



# Agency Information Update Form 2016

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/ HOO _____	Regional _____
Web Loc _____	CC _____

Agency Account #: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Executive Director or Pastor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

Safe Food Handler Certificate Holder: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Safe Food Handler Certificate Holder: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## 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 Shoppers (authorized to make online purchases)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

## Warehouse Only Authorized Shoppers (authorized to shop in person at warehouses)

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

Days and hours food program services are available: \_\_\_\_\_

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?  Public  Church  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): \_\_\_\_\_