



CRITERIA TO BECOME A FARM SHARE LOCAL DISTRIBUTING AGENCY

1. EVERY PROSPECTIVE AGENCY MUST FILL OUT A FARM SHARE NETWORK APPLICATION PRIOR TO BEING ELIGIBLE TO RECEIVE PRODUCE FROM FARM SHARE.
2. ALL NEW AGENCIES WILL ONLY BE ELIGIBLE TO PARTICIPATE IN FARM SHARE'S PRODUCE PROGRAM UNTIL THEY HAVE SUCCESSFULLY COMPLETED A 90 DAY PROBATIONARY PERIOD.
3. EACH AGENCY MUST PROVIDE FARM SHARE WITH A COPY OF THE IRS 501(C)(3) LETTER OF DETERMINATION DOCUMENTING THEIR NON-PROFIT EXEMPT STATUS. RELIGIOUS ORGANIZATIONS MUST PROVIDE THE AGENCY'S CONSUMER'S CERTIFICATE OF EXEMPTION FROM THE STATE OF FLORIDA (SHOWING THE EXEMPTION CATEGORY AS "RELIGIOUS-PHYSICAL PLACE"). IF YOUR EXEMPTION WITH THE STATE IS BASED ON 501(c)(3), THEN PROVIDE THE IRS LETTER.
4. ONLY AFTER ALL THE COMPLETED DOCUMENTS LISTED ABOVE HAVE BEEN RECEIVED WILL A FARM SHARE REPRESENTATIVE CONTACT THE AGENCY TO ARRANGE A SITE INSPECTION (FOR PRODUCE ONLY).
5. IF THE AGENCY PASSES THE INSPECTION, AND HAS OTHERWISE COMPLIED WITH ALL OTHER REQUIREMENTS, THEN THE AGENCY WILL BE AUTHORIZED TO BEGIN PICKING UP PRODUCE FROM FARM SHARE.
6. UPON COMPLETION OF THE 90-DAY PROBATIONARY PERIOD, AND IF THE AGENCY HAS SUCCESSFULLY COMPLIED WITH ALL OF FARM SHARE'S RULES AND REGULATIONS, THEN THE NEW AGENCY SHALL BE ELIGIBLE TO APPLY TO RECEIVE TEFAP FOOD FROM FARM SHARE. THIS WILL REQUIRE THE AGENCY TO REQUEST AND COMPLETE A USDA/TEFAP APPLICATION.

This institution is an equal opportunity provider.



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7. ONCE THE TEFAP APPLICATION HAS BEEN SUBMITTED AND PROCESSED, ANOTHER FARM SHARE REPRESENTATIVE (USDA/TEFAP) WILL CONTACT THE AGENCY TO ARRANGE FOR A MORE COMPREHENSIVE TEFAP SITE INSPECTION. THIS WILL BE BASED ON AVAILABILITY OF COMMODITIES AND LOCATION. WE CANNOT GUARANTEE THAT WE WILL BE ABLE TO PROCESS YOUR APPLICATION ONCE THE 90-DAY PERIOD HAS ACCRURED.
8. IF AFTER THE INSPECTION THE AGENCY IS APPROVED TO PARTICIPATE IN THE TEFAP PROGRAM, THEN THE AGENCY MUST ATTEND A MANDATORY TEFAP TRAINING SESSION PRIOR TO RECEIVING ANY USDA/TEFAP COMMODITIES.
9. FARM SHARE'S AGREEMENT WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES ALLOWS US TO DISTRIBUTE USDA COMMODITIES ONLY TO ALACHUA, BAKER, BRADFORD, BROWARD, CITRUS, FLAGLER, HERNANDO, GILCHRIST, LAKE, LEVY, MARION, MIAMI-DADE, PALM BEACH, PUTNAM, ST. JOHNS, SUMTER, UNION AND VOLUSIA COUNTIES.
10. PREVIOUSLY APPROVED AGENCIES WILL ALSO BE REQUIRED TO COMPLETE THE APPLICATION ANNUALLY AS A CONDITION TO CONTINUE RECEIVING PRODUCE OR TEFAP PRODUCTS.

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FARM SHARE NETWORK APPLICATION

July 1, 2025 - June 30, 2026

Please provide all of the requested information and answer all questions below. Return the completed form to Farm Share with a copy of your State of Florida Consumer's Certificate of Exemption (if you are a religious organization) or the 501(c)(3) IRS Determination Letter.

1. Agency Information

Organization Name: _____

Director: _____ E-mail: _____

Main Phone #: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Food Delivery Address (if different): _____

Food Delivery Contact: _____ Phone: _____

Second Contact: _____ Phone: _____

Third Contact: _____ Phone: _____

2. Best Description of Agency

- Soup Kitchen (cook and prepare food that is distributed as meals)
- Distribution Center (distributes canned and packaged goods)
- Other (please describe): _____

3. Indicate whether your organization is: Public Private non-profit

EIN Number (from IRS Determination letter): _____

4. List Counties Served (add additional sheets if necessary):

5. How often do you distribute food?

- Daily
- Weekly. Specify day(s) _____
- Bi-Weekly (every 2 weeks). Specify day(s) _____
- Monthly. Specify day(s) _____
- Other. _____

6. Specify your hours of distribution: _____

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7. How many agencies are in your service network? Please attach a list of agencies.

8. Please check all requirements that apply for an agency to receive food from you:

- Tax-exempt under IRS code 501(c)(3)
- Distribute food free of charge to end users
- Serve primarily people living in poverty
- Follow all applicable safe food handling guidelines
- Other (Describe): _____

9. Does your agency conduct direct food distributions to individuals?

- Yes. Describe: _____
- No _____

10. Are there specific days that you would prefer to receive food?

- Yes. Indicate day(s): Mon. Tues. Wed. Thurs. Fri.
- No

11. Can you receive food during the weekend?

- Yes. Indicate which day: Saturday Sunday
- No

12. Does your agency charge any type of fee for food (shared maintenance, etc.)?

- Yes. Describe: _____
- No _____

13. Please indicate which of the following you have access to? And how many of each?

- | QTY | | QTY | |
|-------|--|-------|---|
| _____ | <input type="checkbox"/> Walk-in refrigerators | _____ | <input type="checkbox"/> Walk-in freezer |
| _____ | <input type="checkbox"/> Commercial refrigerators | _____ | <input type="checkbox"/> Commercial freezer |
| _____ | <input type="checkbox"/> Household refrigeration | _____ | <input type="checkbox"/> Household freezer (front-open) |
| _____ | <input type="checkbox"/> Household split refrigeration/freezer | _____ | <input type="checkbox"/> Household freezer (top-open) |
| _____ | <input type="checkbox"/> Refrigerated Truck | _____ | <input type="checkbox"/> Dry truck |



14. How much fresh produce can your agency accept?

- Full load (1 tractor trailer load or 42,000 pounds)
- Half load (1/2 of a tractor trailer load or 21,000 pounds)

15. When can you accept fresh produce?

- Weekdays. Specify day(s) _____
- Weekends. Specify day(s) _____

16. Number of households/individuals served? Households _____ Individuals _____

17. Please estimate the number, or percentage, of elderly, children and/or homeless that your organization distributes food to:

Elderly _____ **Children** _____ **Homeless** _____

18. Target population (circle all that apply)

- | | | | |
|----------------------|--------------------|-------------------|-------------------------|
| a. AIDS/HIV | f. Families | k. Low Income | p. Single parents |
| b. Children & youth | g. Foster Children | l. Mentally ill | q. Unemployed |
| c. Disabled | h. Homeless | m. Pregnant teens | r. Juvenile Delinquents |
| d. Domestic violence | i. Hungry | n. Prisoners | s. Working poor |
| e. Ex-offenders | j. Veterans | o. Refugees | t. Others _____ |

Farm Share, Inc., a Florida non-profit corporation, provides food to organizations feeding the needy.

Farm Share's intent is to provide this food at no cost to the recipient agency or to the ultimate consumer. As a Farm Share recipient agency, you hereby agree:

- 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.
- To not sell, barter or trade this food nor use it for any type of fundraising.
- To prevent this food from being an item that competes in the profit-making channels normally used by commercial food distributors.
- To add our affiliation to your website (if you have one) and/or your social media posts regarding distributions

Executive Director or Chairman (Signature)

Date