

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:                                                                                                     |                                |

