

STATE OF UTAH  
 STATE COMMUNITY SERVICES OFFICE  
 APPLICATION FOR CERTIFICATION AS QUALIFIED EMERGENCY FOOD AGENCY

DATE RECEIVED:	
<b>CERTIFICATION</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DIS-APPROVED
SIGNATURE:	

<b>A. APPLICANT ELIGIBILITY</b> (select one) <input type="checkbox"/> Section 501(c)(3) <input type="checkbox"/> Association of Governments	
<b>1. LEGAL APPLICANT</b>	
ORGANIZATION NAME:	
COUNTY:	
CHIEF OFFICIAL - NAME/TITLE:	PHONE:
<u>OFFICIAL ADDRESS</u>	<u>MAILING ADDRESS</u>
<b>COUNTIES SERVED:</b>	
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>2. APPLYING ON BEHALF OF (IF APPLICABLE)</b>	
AGENCY OFFICIAL NAME:	
ADDRESS:	
NAME OF AGENCY OFFICIAL:	PHONE:
TITLE:	
<b>3. DESIGNATED POINT OF CONTACT</b>	
NAME:	
ADDRESS:	
TITLE:	
WORK PHONE:	FAX NUMBER:
EMAIL ADDRESS:	
<b>4. AGENCY INFORMATION</b>	
AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER:	
AGENCY STATE TAX IDENTIFICATION NUMBER:	

WHAT TYPES OF SCALES ARE USED TO WEIGH FOOD:

DESCRIBE THE PROCESS YOU WILL USE TO DOCUMENT THAT ELIGIBLE POUNDS OF FOOD AND FOOD INGREDIENTS DONATED TO THE ORGANIZATION CAME FROM PRIVATE INDIVIDUALS OR GROUPS THAT PAID UTAH SALES OR USE TAX ON THE DONATED ITEM:

**5. CERTIFICATIONS**

THE PERSON SIGNING THIS APPLICATION ON BEHALF OF THE CHARITABLE ORGANIZATION OR ASSOCIATION OF GOVERNMENTS CERTIFIES THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS COMPLETE AND NOT MISLEADING; HAS BEEN COMPLETED AND SUBMITTED WITH THE FULL KNOWLEDGE OF THE GOVERNING BOARD OF THIS ORGANIZATION AND IS, TO THE UNDERSIGNED'S BEST KNOWLEDGE AND BELIEF, ACCURATE IN DETAIL. DOCUMENTATION TO SUBSTANTIATE EACH ELEMENT HAS BEEN ATTACHED OR WILL BE PROVIDED TO THE STATE COMMUNITY SERVICES OFFICE. IF CERTIFICATION IS AWARDED ON THE BASIS OF THIS INFORMATION ALL OVERLAYING STATE REGULATIONS APPLICABLE TO THE OPERATION OF THE PROGRAM WILL BE COMPLIED WITH. FAILURE TO SUBMIT ANY DOCUMENTATION REQUESTED BY THE STATE TO DEMONSTRATE PROGRAM COMPLIANCE MAY RESULT IN DE-CERTIFICATION.

\_\_\_\_\_  
SIGNATURE OF LEGAL APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE