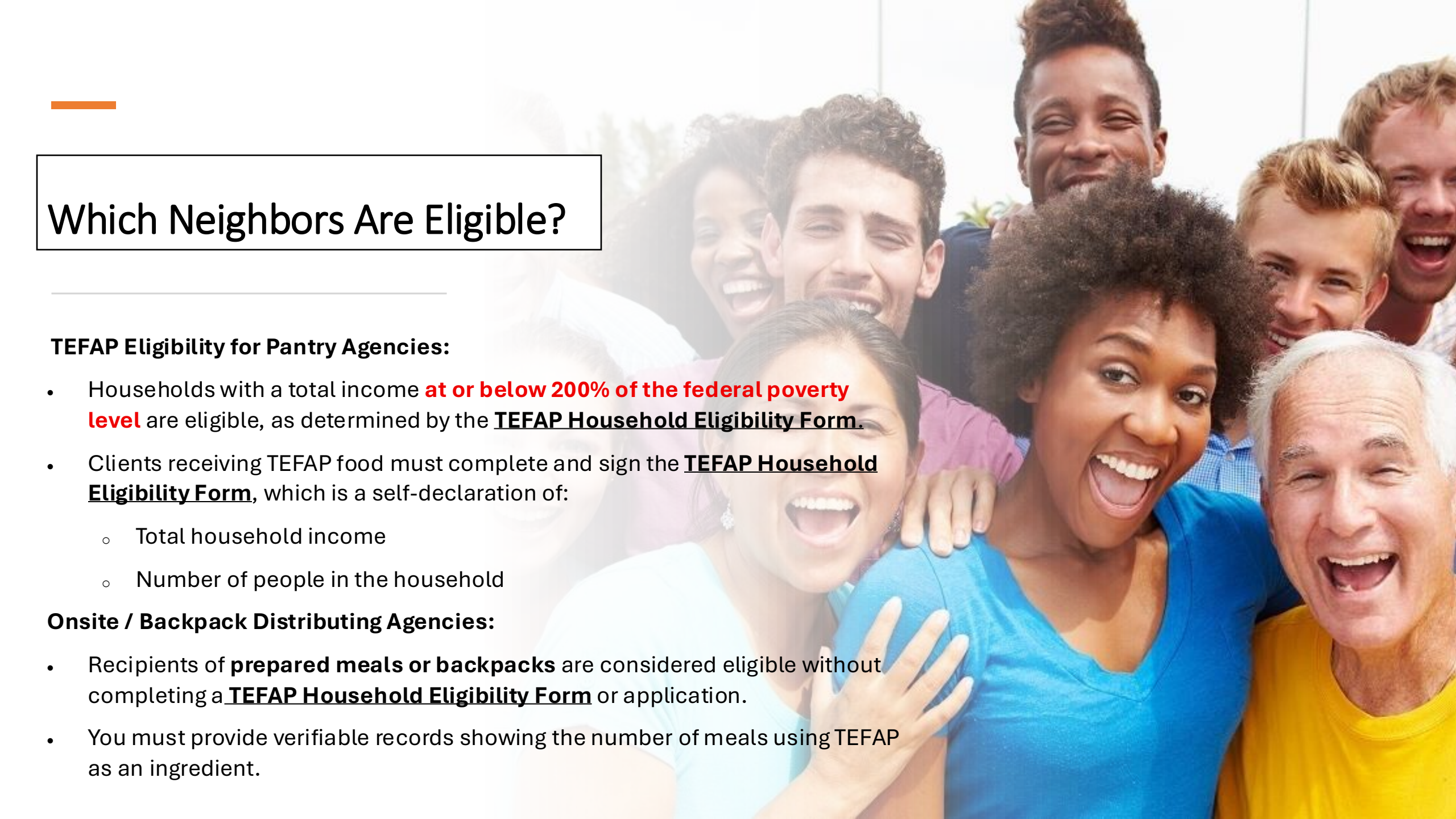
- The Emergency Food Assistance Program (TEFAP) helps supplement the diet of low-income persons, by providing groceries or meals at no cost to the recipient.





Which Agencies Are Eligible for TEFAP?

- Partner agencies with emergency feeding programs
 - Food pantries
 - Mobile food pantries
 - Community kitchens
 - Emergency shelters
 - With 3 days or less stay

A diverse group of smiling people of various ages and ethnicities, including a young woman with dark hair, a man with curly hair, a woman with a large afro, and an older man with white hair, all looking happy and engaged.

Which Neighbors Are Eligible?

TEFAP Eligibility for Pantry Agencies:

- Households with a total income **at or below 200% of the federal poverty level** are eligible, as determined by the **TEFAP Household Eligibility Form**.
- Clients receiving TEFAP food must complete and sign the **TEFAP Household Eligibility Form**, which is a self-declaration of:
 - Total household income
 - Number of people in the household

Onsite / Backpack Distributing Agencies:

- Recipients of **prepared meals or backpacks** are considered eligible without completing a **TEFAP Household Eligibility Form** or application.
- You must provide verifiable records showing the number of meals using TEFAP as an ingredient.

TEFAP Requirements — ALL Agencies



Pantry



Onsite



Backpack



Mobile Food Pantry

All Partner Agencies must display the **“And Justice for ALL”** poster and the **Written Notice of Beneficiary Rights** in a location that is clearly visible to all clients at the time of food distribution.



Written Notice of Beneficiary Rights for The Emergency Food Assistance Program (TEFAP)

TEFAP Written Notice of Beneficiary Rights

Name of Organization:

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov.

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact USDA Hunger Hotline:

The USDA Hunger Hotline:

- By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- By Text: 914-342-7744 with a question that may contain a keyword such as "food," "summer," "meals," etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

This requirement will be reviewed and verified during your compliance visit.

TEFAP Product Storage

Keep all TEFAP products separate from other food and clearly labeled at all times.

- Store TEFAP products in a designated area whenever possible.
- Clearly identify TEFAP products as **TEFAP**.
- Do not store TEFAP inventory with non-TEFAP food.
- Maintain accurate inventory and distribution records for all TEFAP products.
- Ensure TEFAP products remain identifiable from receipt through distribution or service.



This requirement will be reviewed and verified during your compliance visit.

All refrigerators, freezers and dry storage area must have a visible working thermometer, temperatures must be monitored and documented weekly. *For dry storage area use the temperature off your thermostat.*

- Dry storage range: 50-70 ° F
- Refrigerator storage range: 36-41 ° F
- Frozen storage range: 0 ° F



This requirement will be reviewed and verified during your compliance visit.

Additional Requirements for All Agencies:

Keep all Food Bank invoices, TEFAP records and paperwork for 3 years



Your agency is mandated that all instances of loss of commodities must be promptly reported to the Food Bank.

Do not toss or dispose of any TEFAP product without first contacting the Food Bank to receive instructions on how to proceed

You may have to bring the product back to ACFB or GMFB

• (ACFB/GMFB have secured, locked dumpsters)

If you do not first contact the Food Bank:

- Your agency could be charged the cost of TEFAP product if tossed**
- Your agency will be held liable if someone dug in the trash, consumed spoiled food & became ill.**

A separate monthly report is required for TEFAP usage.

Agencies must report the number of households/persons or meals/backpacks that received or were served with TEFAP during the previous month, according to the agency type.

Pantry

Report the:

- **Number of households** that received TEFAP that month.
- **Number of persons** who received TEFAP that month.

Mobile Food Pantry (MFP)

Report the:

- **Number of persons** who received TEFAP that month.

Onsite Agencies/Backpack Distributing Agencies

Report the:

- **Number of meals served with TEFAP ingredients** that month.
- **Number of backpacks served/distributed with TEFAP ingredients** that month.

This requirement will be reviewed and verified during your compliance visit.

Yearly Recertification and Civil Rights Training

- Your agency must re-certify every year on TEFAP procedures.
- Every Fall ACFB will email you re-certification instructions and forms to fill out online.
- You must train ALL your volunteers and staff on USDA's Civil Rights Training.



What to Expect In **October**???



Our Compliance Department:

- Provide TEFAP eligible agencies with a self-training for USDA TEFAP requirements.
- Send TEFAP MOU to partner agencies that passes the USDA TEFAP certification exam.
- Send you updated copies of TEFAP forms and Civil Rights Training.

Partner Agencies Must:

- Take the yearly self-training for USDA TEFAP.
- Sign and return TEFAP'S MOU by deadline.
- Start using the new TEFAP's 832 forms.
- Provide Civil Rights Training to staff/volunteers and sign training logs.

This requirement will be reviewed and verified during your compliance visit .

TEFAP Requirements For: PANTRIES...

Mobile Food Pantries (MFP)
School Mobile Food Pantries (SMFP)



Georgia Department of Human Services
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Household Eligibility Criteria Form

Distribution Agency Site Name: _____
Distribution Agency Site Address: _____
Name of Head of Household: _____
County of Residence: _____ OR Zip Code: _____ Contact Number: _____ (please print)

Number in the Household: _____ Income of the Household: _____ Monthly or Weekly (please print)

Household Size	Monthly Income	Monthly Income
1	\$1,000	\$1,000
2	\$1,500	\$1,500
3	\$2,000	\$2,000
4	\$2,500	\$2,500
5	\$3,000	\$3,000
6	\$3,500	\$3,500
7	\$4,000	\$4,000
8	\$4,500	\$4,500
9	\$5,000	\$5,000
10	\$5,500	\$5,500
11	\$6,000	\$6,000
12	\$6,500	\$6,500
13	\$7,000	\$7,000
14	\$7,500	\$7,500
15	\$8,000	\$8,000
16	\$8,500	\$8,500
17	\$9,000	\$9,000
18	\$9,500	\$9,500
19	\$10,000	\$10,000
20	\$10,500	\$10,500
21	\$11,000	\$11,000
22	\$11,500	\$11,500
23	\$12,000	\$12,000
24	\$12,500	\$12,500
25	\$13,000	\$13,000
26	\$13,500	\$13,500
27	\$14,000	\$14,000
28	\$14,500	\$14,500
29	\$15,000	\$15,000
30	\$15,500	\$15,500
31	\$16,000	\$16,000
32	\$16,500	\$16,500
33	\$17,000	\$17,000
34	\$17,500	\$17,500
35	\$18,000	\$18,000
36	\$18,500	\$18,500
37	\$19,000	\$19,000
38	\$19,500	\$19,500
39	\$20,000	\$20,000
40	\$20,500	\$20,500
41	\$21,000	\$21,000
42	\$21,500	\$21,500
43	\$22,000	\$22,000
44	\$22,500	\$22,500
45	\$23,000	\$23,000
46	\$23,500	\$23,500
47	\$24,000	\$24,000
48	\$24,500	\$24,500
49	\$25,000	\$25,000
50	\$25,500	\$25,500
51	\$26,000	\$26,000
52	\$26,500	\$26,500
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69	\$35,000	\$35,000
70	\$35,500	\$35,500
71	\$36,000	\$36,000
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79	\$40,000	\$40,000
80	\$40,500	\$40,500
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83	\$42,000	\$42,000
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147	\$74,000	\$74,000
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149	\$75,000	\$75,000
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290	\$145,500	\$145,500
291	\$146,000	\$146,000
292	\$146,500	\$146,500
293	\$147,000	\$147,000
294	\$147,500	\$147,500
295	\$148,000	\$148,000
296	\$148,500	\$148,500
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298	\$149,500	\$149,500
299	\$150,000	\$150,000
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306	\$153,500	\$153,500
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308	\$154,500	\$154,500
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310	\$155,500	\$155,500
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320	\$160,500	\$160,500
321	\$161,000	\$161,000
322	\$161,500	\$161,500
323	\$162,000	\$162,000
324	\$162,500	\$162,500
325	\$163,000	\$163,000
326	\$163,500	\$163,500
327	\$164,000	\$164,000
328	\$164,500	\$164,500
329	\$165,000	\$165,000
330	\$165,500	\$165,500
331	\$166,000	\$166,000
332	\$166,500	\$166,500
333	\$167,000	\$167,000
334	\$167,500	\$167,500
335	\$168,000	\$168,000
336	\$168,500	\$168,500
337	\$169,000	\$169,000
338	\$169,500	\$169,500
339	\$170,000	\$170,000
340	\$170,500	\$170,500
341	\$171,000	\$171,000
342	\$171,500	\$171,500
343	\$172,000	\$172,000
344	\$172,500	\$172,500
345	\$17	

Commodity code can be found on your invoice and will start with **SK**.

[illegible]

Enter: ALL HOUSEHOLDS

All recipients must receive or have access to the same TEFAP products and quantities.

TEFAP Commodity
Distribution form must
be completed at EVERY
TEFAP DISTRIBUTION.

Must use current FY Form

Your Compliance Specialist will verify that there is a TEFAP Commodity Form for each TEFAP distribution and that each form is current and within the required date range.

TEFAP regulations do not require that applicant households provide verification of income eligibility such as pay stubs, etc. TEFAP applicants and participants will self-attest to their income by providing the information on the updated TEFAP Household Eligibility Criteria Form.

ALL households must sign and date every time they receives TEFAP products by:

- signing a NEW form every TEFAP distribution.
- signing and dating the back of the current FY form every TEFAP distribution.

Georgia Department of Human Services
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Household Eligibility Criteria Form

Distribution Agency Site Name: ACFB PANTRY
Distribution Agency Site Address: 1234 ABC DRIVE
Name of Head of Household: TONY TIGER
County of Residence: FULTON OR Zip Code: 30331 Contact Number: _____
(Optional)

Number in the Household: 3 Income of the Household: 3,407 Monthly or Weekly (Circle One)

Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,407	\$789
3	\$4,304	\$993
4	\$5,200	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	\$897	\$207

This table shows the monthly and weekly income limit for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP food

Please read: I self-attest that my gross household income is at or below the income listed for the number of people in my household on this form. I self-attest that I live in the area served by The Emergency Food Assistance Program. This form is being completed in connection with the receipt of federal assistance.

[Signature] 01/01/2025
(Signature of Head of Household) (Date)

Authorized Representative:
I hereby authorize _____ to pick up food for my household.
(Please print)

(Signature of Head of Household) (Date)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or marital or relationship status for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (800) 725-2868 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/oc/officeofdiscrimination/3027.pdf>, from any USDA office, by calling (866) 622-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 286-1665 or (202) 690-7442; or
3. email:
Program.intake@usda.gov

This institution is an equal opportunity provider.
TEFAP 832 Household Eligibility Form

For use from December 30, 2024 – September 30, 2025

Total household income must be at or below the income listed for the number of people in your household.

Must use current FY Form

Your Compliance Specialist will verify that each 832 Eligibility Form is completed correctly, current and within the required date range. They will also verify that there is a completed form on file for each eligible neighbor reported as having received TEFAP.

E-Harvest Reporting Continued...

by adding the number in the household on all 832 forms

Georgia Department of Human Services
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Household Eligibility Criteria Form

Distribution Agency Site Name: ACFB PANTRY

Distribution Agency Site Address: 1234 ABC DRIVE

Name of Head of Household: TONY TIGER

County of Residence: FULTON OR Zip Code: 30331 Contact Number: _____ (Optional)

Number in the Household: 3 Income of the Household: 3,407 Monthly or Weekly (Circle One)

Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,407	\$786
3	\$4,304	\$993
4	\$5,200	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	\$897	\$207

This table shows the monthly and weekly income limit for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP food

Please read: I self-attest that my gross household income is at or below the income listed for the number of people in my household on this form. I self-attest that I live in the area served by The Emergency Food Assistance Program. This form is being completed in connection with the receipt of federal assistance.

[Signature] 01/01/2025
 (Signature of Head of Household) (Date)

Authorized Representative:

I hereby authorize _____ to pick up food for my household.
 (Please print)

 (Signature of Head of Household) (Date)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or marital or relational status prior civil rights action. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2835 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.aphis.usda.gov/indianaffairs/3027.pdf>. From any USDA office, by calling (866) 632-6899, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
 - U.S. Department of Agriculture
 - Office of the Assistant Secretary for Civil Rights
 - 1400 Independence Avenue, SW
 - Washington, D.C. 20258-6016; or
2. fax:
 - (833) 256-1665 or (202) 690-7442; or
3. email:
 - Program.intake@usda.gov

This institution is an equal opportunity provider.

TEFAP 832 Household Eligibility Form

For use from December 30, 2024 – September 30, 2025

Each 832 form is one household.

Number in the Household: 3

State agencies and eligible recipient agencies are prohibited from requiring applicants or participants to provide their address, to receive USDA foods and from requiring applicants or participants to provide identification documents (such as a photo identification card, piece of mail, residency documentation, etc.) to receive USDA foods. **TEFAP applicants will self-attest to their residency by providing their county of residence or their county zip code.**

Georgia Department of Human Services			
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)			
Household Eligibility Criteria Form			
Distribution Agency Site Name: <u>ACFB PANTRY</u>			
Distribution Agency Site Address: <u>1234 ABC DRIVE</u>			
Name of Head of Household: <u>TONY TIGER</u>			
County of Residence: <u>FULTON</u>		OR Zip Code: <u>30331</u>	Contact Number: _____
			(Optional)
Number in the Household: <u>3</u>		Income of the Household: <u>3,407</u>	<u>Monthly</u> or Weekly (Circle One)





The state agency and all eligible recipient agencies (staff and volunteers) who will have access to confidential applicant and participant information shall ensure that the information collected from TEFAP applicants and participants is kept confidential. All agencies must have a process in place to keep confidential the information of TEFAP applicants or participants collected during the intake process.

E-Harvest Reporting: (Pantry)



Browser address bar: <https://eharvest.acfb.org/Reports.aspx>

Exact Synergy Enterprise - Sho... Reports

ATLANTA COMMUNITY FOODBANK
Welcome, B3535 ▾

[Required Reports](#) [Ordering](#) [Inventory](#)

Bethel Family Church - The Family Pantry [Logout](#)
2209 Wesley Chapel Road
Decatur, GA 30035
MS Yasmine Dorch

Required Reports

You do not have any required reports due

Current Monthly Reports

These reports can be edited throughout this period

- [GNAP Report](#)
- [Monthly Service Report](#)
- [TEFAP Report](#)

[View Report History](#)

TEFAP Report - November 2018

[Submit Report](#) [Print](#)

Created by B3535 on 12/29/2018 7:32:57 PM

Please submit the information by day 9 of the month. Ex.: January's report is due Feb. 9th. Food banking is a partnership with member agencies, clients, the food bank, food and financial donors. Thanks for doing your part by reporting your activity.

Activity

Did you use TEFAP product for distribution and/or meal preparation this month? ☒ Yes ☐ No

Food Pantries:

Total number of households that received USDA TEFAP during the past month

Total number of persons in those households

On Premise/Congregate Feeding Programs:

Number of meals using TEFAP foods as ingredients during the past month

All TEFAP-eligible agencies that distribute TEFAP must log in to eHarvest each month and submit the required numbers for the total number of households and total number of persons who received TEFAP during the month.

Must add MFP and SMFP TEFAP households to your TEFAP report.

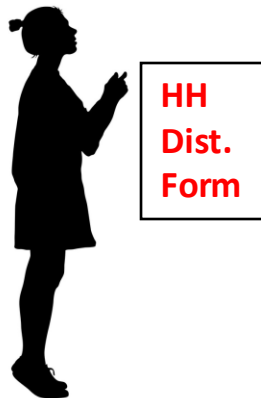
This requirement will be reviewed before your compliance visit.

Day of TEFAP's Distribution RECAP:

(For ALL Pantry including MFP and SMFP.)

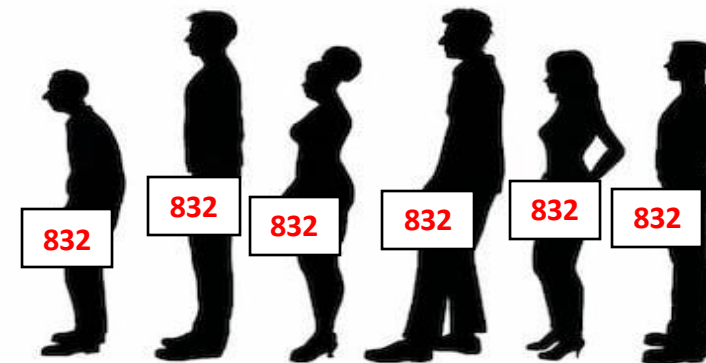
Partner Agencies:

- Completes one Household Distribution Form (Commodity).
- Display Justice for All poster and Written Notice of Beneficiary Rights.



Households:

- Completes Household Eligibility Form (832).





TEFAP Requirements for
ONSITE and Backpack
Distributing Agencies...



Record Keeping for Onsite and Backpack Distributing Agencies...

Provide verifiable records showing the number of meals using TEFAP as an ingredients.

If you use any TEFAP ingredient such as TEFAP ketchup the entire meals is considered a TEFAP meal.

Meal Count Calendar

Month _____ Year: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
B L D S ☐	B L D S ☐	B L D S Dinner 127 (T) ☐	B L D S ☐	B L D S Dinner 124 (T) ☐	B L D S ☐	B L D S Breakfast 214 (T) ☐
B L D S ☐	B L D S ☐	B L D S Dinner 131 (T) ☐	B L D S ☐	B L D S Dinner 119 (T) ☐	B L D S ☐	B L D S Breakfast 221 (T) ☐
B L D S ☐	B L D S ☐	B L D S Dinner 108 (T) ☐	B L D S ☐	B L D S Dinner 123 (T) ☐	B L D S ☐	B L D S Breakfast 233 (T) ☐
B L D S ☐	B L D S ☐	B L D S Dinner 115 (T) ☐	B L D S ☐	B L D S Dinner 113 (T) ☐	B L D S ☐	B L D S Breakfast 209 (T) ☐
B L D S ☐	B L D S ☐	B L D S Dinner 132 (T) ☐	B L D S ☐	B L D S ☐	B L D S ☐	B L D S ☐

Total Indiv: 1,969 Total Brkfst: 877 ~ Total Din: 1092 ~ Total Meals: 1,969 ~ Total TEFAP Meals: 1,180

Your agency must maintain documentation, such as a meal calendar, menu, or meal count, that indicates the **total number of meals provided** and the **total number of meals that included TEFAP commodities as an ingredient**. Records will be verified during your compliance visit.

E-Harvest Reporting: (Onsite)



Browser address bar: <https://eharvest.acfb.org/Reports.aspx>

Exact Synergy Enterprise - Sho... Reports

ATLANTA COMMUNITY FOOD BANK
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Activity
Did you use TEFAP product for distribution and/or meal preparation this month? ☒ Yes ☐ No

Food Pantries:
Total number of households that received USDA TEFAP during the past month
Total number of persons in those households

On Premise/Congregate Feeding Programs:
Number of meals using TEFAP foods as ingredients during the past month

All TEFAP-eligible agencies that prepares meals and/or distributes backpacks must log in to eHarvest each month and submit the required numbers for the total number of meals using TEFAP.

Backpack Distributing Agencies should report under ONSITE (On Premise)



This requirement will be reviewed before your compliance visit.

TEFAP – Marking Eligible in Oasis: View this training to learn how to determine if a neighbor is eligible to receive TEFAP food using the income guidelines on the TEFAP 832 Household Eligibility Criteria Form, and how to mark eligibility in Oasis.

[Click here to learn how to make neighbors eligible for TEFAP.](#)

TEFAP – Assistance: View this training to learn how to learn more about how to add TEFAP assistance in Oasis.

[Click here to learn how add TEFAP assistance in Oasis](#)

To create a report template to use for your monthly eHarvest reports:

[Click here to learn how to create a report template for Compliance](#)

Oasis Partners:



This requirement will be reviewed and verified during your compliance visit. Please be able to log into your Oasis account and verify numbers submitted through eHarvest.



CHRIS BEADLE

- Network Service Manager (Customer Services & Compliance)
- Christopher.Beadle@acfb.org
- Office: 404-892-9822 ext: 9368



CRYSTAL MILHOUSE

- Compliance Specialist
- Crystal.Milhouse@acfb.org
- Office: 404-892-9822 ext: 1221
- Serving: Fulton



SHONDA CRAWFORD (Wednesday)

- Compliance Supervisor
- Shonda.Crawford@acfb.org
- Office: 678-365-4096
- Training: Compliance, GNAP, TEFAP, Food Safety



TRINIDAD ROBLES (Friday)

- Compliance Specialist
- Trinidad.Robles@acfb.org
- Office: 678-553-5918
- Serving: Bartow, Carroll, Cherokee, Cobb, Coweta, Dekalb, Douglas, Floyd, Heard, Haralson, Paulding, Pickens, Polk



CARL JAFFAR (Monday)

- Compliance Specialist
- Carl.Jaffar@acfb.org
- Office: 678-553-5906
- Serving: Clayton, Dekalb, Fayette, Henry, Spalding



REGGIE HARMON (Tuesday)

- Compliance Specialist
- Reginald.Harmon@acfb.org
- Office: 770-634-0618
- Serving: Butts, Dekalb, Gwinnett, Morgan, Newton, Rockdale, Walton