



AGENCY INFORMATION UPDATE FORM 2021

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

Office Use	
Ceres PA/AG _____	SFHC _____
Ship-To _____	AA _____
HOO _____	CC _____
Pick up Rep _____	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.)

1st Contact: _____ Phone: _____ Email: _____

2nd Contact: _____ Phone: _____ Email: _____

Person Certified in Food Safety: _____

Person Who Submits Monthly Reports: _____ Program: _____

Second Person Who Submits Monthly Reports (If applicable): _____ Program: _____

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/Meal Site |
| <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: 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 Representatives (authorized to pick up in person at distribution centers)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Food Storage Site Information

Site address: _____ City: _____ Zip: _____
Telephone: _____
Multiple food storage sites, please list all addresses here or attach list: _____

Billing/Financial Information

Does your organization expend \$750,000 or more in Federal awards during your fiscal year? Yes No
Billing Contact Person: _____
Email address for monthly statement: _____
Email address for invoice if different from above: _____
Billing Address: _____
City: _____ State: CO Zip: _____
Telephone: _____ Fax: _____
Where does the majority of your funding come from? Church County/State Donor Other _____

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): _____ / ____ / 2021