



Commodity Assistance Application



To avoid delays in processing your application, answer all questions completely and ensure all required items are included. Make copies of all paperwork for your file before remitting documents to Feed the Children.

Return the application electronically by submitting the form. The Partner Agency Agreement, May Not Be Sold documents must contain a handwritten signature. These items, as well as a copy of your 501(c)(3) determination letter should be returned by faxing Agency Development at 405.949.5169 or emailing scanned images to agency.development@feedthechildren.org

Donations furnished by the Office Depot Foundation are restricted to only items that are currently available as determined by Office Depot. While an assortment of products might be supplied, not all products carried by Office Depot are available for donation. These goods are given free of cost; however, the receiving organization is responsible for the shipping and/or the transport of the materials.

Date: _____

Name of Organization: _____

Federal Tax ID Number: _____

Street Address: _____

(Must be the physical address. P.O. Box are not applicable)

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Agency Phone Number: _____ Fax: _____

Toll Free Numbers: _____

Website Address: _____

Primary Contact: _____ Title: _____

Email Address: _____ Phone: _____

Alternate Contact: _____ Title: _____

Email Address: _____ Phone: _____

Feed The Children collects information following the U.S. Department of the Treasury Best Practices Guidelines for Anti-Terrorist Financing. As such, in addition to the following information, copies of incorporation, contracts, agreements, indentures, franchises, licenses and permits pertaining to the incorporation of your organization might be required before approval to become a Feed The Children partner agency will be granted.

For questions regarding this application, you may contact:

Agency Development
PO Box 101
Oklahoma City, OK 73101
Phone: 800.627.4556 /x.4236



Commodity Assistance Application



1. Has your organization been declared a nonprofit by the federal government? _____ Yes _____ No

2. Is your organization affiliated with any national, state or local organization or church denomination?

If yes, list the name and address of the organization:

_____ Yes _____ No

3. When was your organization founded? _____

4. Who is the Executive Director of your organization? _____

5. List your organization's Board of Directors or Board of Trustees. (If necessary attach a separate page.)

6. Does your agency follow U.S. Department of the Treasury Anti-Terrorist Financing guidelines?

Refer to: <http://www.treasury.gov/press-center/press-releases/Documents/0929%20finalrevised.pdf> _____ Yes _____ No

7. What steps does your organization take to ensure products are not diverted; e.g. sold, re-imported, etc.?

8. Are recipients charged any fees for products, including storage and/or handling? _____ Yes _____ No

If yes, explain what fees are charged: _____

9. Are donations required from recipients to receive commodities? _____ Yes _____ No

10. Are individuals required to work in exchange for food? _____ Yes _____ No

11. Are people required to attend services to receive food or other assistance? _____ Yes _____ No

12. Does your organization provide assistance to other agencies? _____ Yes _____ No

If yes, attach a separate sheet with the agency names, physical addresses, phone numbers and applicable emails and web addresses.

13. Describe how you plan to distribute the goods received from Feed the Children. (Attach an additional page if necessary.)

14. What qualifications are used to determine recipient eligibility? _____

15. For churches, what percentage of your recipients are from your congregation? _____

How large is your congregation? _____

16. What type of individuals do you serve? List percentage. _____ Children 0-12

_____ Disabled _____ Military 20-59 _____ Military 60+ _____ Adults 65+ _____ Women

17. What racial or ethnic background are your clients? List percentage.

_____ Hawaiian/Pacific Islander _____ Non-Hispanic Black _____ Latino/Hispanic

_____ Asian _____ Non-Hispanic White _____ American Indian/Alaskan Native

18. Provide the address of the location where the items will be stored: _____

19. What is the square footage of available storage space? _____

20. Is the space owned, leased or donated? _____