



# CSFP PROGRAM APPLICATION

October 1, 2024 - September 30, 2025

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.