

STATE OF DELAWARE
Federal Food Commodities Program
P. O. BOX 299
DELAWARE CITY, DE 19706
302-838-8062 or 302-838-8063

Application To Distribute USDA Commodities

Name of Agency _____

Mailing Address _____

Site Address _____

E-Mail Address _____

Primary Contact _____

Secondary Contact _____

Phone Number _____

Fax Number _____

Delivery Location Phone Number _____

Anticipated Geographic area to be serviced _____

Non-profit tax exempt # _____

Date Facility began operation _____

	Breakfast	Lunch	Dinner	Total
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Total Meals Served _____

Breakfast Lunch Dinner

For example, if you are giving a bag of groceries to a family of four for three days for breakfast, lunch and dinner that would count as 36 meals served. It is extremely important that meal count is accurate because agency allocation is based on daily meal counts. (4 person * 3 meals a day * 3 days)

Days of operation (circle) S M T W TH F S

Hours of Operation _____

Number of Paid Staff _____ **Number of Volunteer Staff** _____

Do you receive USDA Commodities from any source other than the State of Delaware? Who?

Do you deliver or redistribute USDA Commodities? Please explain?

Do you have a state approved application for agencies that you service? _____

Do you have financial, religious or organizational requirements to distribute USDA Commodities? If yes please explain. _____

Are you using State of Delaware Eligibility Guidelines and sign in sheet? _____

Do you accept request for food without referrals? _____

What is the main source of your referrals? _____

Are you aware orders can be placed electronically @ <http://foodprogram.delaware.gov/>? _____

Are you aware of civil rights requirements to distribute USDA Commodities? _____

Have you received your "and justice for all" poster? _____

Are there any restrictions on whom your agency will serve? _____

Does your facility have or intend to have:

- | | |
|-------------------------------|----------------|
| Commercial Refrigeration | ___ Yes ___ No |
| Commercial Freezer | ___ Yes ___ No |
| Shelving to store food | ___ Yes ___ No |
| Equipment to unload trucks | ___ Yes ___ No |
| Perpetual Inventory | ___ Yes ___ No |
| Record Number of meals served | ___ Yes ___ No |
| Adequate security | ___ Yes ___ No |
| Exterminator contract | ___ Yes ___ No |

SIGNATURE AUTHORIZED REPRESENTATIVE

TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE

APPLICATION AND AGREEMENT MUST BE FILED TO BE CONSIDERED ELIGIBLE TO RECEIVE USDA COMMODITIES.

APPROVAL OF NEW TEFAP DISTRIBUTION SITES WILL BE GIVEN IN UNDERSERVED GEOGRAPHIC AREAS TO ESTABLISHED AGENCIES MEETING STATE OF DELAWARE REQUIREMENTS

SIGNATURE MANAGER FEDERAL FOOD COMMODITIES PROGRAM

DATE APPROVED

REVIEWED

DATE REVIEWED