Trade Mitigation Mobile Pantry

- Partner works with Dave Weddle dweddle@fbd.org or 302-444-8129, Mobile Pantry Coordinator, to select a date (please give us a couple for matching up our calendars) and location.
- Partner pre-registers (see attached short in-take form) members of the community. It must be a minimum of 50 people, however we can do much larger if you let us know your thoughts/intentions.
- Ensure the in-take forms are sent to Dave Weddle at dweddle@fbd.org prior to the mobile pantry so we develop our distribution sheet and plan the appropriate amount of product.
- Have a sufficient number of volunteers (10, minimum), based on the size distribution, to work the event that day with our team.
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 equity or obligation whatsoever arising out of or attributed to any actions during the implementation of the Mobile Pantry program.

Applicant
Signature_________________________
Date______________________________

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