

Agency Application for the Distribution of GNAP Product

Agency Name _____

Address _____
Street City State Zip

Agency Contact _____

By signing below, you certify that you understand the following:

- A. GNAP products may only be distributed to United States citizens within the state of Georgia having minor children in need. Use "Household Application" and "Income Guidelines" to obtain the necessary information to determine eligibility.
- B. Monthly Service Reports are due by the 5th of each month. If reports are not received in the prescribed time frame for two consecutive months, your agency will be removed from GNAP for a period of not less than three months.
- C. All paperwork pertaining to GNAP food, including any sent into the food bank must be retained by the agency for a period of not less than three (3) years. These will be reviewed during your annual monitoring by the food bank staff.
- D. Your status as a GNAP recipient may be rescinded at any time due to non-receipt of paperwork, poor inspection results, or improper use of GNAP product. In addition, the food bank may require additional orientations or certifications in order to continue your receipt of GNAP product.
- E. Should provable, reliable information be received that your agency is misusing GNAP food, your agency will be held fully responsible for replacing the product at FULL RETAIL COST.
- F. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution and the agencies we provide food to are prohibited from discriminating on the basis of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran. The above named agency, hereafter referred to as "Agency", agrees to post articles ensuring compliance with the civil rights assurance policy as established by the State Distributing Agency.

THE CHURCH PASTOR OR 501(c)3 AGENCY DIRECTOR MUST SIGN BELOW. NO EXCEPTIONS. THE SIGNATURE OF ANYONE OTHER THAN THE CHURCH PASTOR OR AGENCY EXECUTIVE DIRECTOR WILL NOT BE ACCEPTED.

Church Pastor or Agency Executive Director's Signature

_____/_____/_____
Date

Print Church Pastor or Agency Executive Director's Name

Agency Staff Member

_____/_____/_____
Date