



Agency Information Update Form 2017

Please complete both sides of this form.
Scan/Email to: agencies@careandshare.org,
or Fax to: (719) 528-5833

Office Use	
CERES PA _____	Master _____
CERES AG _____	SFHC _____
SHOP _____	Rgnl _____
HOO _____	CC _____
Ship To _____	Web Loc _____

Agency Account #: _____ County: _____ Date: _____

Agency Name: _____

Executive Director or Pastor: _____

Email: _____ Phone: _____

Chairperson, Board Chair or Equivalent: _____

Email: _____ Phone: _____

Program Contacts

Pantry Coordinator: _____ Email: _____

2nd Coordinator (if applicable): _____ Email: _____

Primary Contact for day-to-day business and other urgent matters (Delivery problems, etc.)

Contact: _____ Phone: _____ Email: _____

2nd Contact: _____ Phone: _____ Email: _____

Food Program using Care and Share food (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Day Care Program (Child or Adult) | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Residential / Rehab Program |
| <input type="checkbox"/> Senior Program | <input type="checkbox"/> Snack Program | <input type="checkbox"/> Soup Kitchen |
| <input type="checkbox"/> Shelter (Homeless / Domestic Violence) | <input type="checkbox"/> Youth Program | <input type="checkbox"/> Other _____ |

Program Description

Describe how you use Care and Share food in your food program(s) and who the program serves:

Food Storage Site Information

Site address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____

Multiple food storage sites, please note all addresses here or attach list: _____

Billing Information

Billing Contact Person: _____ Email: _____

Email address for monthly statement: _____

Billing Address: _____

City: _____ State: CO Zip: _____

Telephone: _____ Fax: _____

Agency Express Authorized Users (authorized to make online purchases and/or complete monthly reports)

1. _____

Email: _____

3. _____

Email: _____

2. _____

Email: _____

4. _____

Email: _____

Distribution Center Only Authorized Shoppers (authorized to shop in person at distribution centers)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Helpers (Assist with lifting or pick-ups only, NOT allowed to shop)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Services & Budget

Food program services available Day(s): _____ Hours: _____

Area Served (zip codes, counties): _____

How often can people receive food from your agency? _____

Is your food program open to the general public? Yes No

Where does the majority of your funding come? Church County/State Donor Other _____

What percentage of food does your agency receive from Care and Share? _____%

Do you pick up product from direct retail locations assigned by Care and Share? Yes No

If no, are you interested in picking up product from a Care and Share assigned direct retail location? Yes No

Are you interested in expanding your program to serve more clients? Yes No

Are you interested in providing more services such as SNAP outreach or nutrition education? Yes No

Church Affiliated Programs Only

Are religious services held directly before or after food assistance is provided? Yes No

Is attendance of religious services required in order to receive food? Yes No

Is religious literature included with provided food? Yes No

Of those receiving food assistance, what percentage are members of the church congregation? _____%

Authorized Signature

Person Completing Form: _____

I hereby certify that all of the information included in this form is true, correct and complete.

Authorized Signature (Executive Director or Pastor): _____ / ____ / 2017