



FOOD BANK OF DELAWARE (FBD) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) AGREEMENT

Name of Organization: _____

Address: _____

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

Phone: _____ **Phone:** _____ **Fax:** _____

E-Mail: _____

Distribution Site: _____

Address: _____

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

Phone: _____ **Phone:** _____ **Fax:** _____

E-Mail: _____

Authorized Representative & Title _____

(Person responsible for submitting monthly reports, reporting, recipient changes, etc.)

Name of persons authorized to accept responsibility of CSFP boxes:

Name: _____ **Phone:** _____ **Email:** _____

Name: _____ **Phone:** _____ **Email:** _____

Name: _____ **Phone:** _____ **Email:** _____

5/9/2019

Is your program or church an affiliate of a larger organization? Yes: _____ No: _____

If yes, what is the name and address of this organization?

Name: _____

City: _____ State: _____ Zip: _____

Circle the day(s) you plan to distribute the CSFP food:

1st 2nd 3rd 4th Mon Tues Wed Thurs Fri Sat Sun

What hour(s) will you be open to distribute the food? From: _____ To: _____

Do you have a refrigerator on site to store perishable items until they are picked up by the recipients?

Do you have a locked room, cabinets, closets, shelves, etc. to store totes until they are picked up by the recipients?

(All FBD food must be stored on shelves or at least 6 inches off ground in a locked area.)

Delivery Procedures (Where exactly does driver deliver boxes, any access instructions, etc.):

Participant Pickup Procedures (Where does participant pick up boxes, specific directions, etc.):

Distribution Procedures (How and when are boxes going to be distributed, any additional specifics for distribution):

Pickup Procedures for extra boxes (Where exactly does driver pick up boxes, any access instructions, etc.):

BY SIGNING THIS DOCUMENT THE SITE COORDINATOR AGREES TO:

- Distribute one (1) CSFP box monthly to each senior recipient at your site that has been registered and approved by the FBD.
- Prior to assisting with distributions, ensure all staff and/or volunteers have read the Self-Training Civil Rights Training Packet and signed the Civil Rights training release form.
- **Have each recipient or Proxy of recipient sign the signature sheet and submit it to the FBD within 48 hrs of your monthly distribution. (If your sheets are not received by the end of each month, you WILL NOT receive the following months delivery)**
- Have all leftover boxes returned to FBD within 48 hours. You can call or email to request pickup.
- Re-certify recipients at your site every Year.
- At least one site representative must attend Civil Rights training.
- Display the “**And Justice for All Poster**” during the CSFP distribution, intake and recertification time.
- Serve all approved recipients regardless of race, age, color, citizenship, national origin, ancestry, gender, sexual orientation including gender identity or expression, marital status, religion, unfavorable discharge from the military or status as a protected veteran, or disability.
- Have available at distribution nutrition education materials as made available by the FBD.
- 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.
- Assume all responsibility for the food between the times it is received from the FBD until it is distributed to the recipients.
- Do not sell, barter or exchange the food for money or other goods or services.
- Notify the FBD **immediately** if a change takes place in the program address, site coordinator, phone number, days of distribution, email address, etc.
- Send one representative from your program to any meeting/training that the FBD deems mandatory.
- Agree to give the FBD three (3) month advance notice if you intend to terminate the CSFP program at your site.
- The safe and proper handling of the product, which conforms to all local , state, and federal regulations.
- Willingness to abide by the policies, procedures, and record keeping requirements of the Member.

- **Provide proof of most recent on-going pest control and up to date insurance liability. (You must return site agreement with these 2 items or you will not receive your delivery)**
- Agree to unannounced monitoring visits by the FBD, the DE Department of Government Support Services and the United States Department of Agriculture.
- Participation in National Anti-Hunger Relief surveys through Feeding America and FBD Nutrition Surveys through SNAP-Education department.
- Provide email addresses that are monitored on a weekly basis to ensure the site is up-to-date on FBD communications.
- Administer the program in accordance with the provisions of 7 CFR Part 247 and with the provisions of 7 CFR Part 250 unless they are inconsistent with the provisions of Part 247.

CSFP is a federally funded program with the State of Delaware. Willful diversion of USDA commodities for personal gain is a state and federal offense. I certify I am aware that selling, exchanging, fraud in securing, or abuse of the commodity program is subject to Federal prosecution.

The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part 50.3 and 42; and 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 benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By signing I agree that the information provided on this application is complete and accurate to the best of my knowledge. I also, understand non-compliance to process and procedures established by Federal, State or Food Bank of Delaware can result in discontinuance of the distribution at my location.

Name & Title: _____ **Date:** _____

Please mail to:

David Weddle / Senior Nutrition Coordinator
 Food Bank of Delaware
 222 Lake Dr.
 Newark, DE 19702
 Fax 302-292-1309 / Email dweddle@fbd.org

PRE-AWARD CIVIL RIGHTS QUESTIONNAIRE – COMMODITY SUPPLEMENTAL FOOD PROGRAM

Instructions

The following questionnaire must be submitted by all applicant agencies. The questionnaire must be answered in its entirety and signed by an authorized official prior to submission. Please be informed that failure to comply with this procedure may delay the application process.

Purpose

Civil rights laws and regulations ensure equal access to federally assisted programs regardless of a person's race, color, national origin, age, sex or disability. Organizations that apply for the opportunity to operate federally assisted programs must demonstrate their ability to comply with such civil rights laws and regulations *prior* to receiving approval to conduct the programs.

Questions

1. **What method(s) will be used to recruit participants? (Some examples may include, but are not limited to, applications, open enrollment, referrals from social welfare, courts, etc.)**

2. **Is the FNS nondiscrimination statement appropriately included in the agency's admissions requirements? Please provide a sample document.**

3. **Provide examples of how the program will be publicly announced to all potential participants regardless of race, color, national origin, age, sex or disability. Attach copies of relevant brochures, news articles, bulletins, television and/or radio ads, etc. Include documentation of efforts to inform community organizations about the program, including copies of letters, lists of organizations contacted.**

4. **Does the present location of the facility deny potential participants access to benefits on the basis of race, color, national origin, age, sex or disability?**

5. Using the following definitions of ethnicity and race, provide an estimate (in percentages) of the ethnic and racial makeup of the population to be served. This data can be obtained online at <http://quickfacts.census.gov/gfd>.

Ethnicity

- *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- *Not Hispanic or Latino.*

Race

- *American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’
- *Native Hawaiian or Other Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity

Hispanic or Latino	Not Hispanic or Latino

Race

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

6. Provide the ethnic and racial makeup of enrolled participants.

Ethnicity

Hispanic or Latino	Not Hispanic or Latino

Race

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

7. Provide the ethnic and racial makeup of any planning or advisory committees.

Ethnicity

Hispanic or Latino	Not Hispanic or Latino

Race

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

8. How will the organization handle applicants and participants who do not speak English as their primary language and who have a limited ability to read, write or understand English?

9. Has there ever been a complaint or civil rights lawsuit filed against the organization? If so, explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified.

10. Has the organization ever been found out of compliance with civil rights requirements? If so, explain the area of noncompliance and how it was resolved.

11. Provide a brief description of any pending applications to other Federal agencies for assistance. Include a description of any Federal assistance being provided at the time of application.

Signature and Title of Authorized Official

Name of Agency

Agency Address

FOR STATE AGENCY USE ONLY

Date: _____

Approved ()

Disapproved ()

Reviewed by: _____