



AGENCY INFORMATION UPDATE FORM 2024

Please complete both sides of this form.
Scan/Email to: agencies@careandshare.org

Agency Name: _____

Executive Director or Pastor: _____

Executive Director or Pastor Email: _____ Phone: _____

Site address: _____ City: _____ Zip: _____

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

Program Contacts

Primary Contact for day-to-day business and other urgent matters

1st Contact: _____ Phone: _____ Email: _____

2nd Contact: _____ Phone: _____ Email: _____

Person Certified in Food Safety: _____

Person Who Submits Monthly Reports: _____

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

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 _____ | |

Days and Hours of Operations

Note: This section only needs to be completed by agencies that are open to the general public and need to be listed on FindFood.

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): _____

Agency Express Authorized Users (authorized for online ordering/reporting)

1. _____ 3. _____

Email: _____ Email: _____

2. _____ 4. _____

Email: _____ Email: _____

Is attendance of religious services required in order to receive food?

Yes

No

Is religious literature included with provided food?

Yes

No