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

Application To Relocate Distribution Site

Name of Agency ____________________________________________________________

Mailing Address_____________________________________________________________

Site Address _______________________________________________________________

Old 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 __________________________________________________

Reason for Relocation __________________________________________________________________________________________

__________________________________________________________________________________________
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 @ usda.state.de.us? __________________________

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:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial Freezer</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Shelving to store food</td>
<td></td>
<td></td>
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<tr>
<td>Equipment to unload trucks</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Perpetual Inventory</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Record Number of meals served</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Adequate security</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Exterminator contract</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

SIGNATURE AUTHORIZED REPRESENTATIVE        TITLE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE        DATE

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

SIGNATURE MANAGER FEDERAL FOOD COMMODITIES PROGRAM        DATE APPROVED

REVIEWED        DATE REVIEWED