



# AGENCY INFORMATION UPDATE FORM 2020

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

Office Use	
Access DB _____	Master _____
Ceres PA/AG _____	SFHC _____
Ship-To _____	AA _____
HOO _____	CC _____
Shoppers _____	Web Loc _____
Stmt Sprd _____	Fliers _____

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

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

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

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

## Program Contacts

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

1<sup>st</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person Certified in Food Safety: \_\_\_\_\_

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"/> The Emergency Food Assistance Program (TEFAP) | <input type="checkbox"/> Snack Program | <input type="checkbox"/> Soup Kitchen              |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP)    | <input type="checkbox"/> Shelter       | <input type="checkbox"/> Youth Program             |
| <input type="checkbox"/> Shelter (Homeless / Domestic Violence)        | <input type="checkbox"/> Other _____   |  |

## Program Description

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Services

Day food program services are available: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> All

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

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

**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** (assists with lifting or pick-ups only, **NOT** allowed to shop)

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**Food Storage Site Information**

**Site address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Multiple food storage sites, please list all addresses here or attach list:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Billing Information**

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  
**Billing Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Email address for monthly statement:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_

**Church Affiliated Programs Only**

Is attendance of religious services required in order to receive food?  Yes  No  
Is religious literature included with provided food?  Yes  No

**Authorized Signature**

**Person Completing Form:** \_\_\_\_\_

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

**Authorized Signature** (Executive Director or Pastor): \_\_\_\_\_ / \_\_\_\_ / 2020