

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

Application for Funds Cover Sheet

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

Office Use Only

Date of Receipt: _____

Date of Review: _____

Copy to DHS: _____