



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