

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?**

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**Do you deliver or redistribute USDA Commodities? Please explain?**

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**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:

- |                               |                |
|-------------------------------|----------------|
| 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 |

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SIGNATURE AUTHORIZED REPRESENTATIVE

TITLE

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PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DATE

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

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SIGNATURE MANAGER FEDERAL FOOD COMMODITIES PROGRAM

DATE APPROVED

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REVIEWED

DATE REVIEWED