



Milford Branch – New Menu as of 10/17/14
ORDER FORM COVER SHEET

Agency Name: _____ Account #: _____

Contact Person: _____ E-mail Address: _____

Phone #: () _____ Fax #: () _____

☐ Pick up Date: _____ Time: _____ ☐ Delivery Date: _____

Pages sent including coversheet: _____

Hours:

Monday- Thursday: 8:30 a.m. – 12:00 p.m. and 1:00 p.m. – 2:00 p.m.

Shopper's Choice on Fridays: 8:30 a.m. – 12:00 p.m.

Kindly allow 48 hours for your orders to be processed.

Please check in to office prior to proceeding to shoppers' choice. Thank You

Contact Customer Service:

Phone: (302) 424-3301 ext 102

Fax: (302) 424-4160

Email: csmilford@fbd.org

Weekly menus can be found at www.fbd.org under the Partners section!

Next menu: 10/24/14

Order Sheet

Product #	Quantity	Description

Agency: _____ Agency #: _____

☐ Pick up Date: _____ Time: _____

☐ Delivery Date: _____

Item Code			Item Description	Packing	Unit Weight	Charge Per LB	Charge Per Unit	Total Cost/Unit	U/M	Qty Available
Assorted Frozen Product by the POUND										
01501	DON	AFI	Assorted Bakery Items	1	1	\$.00	\$0.00	\$0.00	1	As available
00772	DON	AFI	Asst Frozen Product	ASST	1	\$.19	\$0.00	\$0.19	LB	As available
88888	DON	MEA	Turkeys Whole	12# Avg	1	\$.19	\$.19	\$2.48	Ea	50
701299	PUR	MEA	Turkeys Whole	14-16# Avg	1	\$.19	\$.19	3.05	EA	100
702884	DON	MEA	Crab Cake Deviled	12/8.5	7	\$.19	\$.19	2.50	CS	11
702880	DON	MEA	Turkey Burgers	12-32 oz	28	\$.19	\$.19	\$6.50	CS	37
Snacks and Desserts by the CASE										
702878	DON	AFI	OJ Sorbet Bar (12/15 oz)	12/15 oz	14	\$.19	\$0.00	\$2.66	CASE	103
702695	DON	SNK	Jell-O (24/3 oz)	24/3 oz	5	\$.19	\$0.00	\$0.95	CASE	211
702848	PUR	SNK	Saltine Crackers (24/16 oz)	24/16 oz	29	\$.00	\$31.07	\$31.07	CASE	35
702887	DON	SNK	Pumpkin Pie	6/37 oz	22	\$.19	\$.00	\$4.25	CS	19
Bread and Grains by the CASE										
702550	DON	BAK	Small Croissant Rolls (242/1.25 oz)	242/1.25 oz	28	\$.19	\$0.00	\$5.32	CASE	1
702547	DON	BAK	Wheat Torpedo Rolls (48/6.75 oz)	48/6.75 oz	21	\$.19	\$0.00	\$3.99	CASE	19
702761	DON	PAS	Pasta/Rice (Sorted)	Bulk	12	\$.19	\$0.00	\$2.28	CASE	13
702883	DON	SNK	Penne Pasta Premo	8/20 oz	11	\$.19	\$.00	\$2.15	CS	20
700454	PUR	RIC	Long grain Enriched Rice (24/1 lb)	24/ 1lb bags	24	\$.00	\$14.68	\$14.68	CASE	89
702881	DON	BAK	Dinner Rolls (Rye w seeds)	30/1.5 oz	12	\$.00	\$2.50	\$2.50	CS	55
702882	DON	BAK	Dinner Rolls (onion)	168/2.75 oz	12	\$.00	\$2.50	\$2.50	CS	2
Purchase Bread and Grains by the CASE										
701840	PUR	BAK	Pancake Mix (12/16oz)	12/16oz	14	\$.00	\$12.09	\$12.09	CASE	13
702718	PUR	BAK	Pancake/Waffle Mix (14/32 oz)	14/32 oz	28	\$.00	\$29.21	\$29.21	CASE	27
702775	PUR	CER	Bran Flakes (12/17.3 oz)	12/17.3 oz	13	\$.00	\$27.29	\$27.29	CASE	13
016460	PUR	CER	CORN FLAKES (12/18oz)	12/18oz	15	\$.00	\$24.06	\$24.06	CASE	5
702323	PUR	CER	Corn Flakes (12/7 oz)	12/7 oz	9	\$.00	\$14.69	\$14.69	CASE	9
702179	PUR	CER	Frosted Flakes (12/7 oz)	12/7 oz	9	\$.00	\$14.24	\$14.24	CASE	9
702180	PUR	CER	Honey Nut Toasted Oats (12/7 oz)	12/7 oz	9	\$.00	\$14.69	\$14.69	CASE	22
702768	PUR	CER	Oatmeal (220/1.23 oz)	220/1.23 oz	17	\$.00	\$41.80	\$41.80	CASE	17
702719	PUR	CER	Quick Oatmeal (6/42 oz)	6/42 oz	16	\$.00	\$15.24	\$15.24	CASE	25
702178	PUR	CER	Raisin Bran (12/7 oz)	12/7 oz	9	\$.00	\$14.24	\$14.24	CASE	28
702760	DON	CER	Breakfast Cereal Sorted	Bulk	10	.19	\$.00	\$1.90	CASE	6
702855	DON	BAK	Pizza Dough	24/18 oz	32	\$.19	\$6.08	\$6.08	CASE	46
Dairy by the POUND										
01601	DON	DAI	Dairy Product	Pounds	1	\$.00	\$0.00	\$0.00	LB	ask

[illegible]

Purchase Non-Food Items by the CASE										
702630	PUR	NFI	Oxi Classic Blue Dish Liquid	12/25 oz	19	\$.00	\$12.39	\$12.39	CASE	19
Purchase Non-Meat Proteins by the CASE										
00194	PUR	NMP	Creamy Peanut Butter	12/18 oz	16	\$.00	\$24.67	\$24.67	CASE	39
FRESH PRODUCE										
01113	DON	PRO	Fresh Fruits & Vegetables	Pounds	1	\$.19	\$0.00	\$0.00	LB	As available

Sauces and Condiments by the CASE										
702793	DON	SCS	Yellow Mustard (12/14 oz)	12/14 oz	12	\$.19	\$0.00	\$2.28	CASE	19
Purchase Sauce and Condiments by the CASE										
702631	PUR	SCS	Grape Fruit Spread, Squeezable (12/19 oz)	12/19 oz	15	\$.00	\$16.45	\$16.45	CASE	62
700338	PUR	SCS	Pancake Syrup (12/24 oz)	12/24 oz	22	\$.00	\$17.29	\$17.29	CASE	131
702464	PUR	SCS	Spaghetti Sauce (12/24 oz)	12/24 oz	28	\$.00	\$14.73	\$14.73	CASE	108
702783	PUR	SCS	Spaghetti Sauce, Meat (12/24 oz)	12/24 oz	19	\$.00	\$12.94	\$12.94	CASE	8
Purchase Soup by the CASE										
701008	PUR	SOU	Chicken Rice Soup	24/10.5oz	16	\$.00	\$13.65	\$13.65	CASE	78
00207	PUR	SOU	Condensed Tomato Soup	24/10 oz	20	\$.00	\$13.86	\$13.86	CASE	144
702761	DON	SOU	Tomato Products Sorted	8/14 oz.	8	\$.19	\$0.00	\$1.52	CASE	46
USDA limit 10 cases per agency										
702729	USD	USD	Dried Cranberries	16/30 oz	32	\$.00	\$0.00	\$0.00	CASE	34
702410	USD	UDA	Cranberry Sauce	24/14 oz	25	\$.00	\$0.00	\$0.00	CASE	54
702736	USD	USD	Raisins (24/15 oz)	24/15 oz	24	\$.00	\$0.00	\$0.00	CASE	30
70206	USD	USD	Blueberries (frozen)	8/3#	24	\$.00	\$0.00	\$0.00	CASE	195
Vegetables by the CASE										
702765	DON	VEG	Vegetable Products (Sorted)	Bulk	35	\$.19	\$0.00	\$6.65	CASE	54
702766	DON	VEG	Tomato Products	Bulk	30	\$.19	\$0.00	\$4.75	CASE	12
702712	DON	VEG	Repacked Assorted Retail Vegetables	Bulk	25	\$.19	\$0.00	\$4.75	CASE	12
Purchase Vegetables by the CASE										
700870	PUR	VEG	Green Beans (24 15 oz)	24/14.5oz	22	\$.00	\$13.65	\$13.65	CASE	170
00200	PUR	VEG	Mixed Vegetables (24/15 oz)	24/15 oz	28	\$.00	\$17.84	\$17.84	CASE	59
701152	PUR	VEG	Potatoes diced	24/15oz	23	\$.00	\$16.13	\$16.13	CASE	37
25879	PUR	VEG	Scalloped Potatoes (12/5 oz)	12/5oz	5	\$.00	\$12.81	\$12.81	CASE	1
00433	PUR	VEG	Sweet Peas (24/15 oz)	24/15 oz	27	\$.00	\$16.64	\$16.64	CASE	14
702850	PUR	VEG	Sliced Carrots	12/15	12	\$.00	\$7.80	7.80	CASE	170

Weekly Announcements:

Thanksgiving Meal Boxes

The Food Bank of Delaware (FBD) is making 4,000 meal boxes and frozen turkeys available to New Castle & Kent County 501C3 organizations to provide Thanksgiving dinner for their clients. Organizations located in Sussex County please note there is an opportunity through the Mountaire Thanksgiving for Thousands.

Participating organizations must *completely fill out the Information Sheet (for the agency) and* an in-take form (please see attached) for each household participating (one dinner box per household) and submit to FBD by **Friday, October 31st** to be processed for approval. Pick up from the Food Bank's Newark or Milford warehouse on Friday, November 21, and your organization is responsible for distributing to families.

If you would like to serve families in need again this year, please give us a call at 302-444-8077 or email Naty Russo at nrusso@fbd.org.

In order to receive a meal box on November 21st, you must have *completed* in-take forms in our office via email or fax (302-292-1309) *by October 31st. There will be no exceptions.* Each agency is entitled to no more than 30 boxes. *Boxes will be assigned first come, first serve basis of applications received at Food Bank of Delaware. Please note the number of boxes available may fill up prior to October 31st, please submit all applications as soon as possible.*



THANKSGIVING FOR ALL
PLEASE PRINT

Site Name: _____

Site Address: _____

Applicant Name: _____

Birthdate: _____

Physical Address: _____

Apt. #: _____ City: _____

Zip code: _____ Phone #: _____

Cell Phone #: _____

of Families at this address _____

of people in Your Household _____

of Adults _____ # of children _____

of Adults over 60 _____

Are you Hispanic or Latino? ☐ Yes ☐ No

What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

****For your family size, is your total Household income (circle) ABOVE or BELOW the dollar amounts below for your family size?**

(July 2014-june 2015)

Family Size	Annual Income	Monthly Income	Weekly Income
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
For each additional family member add:	+7,511	+626	+145

You are eligible to receive food from TEFAP if your household participates in any of the following programs. **If you participate in one of these programs, please place a check next to the program.**

_____ SNAP (Food Stamps) _____ TANF
_____ Medicaid _____ GA _____ SSI

Are **you** an active member of the Military or Veteran? Yes ☐ or No ☐

Are there other household members that are Military/Veteran? Yes ☐ or No ☐

Please read the following statements carefully. Then SIGN the form and write in today's date.

I certify that my annual gross income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Delaware Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

I release the Food Bank of Delaware, its partner agencies, subsidiaries and distribution locations, including their officers, employees, and volunteers from any liability resulting from the Mobile Pantry distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the Mobile Pantry program.

Applicant Signature _____

Date _____

I grant the Food Bank of Delaware permission to use my photo if a photographer is on site _____ (initial for yes)

USDA and Food Bank of Delaware is an equal opportunity provider and employer



Food Bank of Delaware
Thanksgiving for All
Partner Information Form

Agency Information:

Organization Name: _____

Organizations Mission/Population Served: _____

Agency 501c3 Identification Number: _____

Agency Address: _____

Agency Fax: _____

Agency Phone: _____

Agency Website: _____

County and School District of Location: _____

Contact Person: _____

Contact Person's Email: _____

Contact Person's Phone: _____

Contact Person's Signature: _____

Date: _____

The Food Bank is requesting that you collect feedback from your clients. Please feel free to use the below form. The Partner Relations Coordinator will keep track of partners who turn in completed forms. Please fax or mail back to the Food Bank (302) 292-1309 or 14 Garfield Way, Newark, DE 19713 Attn: Partner Relations Coordinator. Clients may fill them out while they are waiting or return at a different time.

Thank you for participating with our program.

Please take the time to share what this program means to you. We would like to share your experience with our legislators, funders and others that are considering partnering with us to help serve or to be serve.

Information provided will be confidential; no identifying information will be shared.

Zip Code: _____

Do you have clients who are willing to share their stories with the Food Bank of Delaware's communication department? The stories will be featured in newsletters, e-newsletters, social media and on the Food Bank's website. Clients will also be trained to become advocates to voice their opinions with elected officials and the media as it relates to hunger and poverty! To learn more or to suggest a client, please contact Kim Turner, Communications Director, at (302) 444-8074 or kturner@fbd.org.

FOOD BANK OF DELAWARE
MONTHLY HUNGER RELIEF TRACKING SHEET

This tracking is to ensure all the communities needs are being met. All Hunger Relief Partners are required to track and submit numbers on a monthly basis. Please submit a separate form for each of your feeding programs.

Agency _____

Account # _____

County: (Please circle one) **NCC** **KENT** **SUSSEX**
MD

Month: (Please circle one) JAN FEB MAR APR MAY
JUN JUL AUG SEP OCT NOV DEC

Contact Person _____

Phone # (____) _____

Please indicate the total number of households, individuals, adults, children, and first-time participants for the month which you have indicated above. A first time client is one whom you have not serviced before OR one who has not sought your services since JULY 1st of 2013.

	Total # of Households	Total # Adults	Total # Children	Unduplicated # of Households	Unduplicated # Adults	Unduplicated # Children	# of Households First Visit Since 7/1/13?
Total							

The total #'s of households, adults and children are the total number served during the month.
The unduplicated #'s should reflect the first time the client is served in the month but not any return visits.

The first visit should reflect the households who are being served for the first time since 7/1/13.

Please be aware that this sheet supercedes all previous tally sheets distributed by the Food Bank and should be completed each month and returned promptly to ensure that our records remain accurate. Thank you for your cooperation, it is greatly appreciated. **The back of this form is provided for you to use as a worksheet to better track your clients. PLEASE DO NOT FAX THE WORKSHEET, keep it for your records!**

Please Fax to (302) 292-1309, email to amcdermott@fbd.org or send to Food Bank of Delaware, Delaware Industrial Park, 14 Garfield Way, Newark, DE 19713; Attention: Partners Relations Coordinator