

**State Food Purchase Program  
RFP Application  
Fiscal Year 2010-11**

*Application for Funds Cover Sheet*

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**Applicant Agency:** \_\_\_\_\_

**Type of Emergency Food**

**Distribution Program:** Food Pantry       Soup Kitchen       Shelter

**Program Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agency Director:** \_\_\_\_\_

**Agency Telephone:** \_\_\_\_\_

**Agency Email (if available):** \_\_\_\_\_

In signing this form, the authorized person commits the agency and/or organization to be bound by each of the following:

- Agency/Organization operates emergency food distribution program in Mifflin County.
- USDA civil rights guidelines are posted on-site and practiced by the sponsoring organization.
- Funds awarded will be used to purchase food or vouchers to be used 100% for organization's emergency food distribution program.
- Organization is responsible for operation, maintenance, and care of equipment.

\_\_\_\_\_  
Name of Authorized Person/Program Director

\_\_\_\_\_  
Signature of Authorized Person/Program Director

\_\_\_\_\_  
Date

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*Office Use Only*

**Date of Receipt:** \_\_\_\_\_

**Date of Review:** \_\_\_\_\_

**Copy to DHS:** \_\_\_\_\_