AGENCY INFORMATION
UPDATE FORM 2020

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

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

- [ ] Day Care Program (Child/Adult)
- [ ] The Emergency Food Assistance Program (TEFAP)
- [ ] Commodity Supplemental Food Program (CSFP)
- [ ] Shelter (Homeless / Domestic Violence)
- [ ] Food Pantry
- [ ] Snack Program
- [ ] Shelter
- [ ] Residential/Rehab Program
- [ ] Soup Kitchen
- [ ] Youth Program
- [ ] 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: 1st 2nd 3rd 4th 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