Florida's Homegrown Food Bank

CSFP PROGRAM ATTESTATION 2025

In order to update our programs and be in compliance with USDA and FDACS regulations, please answer the following questions:

1. Has your contact information changed since your last CSFP PROGRAM APPLICATION?
(Please select one) No ❑ Yes ❑ If YES, please update the information:

1st Contact:_____ Phone: _____ Email: _____
2nd Contact:_____ Phone: _____ Email: _____
3rd Contact:_____ Phone: _____ Email: _____

2. Has your address changed since your last CSFP PROGRAM APPLICTION?
(Please select one) No ❑ Yes ❑ If Yes, please update the information:
Mailing Adress: _____
Food Delivery Address **(if different)**: _____

3. Has your Days and Hours of Operations changed since your last CSFP PROGRAM APPLICATION?
(Please select one) No ❑ Yes ❑ If Yes, please update the information:

a. Daily: _____
b. Weekly: _____
c. Bi-Weekly (every 2 weeks): _____
d. Monthly. Specify day(s): _____
e. Other: _____
f. Distribution Hours: _____

As a Farm Share recipient agency, you hereby agree:

a) To freely give food to those in need or to agencies feeding the needy and that **no fees or expenses** of any kind will be a condition for receiving food from your organization.
b) **To not sell, barter or trade** this food nor use it for any type of fundraising.
c) **To prevent** this food from being an item that competes in the profit-making channels normally used by commercial food distributors.
d) To abide by the rules and regulations established by the United States Department of Agriculture, the Florida Department of Agriculture and Consumer Services and Farm Share regarding the operation of the USDA/TEFAP Program.

Organization: _____ Date: _____

Printed Name:_____ Signature: _____

This institution is an equal opportunity provider.

Quincy * Jacksonville * Palatka * Palm Beach * Broward * Miami-Dade * Florida City
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