



# CSFP PROGRAM APPLICATION

**October 1, 2023 - September 30, 2024**

Please provide all of the requested information and answer all questions below. Return the completed form to Farm Share with a copy of your 501(c) 3 IRS Determination Letter.

**Please print clearly or type your replies**

## 1. Agency Information

Organization Name: \_\_\_\_\_

Director: \_\_\_\_\_ Email: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Food Delivery Address (If Different): \_\_\_\_\_

1st Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3rd Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 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:

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

## 5. How often do you distribute food? (Please specify day(s))

- Daily: \_\_\_\_\_

- Weekly: \_\_\_\_\_

- Bi-Weekly (every 2 weeks): \_\_\_\_\_

- Monthly. Specify day(s): \_\_\_\_\_

- Other: \_\_\_\_\_

**6. Distribution Hours:** \_\_\_\_\_



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

- Yes. Describe: \_\_\_\_\_  
 No

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

- Yes. Describe: \_\_\_\_\_  
 No

9. Please indicate which of the following you have access to? How many of each?

QTY

- \_\_\_\_\_  Walk-in refrigerators  
 \_\_\_\_\_  Commercial refrigerators  
 \_\_\_\_\_  Household refrigeration  
 \_\_\_\_\_  Household split refrigeration/freezer  
 \_\_\_\_\_  Refrigerated Truck

QTY

- \_\_\_\_\_  Walk-in freezer  
 \_\_\_\_\_  Commercial freezer  
 \_\_\_\_\_  Household freezer (front-open)  
 \_\_\_\_\_  Household freezer(top-open)  
 \_\_\_\_\_  Dry truck

10. Do you have a current Pest Control system in place?

If Yes, is the system In-house or Professional?

11. What is the frequency of the Pest Control Service?

12. Please indicate the amount of volunteers you will utilize per distribution: \_\_\_\_\_

13. How many hours you plan to use those volunteers: \_\_\_\_\_

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:

14. 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.

15. To not sell, barter or trade this food nor use it for any type of fundraising.

16. To prevent this food from being an item that competes in the profit-making channels normally used by commercial food distributors.

17. 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/CSFP Program.

\_\_\_\_\_  
Executive Director or Chairman

\_\_\_\_\_  
Date



Florida Department of Agriculture and Consumer Services  
Bureau of Supplemental Food Programs

**CIVIL RIGHTS PRE-AWARD COMPLIANCE FORM**

The Pre-Award Compliance Review must be completed prior to approving any new Local Agency for participation in the food distribution program.

|   |   |                                       |
|---|---|---------------------------------------|
| Name and Address of your Program:                           | Name and Title of Contact Person:           |                                       |
| Telephone Number:   | Email Address:                              |                                       |
| Fax:  | Site Type(s) – Please check all that apply: |                                       |
| County Name:  | Pantry <input type="checkbox"/>             | Soup Kitchen <input type="checkbox"/> |
| Days and Hours of Operation:                                | Other (specify):                            |                                       |
| Additional Services Offered During TEFAP Food Distribution: |   |                                       |

1. Does your program advise the public, including minority and grassroots organizations of your service and eligibility requirements? (Circle One)      **Yes**    **No**

If yes, please attach a list with dates and what media were used, including letters, organizations or persons contacted, etc. Example: radio, television, newspaper, mail-outs, leaflets, or brochures.

2. What is the estimated ethnic/racial makeup of your program's geographic service delivery area (from the latest census or other official recognized sources)?

a. Select one

| Ethnic Group | Hispanic or Latino | Not Hispanic or Latino | Total |
|--------------|--------------------|------------------------|-------|
| Percent      |                    |                        |       |

b. Select one or more

| Race Group | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White | Total |
|------------|-----------------------------------|-------|---------------------------|---|-------|-------|
| Percent    |                                   |       |                           |   |       |       |

3. Do your program's application requirements contain the current nondiscrimination statement? (Circle One)      **Yes**      **No**

If yes, provide a copy of the material where this is documented (application/admission form, brochure, etc.). If no, will your program add the current USDA nondiscrimination statement to the appropriate application form, brochures, etc.? (Circle One)      **Yes**    **No**



4. List the names of other Federal agencies providing assistance to the applicant organization. N/A

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4a. Has the applicant ever been found to be in noncompliance by those Federal agencies?

(Select One)

#### Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. fax: (833)256-1665 or (202) 690-7442; or

3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## CIVIL RIGHTS PRE-AWARD COMPLIANCE FORM

### INSTRUCTIONS

Name and Address of your Program  
Name and Title of the Contact Person  
Telephone Number  
Email Address  
Fax Number  
Site type (s)  
County Name  
Days and Hours of Operation  
Additional Services Offered During TEFAP Food Distribution

Question 1. Does your program advise the public, including minority and grassroots organizations of your service and eligibility requirements?

Question 2. What is the estimated ethnic/racial makeup of your program's geographic service delivery area?

Enter the name and physical address of the Local Agency

Enter the name and title of the contact person for the Local Agency

Enter the telephone number for the Local Agency

Enter a valid email address for the Local Agency

Enter a fax number for the Local Agency, if available

Check all that apply. Example: food pantry, soup kitchen, other

Enter the name of the county where the Local Agency is located

Enter the days and hours of food distribution as posted at the site

Enter any additional services offered during TEFAP distribution (i.e., rent assistance, SNAP application completion assistance, etc.), if applicable

Circle either yes or no. If yes, attach a list with dates and what media was used including letters, organizations or person contacted (i.e., radio, television, newspaper, mailouts, leaflets, or brochures.

This information may be obtained from the latest census or other recognized sources. This is a two-part question:

- a. First, under Ethnic Group (a) report the percent of Hispanic or Latino and/or Not Hispanic or Latino participants. **The total Ethnic Group must equal 100%.** See examples on the next page.
- b. Next, all participants reported under Ethnic Group (a), including any Hispanic or Latino must also be reported under one or more of the five Race categories available. **The total Race Group must equal at least 100%.** See examples on the next page.

## CIVIL RIGHTS PRE-AWARD COMPLIANCE FORM

### INSTRUCTIONS – Continued

#### a. Ethnic Group

- Example 1 below represents ABC Site where 40 percent of participants identify as Hispanic or Latino, and 60 percent of participants identify as Not Hispanic or Latino for a total of 100%.
- Example 2 below represents New Beginnings Site where 100 percent of participants identify as Not Hispanic or Latino for a total of 100%

Example 1: ABC Site

a. Select one

| <b>Ethnic Group</b> | Hispanic or Latino | Not Hispanic or Latino | Total |
|---------------------|--------------------|------------------------|-------|
| Percent             | 40                 | 60                     | 100   |

Example 2: New Beginnings Site

a. Select one

| <b>Ethnic Group</b> | Hispanic or Latino | Not Hispanic or Latino | Total |
|---------------------|--------------------|------------------------|-------|
| Percent             | 0                  | 100                    | 100   |

#### b. Race Group

- Example 1 below represents all participants from ABC Site, including the Hispanic or Latino. All participants identify under one Race category. **The total Race Group equals 100%**
- Example 2 below represents all participants from New Beginnings Site. Some of the participants identify under more than one Race category which is reflected under the applicable categories. Because some participants identify under more than one Race category, the total Race Group exceeds 100% and this is allowed. However, the total Ethnic Group (a) cannot exceed 100%

Example 1: ABC Site

b. Select one or more

| <b>Race Group</b> | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White | Total |
|-------------------|-----------------------------------|-------|---------------------------|---|-------|-------|
| Percent           | 0                                 | 1     | 44                        | 0   | 55    | 100   |

Example 2: New Beginnings Site

b. Select one or more

| <b>Race Group</b> | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White | Total |
|-------------------|-----------------------------------|-------|---------------------------|---|-------|-------|
| Percent           | 2                                 | 6     | 36                        | 0   | 63    | 107   |

## CIVIL RIGHTS PRE-AWARD COMPLIANCE FORM – SAMPLE

### INSTRUCTIONS – Continued

Question 3. Do your program's application requirements contain the current nondiscrimination statement?

Circle either yes or no. If yes, provide a copy of the material where this is documented (application/admission form, brochure, etc.). If no, select either yes or no to indicate if your agency will add the USDA nondiscrimination statement to the appropriate form brochures, etc.

Question 4. List the names of other Federal agencies providing assistance to the

List the names of any other federal agencies applicant organization providing assistance to your agency. If this question doesn't apply check the N/A box.

Question 4a. Has the applicant ever been found to be in noncompliance by those Federal agencies?

Select either yes or no if the name (s) of other federal agency (s) were provided in question 4.

**FARM SHARE, Inc.**

**AGREEMENT BETWEEN CONTRACTED DISTRIBUTING AGENCY AND  
LOCAL DISTRIBUTING AGENCY**

This Agreement, hereinafter called the "Agreement," made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the Contracted Distributing Agency, FARM SHARE, Inc. called the "Contracted Distributor", and \_\_\_\_\_ the Local Distributing Agency called the "Local Distributor", whose address is \_\_\_\_\_, city of \_\_\_\_\_, county of \_\_\_\_\_.

This agreement is for the distribution of the Contracted Distributor's United States Department of Agriculture (USDA) donated food under the Commodity Supplemental Food Program (CSFP) by the Local Distributor in the following county/counties: \_\_\_\_\_.

This agreement is considered permanent unless terminated by either parties.

In consideration of the mutual premises hereinafter contained, the parties agree that this Agreement will be performed in accordance with the following conditions.

**I. Local Distributor agrees to:**

1. Administer the CSFP in accordance with the provisions of 7CFR247, 7CFR 250 (as applicable), all pertinent policies, rules, regulations, and any procedures established by the USDA and/or the Florida Department of Agriculture and Consumer Services.
2. Distribute CSFP food packages monthly only to benefit eligible participants served in its designated service area up to the maximum caseload level. A two-month supply of CSFP food packages if deemed appropriate by the Contracted Distributor, in accordance with the food package guide rates established by FNS.
3. Determine eligibility of participants prior to issuing any CSFP food packages.
4. Require each participant, or designated proxy, to present some form of identification, and request a signature, before distributing a CSFP food package to that person.
5. Maintain a waiting list of eligible participants if all caseload has been filled.
6. Not solicit donations in any manner from participants or require any participant to pay for CSFP food, provide any materials or services in connection with the receipt of CSFP foods, or use the distribution of CSFP foods as a means of furthering the political interests of any person or party.
7. Attend training provided by the Contracted Distributor regarding CSFP, Civil Rights, etc., as required, and train staff on a regular basis and not less than annually on all aspects of CSFP, Civil Rights laws, policies and requirements, etc.



8. Comply with all requirements relating to food safety and food recalls in accordance with 7 CFR 250.4.
  9. Responsible for any loss resulting from improper distribution, or improper storage, care, or handling of CSFP foods.
  10. Ensure all distributions occur at locations in which food is consistently available to the eligible participants. Information on scheduled distribution dates, times and locations will be updated as needed, and shall be available to the Contracted Distributor and the state agency upon request.
  11. Allow the Florida Department of Agriculture and Consumer Services access to or furnish whatever information/documentation is necessary for the Department to conduct reviews, and monitor progress or performance to determine conformity with intended program purposes. The Local Distributor shall permit representatives of the Department or USDA to visit its sites or Local Distributor sites; inspect donated food in storage, or the facilities used in handling or storing donated food; to monitor distributions, and to review and audit all records pertinent to CSFP at any reasonable time during normal working hours.
  12. **[Insert here additional specific functions that Local Distributors must follow as per the Contracted Distributor]**
- II. **Receipt of USDA Donated Food.** Local Distributor must sign a receipt for any CSFP foods received. The Contracted Distributor shall maintain the original signed receipt in its files. The Local Distributor should keep a copy of the receipt for its files.
  - III. **Issuance Records.** Local Distributor must certify the client's eligibility, using the appropriate form and income guidelines provided by the Contracted Distributor for this purpose. Identification verification must be conducted in accordance with 7CFR247.8.  
Eligibility certification may not exceed a period of 12 months in length and may be renewed in accordance with 7CFR247.16. The local distributor must keep a record of the names and signatures of all participants receiving food packages monthly.
  - IV. **Termination.** This agreement may be terminated by either party upon written notice no less than thirty (30) calendar in advance of the date of termination.
  - V. **Storage Facilities.** Local Distributor certifies that it has the proper facilities for the storage and protection of CSFP foods. Local Distributor agrees to take a temperature reading of the storage areas where CSFP foods are stored. USDA considers any loss of CSFP foods due to refrigeration or freezer failure as negligence and subject to loss claim action.
  - VI. **Records Retention.** Local Distributor must maintain accurate and complete records for a period of three years from the close of the fiscal year to which they pertain, or longer if the records are related to unresolved claims actions, audits, or investigations.
  - VII. **Civil Rights Complaints.** Local Distributor must follow the Contracted Distributor's procedure for receiving and handling Civil Rights complaints. Local Distributor must forward complaints alleging discrimination based on one of the protected classes to the Contracted Distributor immediately upon receipt. Local agencies must ensure that no person shall, on the grounds of race, color,

national origin, age, sex, or disability, be subjected to discrimination under the program.

#### **VIII Assurance of Civil Rights Compliance**

The State agency hereby agrees that it will comply with:

- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.);
- ii. Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.);
- iii. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- iv. Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- v. Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189);
- vi. Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000);
- vii. All provisions required by the implementing regulations of the Department of Agriculture (USDA) (7 CFR Part 15 et seq.);
- viii. Department of Justice Enforcement Guidelines (28 CFR Parts 35, 42 and 50.3);
- ix. Food and Nutrition Service (FNS) directives and guidelines to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from USDA; and hereby gives assurance that it will immediately take measures necessary to effectuate this Agreement.
- x. The USDA non-discrimination statement that in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the State agency agrees to compile data, maintain records, and submit records and reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review and copy such records, books,

and accounts, access such facilities and interview such personnel as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the State agency, its successors, transferees and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the State agency.

Signed by parties to this agreement:

FARM SHARE, Inc.

\_\_\_\_\_  
Name of Contracted Distributor

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Local Distributing Agency

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# Written Notice of Beneficiary Rights for CSFP

## Written Notice of Beneficiary Rights

**Name of Organization:** \_\_\_\_\_

Because CSFP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights Executive Director Center for Civil Rights Enforcement

1400 Independence Avenue SW

Washington, DC 20250–9410, or by email to [program.intake@usda.gov](mailto:program.intake@usda.gov)

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact Florida Department of Agriculture and Consumer Services and/or USDA Hunger Hotline:

### State Agency Contact Information:

Florida Department of Agriculture and Consumer Services Division of Food,

Nutrition and Wellness

(850) 617-7400

### The USDA Hunger Hotline:

- **By Phone:** 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text:** 914-342-7744 with a question that may contain a keyword such as “food,” “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.