



AGENCY INFORMATION

UPDATE FORM 2019

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 _____
Shoppers _____	Rgnl _____
HOO _____	CC _____
Ship-To _____	Web Loc _____
Stmt Sprd _____	Access DB _____

Agency Account #: _____ County: _____ Date: _____

Agency Name: _____

Executive Director or Pastor: _____

Email: _____ Phone: _____

Chairperson, Board Chair or Equivalent: _____

Email: _____ Phone: _____

Program Contacts

Program Coordinator: _____ Email: _____

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

Contact: _____ Phone: _____ Email: _____

2nd Contact: _____ Phone: _____ Email: _____

Person Who Submits Monthly Clients Served Reports: _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Day Care Program (Child/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 list 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. _____ 3. _____
Email: _____ Email: _____
2. _____ 4. _____
Email: _____ Email: _____

Distribution Center 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

Day food program services are available: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Hours of operation: _____

Service Area (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 from? ☐ Church ☐ County/State ☐ Donor ☐ Other _____

Does your organization expend \$750,000 or more in Federal awards during your fiscal year? ☐ Yes ☐ No

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

Are you interested in providing more services; ☐ SNAP ☐ CSFP ☐ TEFAP ☐ Cooking Matters ☐ Direct Retail

Does your food program have the ability to receive large quantities of food, typically delivered in large Gaylord totes?

☐ Yes, we're able to handle Gaylord totes ☐ Yes, but only if the larger quantities are packaged in smaller boxes ☐ 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): _____ / ____ / 2019